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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning Feb 1, 2011, and ending Jan 31, 2012

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **MARGARET BLOOM TRUST**
 Doing Business As
 Number and street (or P O box if mail is not delivered to street addr) Room/suite
BUSEY TRUST CO., 201 W. MAIN ST.
 City, town or country State ZIP code + 4
URBANA IL 61801

D Employer identification Number
37-6224584

E Telephone number
(217) 365-4662

F Name and address of principal officer
Elizabeth Krchak, Busey Trust Co., Trustee Main St. Urbana IL 61801

G Gross receipts \$ 990,979.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If No, attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization Corporation Trust Association Other ▶

L Year of Formation 1983 **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities		See Schedule O	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	1	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1	
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0	
6 Total number of volunteers (estimate if necessary)	6	0	
7 a Total unrelated business revenue from Part VIII, column (C), line 12	7 a	0.	
7 b Net unrelated business taxable income from Form 990-T, line 34	7 b	0.	
8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9 Program service revenue (Part VIII, line 2g)			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	150,928.	196,775.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,324.	60,748.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,252.	257,523.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	219,873.	210,482.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,944.	53,955.	
16 a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,628.	20,348.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	289,445.	284,785.	
19 Revenue less expenses Subtract line 18 from line 12	-77,193.	-27,262.	
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
21 Total liabilities (Part X, line 26)	8,386,115.	8,417,400.	
22 Net assets or fund balances Subtract line 21 from line 20	67,770.	126,317.	
	8,318,345.	8,291,083.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Elizabeth Krchak, Self* Date: 6-13-12
 Elizabeth Krchak, Busey Trust Co., Trustee
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Thomas E Yaxley Preparer's signature: *T Yaxley* Date: 6/12/12
 Check if self-employed PTIN: P00749591
 Firm's name: YG FINANCIAL GROUP, P.C. Firm's EIN: 37-1359694
 Firm's address: 115 WEST CHURCH STREET CHAMPAIGN IL 61820 Phone no:

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JUL 10 2012

P 20

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. [X]

1 Briefly describe the organization's mission
See schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4 a (Code) (Expenses \$ 210,482. including grants of \$ 210,482.) (Revenue \$ 257,523.)
See schedule O

4 b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4 c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4 d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4 e Total program service expenses ▶ 210,482.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		N/A
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		N/A

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		N/A
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		N/A
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		N/A
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<input type="checkbox"/>	<input type="checkbox"/>
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<input type="checkbox"/>	<input type="checkbox"/>
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input type="checkbox"/>	N/A
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<input type="checkbox"/>	<input type="checkbox"/>
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<input type="checkbox"/>	N/A
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	<input type="checkbox"/>	N/A
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<input type="checkbox"/>	X
4 b	If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<input type="checkbox"/>	<input type="checkbox"/>
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<input type="checkbox"/>	X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<input type="checkbox"/>	N/A
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<input type="checkbox"/>	X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	N/A
7 Organizations that may receive deductible contributions under section 170(c).			
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input type="checkbox"/>	X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<input type="checkbox"/>	N/A
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<input type="checkbox"/>	X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year	<input type="checkbox"/>	N/A
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/>	X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<input type="checkbox"/>	N/A
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<input type="checkbox"/>	N/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<input type="checkbox"/>	N/A
9 Sponsoring organizations maintaining donor advised funds.			
9 a	Did the organization make any taxable distributions under section 4966?	<input type="checkbox"/>	N/A
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?	<input type="checkbox"/>	N/A
10 Section 501(c)(7) organizations. Enter			
10 a	Initiation fees and capital contributions included on Part VIII, line 12	<input type="checkbox"/>	N/A
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<input type="checkbox"/>	N/A
11 Section 501(c)(12) organizations. Enter			
11 a	Gross income from members or shareholders	<input type="checkbox"/>	N/A
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<input type="checkbox"/>	N/A
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<input type="checkbox"/>	N/A
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	<input type="checkbox"/>	N/A
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	<input type="checkbox"/>	N/A
Note. See the instructions for additional information the organization must report on Schedule O			
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<input type="checkbox"/>	N/A
13 c	Enter the amount of reserves on hand	<input type="checkbox"/>	N/A
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	<input type="checkbox"/>	X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<input type="checkbox"/>	N/A

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director or trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If 'Yes,' did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers... 16a Did the organization invest in, contribute assets to... 16b If 'Yes,' did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Illinois
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Own website, Another's website, Upon request.
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. BUSEY TRUST COMPANY 201 W. MAIN ST. URBANA IL 61801 (217) 365-4662

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BUSEY TRUST COMPANY TRUSTEE	1.00	X					53,955.	0.	0.	
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
1 b Sub-total						53,955.	0.	0.	
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						53,955.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f					
	g Noncash contributions included in lns 1a-1f \$						
	h Total. Add lines 1a-1f ▶						
PROGRAM SERVICE REVENUE	Business Code						
	2 a -----						
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶							
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ▶		224,037.	0.	0.	224,037.	
	4 Income from investment of tax-exempt bond proceeds ▶		0.	0.	0.	0.	
	5 Royalties ▶						
	6 a Gross rents	(i) Real	72,002.				
		(ii) Personal					
		b Less rental expenses	11,254.				
		c Rental income or (loss)	60,748.				
	d Net rental income or (loss) ▶		60,748.	0.	0.	60,748.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	694,940.				
		(ii) Other					
		b Less cost or other basis and sales expenses	722,202.				
		c Gain or (loss)	-27,262.				
	d Net gain or (loss) ▶		-27,262.	0.	0.	-27,262.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
c Net income or (loss) from fundraising events ▶							
9 a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code					
11 a -----							
	b -----						
	c -----						
	d All other revenue						
e Total. Add lines 11a-11d ▶							
12 Total revenue See instructions ▶		257,523.	0.	0.	257,523.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	210,482.	210,482.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	53,955.	0.	53,955.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	9,977.	0.	9,977.	0.
c Accounting	8,542.	0.	8,542.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	0.	0.	0.	0.
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Miscellaneous	15.	0.	15.	0.
b Foreign tax W/H	1,510.	0.	1,510.	0.
c Investment exp	304.	0.	304.	0.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	284,785.	210,482.	74,303.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash — non-interest-bearing	0.	1	0.	
	2	Savings and temporary cash investments	27,072.	2	87,868.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,128,552.		
	b	Less accumulated depreciation	10b	3,250.	10c	1,125,302.
	11	Investments — publicly traded securities	7,228,891.	11	7,204,230.	
	12	Investments — other securities See Part IV, line 11		12		
	13	Investments — program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	4,850.	15	0.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,386,115.	16	8,417,400.		
LIABILITIES	17	Accounts payable and accrued expenses		17		
	18	Grants payable	67,770.	18	126,317.	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	67,770.	26	126,317.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	8,318,345.	30	8,291,083.	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	8,318,345.	33	8,291,083.		
34	Total liabilities and net assets/fund balances	8,386,115.	34	8,417,400.		

BAA

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	257,523.
2	Total expenses (must equal Part IX, column (A), line 25)	2	284,785.
3	Revenue less expenses Subtract line 2 from line 1	3	-27,262.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,318,345.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,291,083.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2 b	Were the organization's financial statements audited by an independent accountant?		X
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
2 d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

BAA

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **MARGARET BLOOM TRUST** Employer identification number: **37-6224584**

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) Univ of IL Fdn	37-6176582	5	X		X		X		210,482.
(B)									
(C)									
(D)									
(E)									
Total									210,482.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails N/A to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lns 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19 a 33-1/3% support tests — 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3% support tests — 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

MARGARET BLOOM TRUST

37-6224584

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part III Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 N/A

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred in monitoring..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8 N/A

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets..., b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. N/A

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10 N/A

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	1,125,302.			1,125,302.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	3,250.		3,250.	0.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 1,125,302.

BAA

Part VII Investments – Other Securities. See Form 990, Part X, line 12.

N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12) . . . ▶		

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) . . . ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15) . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

N/A

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25) . . . ▶	

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		N/A
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2 a
b	Donated services and use of facilities	2 b
c	Recoveries of prior year grants	2 c
d	Other (Describe in Part XIV)	2 d
e	Add lines 2a through 2d	2 e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a
b	Other (Describe in Part XIV)	4 b
c	Add lines 4a and 4b	4 c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		N/A
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2 a
b	Prior year adjustments	2 b
c	Other losses	2 c
d	Other (Describe in Part XIV)	2 d
e	Add lines 2a through 2d	2 e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a
b	Other (Describe in Part XIV)	4 b
c	Add lines 4a and 4b	4 c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047
2011



Name of the organization

MARGARET BLOOM TRUST

Employer identification number

37-62224584

Part II General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) University of IL Fdn 1305 W Green St. MC-386 Urbana IL 61801	37-6176582	501(c)(3)	210,482.	0.	N/A	N/A	Educational
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1

3 Enter total number of other organizations listed in the line 1 table 0

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901 06/01/11

Schedule I (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

MARGARET BLOOM TRUST

Employer identification number

37-6224584

Pt VI, Line 11a Review process of Form 990

Busey Trust Company, as trustee, retains an outside public accounting firm to prepare its Form 990 and related attachments. Said accounting firm provides a draft of the return to the Trust Company employee responsible for signing the return. Her comments and changes are then incorporated in the return and the return is otherwise finalized.

A copy of the Form 990 is provided annually to the University of Illinois Foundation, the supported organization.

Pt VI, Line 12c Policies

The organization is a charitable trust. Its trustee is Busey Trust Company. Busey Trust Company, as a separate organization, does have a written conflict of interest policy. Its officers, directors and employees are required to disclose annually interests that could give rise to conflicts. The Busey Trust Company regularly and consistently monitors and enforces compliance with this policy through employee education and representation.

Pt VI, Line 15 Compensation

Busey Trust Company, as trustee of the Margaret Bloom Trust, sets its fees based on its standard fee schedule used in assessing fees to all exempt organization clients. Its fee schedule is comparable

Name of the organization

Employer identification number

MARGARET BLOOM TRUST

37-6224584

to industry fee schedules in the area.

Pt VI, Line 19 Availability of documents

Busey Trust Company makes available, upon request, the Trust agreement and amendments as well as financial statements (as included in its Form 990). It also will make available the Company's conflict of interest policy.

Pg 1 Pt I, Line 1 Statement of Program Service Accomplishments

Organization's Mission

The organization is a charitable trust that was created under the will of Margaret Bloom whose date of death was September 29, 1981. The trust provides that the assets of the trust are to be held in trust by the trustee for the use and benefit of the University of Illinois Foundation in the providing of scholarships at the University of Illinois, Urbana, Illinois. Income of the trust is to be used solely for the education and maintenance of students at the University of Illinois who meet certain conditions provided in the trust and whose parents are financially unable to provide for their college education.

Pg 2 Pt III Line 4a Exempt purpose achievements

For the fiscal year ended January 31, 2012 the Trust distributed \$210,482.08 to the University of Illinois Foundation for providing scholarships. While the final numbers for the 2011-2012 school year are not yet available, prior years indicate that in any one

Name of the organization

Employer identification number

MARGARET BLOOM TRUST

37-6224584

school year, as many as 384 students received

scholarships as a result of this Trust's support.

Pt VI, Line 1 Governing Body

The organization is a charitable trust; as such,

it does not have any voting members. It is directed

and managed by an independent corporate trustee,

Busey Trust Company.

Pt VI-B, 13 & 14 Busey Trust Company also has a written whistleblower

policy and a written document retention and destruction

policy.

Margaret Bloom Trust
E.I. #37-6224584
Year ended January 31, 2012 Form 990

Page 11, Part X, Line 11
Investments - Publicly-Traded Securities Statement

Description	Cost or FMV	Beginning of Year	End of Year
Abbott Labs	Cost	20,136	20,136
Acadian Emerging Mkt Adv Inner Circle	Cost	63,940	63,940
Accenture Ltd Bermuda	Cost	69,327	69,327
Adobe Systems, Inc.	Cost	59,578	59,578
Aflac, Inc.	Cost	31,423	31,423
American Europacific	Cost	201,843	201,843
American Express Company	Cost	63,241	63,241
American Express Bk Centurion CD	Cost	50,000	50,000
Amgen, Inc.	Cost	63,006	63,006
Automatic Data Processing	Cost	37,844	37,844
Avnet, Inc.	Cost	-	96,090
Becton Dickinson & Co	Cost	22,000	22,000
BHP Billiton	Cost	81,392	81,392
Blackrock, Inc.	Cost	27,705	27,705
Brunswick Cnty NC 4%, 4/01/17	Cost	25,000	25,000
Capital One Bank	Cost	100,000	-
Caterpillar, Inc.	Cost	161,114	161,114
Chequamegon Sch Dist Wis 2%, 4/01/2012	Cost	-	50,197
Chevron Corp New	Cost	71,404	70,372
Cisco Systems, Inc.	Cost	56,582	56,582
Colgate Palmolive Co.	Cost	29,135	29,135
Columbus IN Multi-High Sch 3 812%, 1/15/16	Cost	105,000	105,000
Conoco Phillips	Cost	139,690	137,119
Cuday Wisconsin 4.05%, 10/01/16	Cost	20,210	20,179
Danaher Corp.	Cost	19,316	19,316
DeKalb & Kane Co, IL 3.125%, 2/01/17	Cost	76,602	76,414
Diageo PLC	Cost	36,214	36,214
Dreyfus Invt Funds Boston Small Cap Val	Cost	293,396	293,396
East Peoria IL 5.25%, 1/01/15	Cost	160,000	160,000
Eau Claire Wis Area 4 5%, 4/01/2016	Cost	65,000	65,000
EMC Corp	Cost	31,662	111,004
Expeditors Intl Wash, Inc.	Cost	16,732	16,732
Exxon Mobil Corp.	Cost	43,080	43,080
Fidelity Diversified	Cost	61,538	61,538
Fidelity Small-Cap	Cost	75,825	75,825
FHLMC .75%, 12/28/2012	Cost	-	24,942

Description	Cost or FMV	Beginning of Year	End of Year
FHLMC #2644 4.5%, 4/01/2020	Cost	-	36,427
FNMA 6.5%, 2/01/31	Cost	6,779	6,527
FNMA CMO 5.75%, 3/25/36	Cost	10,785	1,230
FGLMC CMO 5.5%, 6/15/35	Cost	2,057	-
Fluor Corp.	Cost	29,966	-
General Electric	Cost	55,476	55,476
General Electric Cap Corp 4.8%, 5/01/13	Cost	65,105	65,065
General Electric Cap Corp 5.625%, 5/01/18	Cost		82,507
General Electric Cap Corp 5.375%, 10/20/16	Cost	46,944	46,657
General Electric Cap Corp 2.625%, 12/28/12	Cost	67,358	66,186
Goldman Federated Fund	Cost	-	41,879
Goldman Sachs Group	Cost	9,294	-
GNMA 6.5%, 1/20/29	Cost	4,027	3,521
GNMA 6.5%, 9/20/28	Cost	2,510	2,110
Greenville, SC 6.18%, 7/01/11	Cost	50,387	-
Indiana Univ 3.773%, 12/01/16	Cost	100,000	100,000
IBM	Cost	80,158	80,158
IPS Multi-Sch 3.89%, 7/15/17	Cost	100,000	100,000
Ishares Tr MSCI Eafe Index	Cost	65,265	65,265
Ishares S&P 400	Cost	78,138	78,138
Ishares Tr Russell 2000 Index	Cost	68,818	68,818
Ishares Tr US Telecomm	Cost	95,073	-
Ivy Tech	Cost	95,000	95,000
Johnson & Johnson	Cost	146,657	146,657
JP Morgan Chase & Co 6%, 1/15/2018	Cost	-	56,550
Kaukauna WI Elec Sys 4.25%, 12/15/17	Cost	50,000	50,000
Kraft Foods, Inc. 6.25%, 6/01/12	Cost	76,465	75,501
Lilly, Eh	Cost	17,048	17,048
McDonalds Corp.	Cost	65,303	65,303
Medtronic	Cost	17,945	17,945
Microsoft Corp	Cost	125,849	-
Mississippi State 6.25%, 2/01/11	Cost	50,012	-
Monsanto	Cost	13,303	13,303
National Oilwell, Inc.	Cost	45,096	45,096
Nike, Inc.	Cost	28,135	28,135
Northern Trust	Cost	29,486	29,486
Oracle Corp.	Cost	57,488	57,488
Patronage Stock	Cost	906	906
Peoria Cnty IL, 4.375%, 1/01/15	Cost	51,499	51,144
PepsiCo, Inc.	Cost	127,457	127,457
Petsmart	Cost	-	23,441
Procter & Gamble	Cost	29,191	29,191

Description	Cost or FMV	Beginning of Year	End of Year
Purchased Interest	Cost	400	886
Robinson PA Wtr & Swr 5.25%, 5/15/15	Cost	52,546	52,020
Sangamon Cnty IL 4%, 2/01/15	Cost	25,000	25,000
Sei Investments, Co.	Cost	21,574	21,574
Schlumberger, Ltd.	Cost	43,752	43,752
Southern IL Univ 3.625%, 2/01/15	Cost	50,366	50,266
Spdr Utilities Select Sector	Cost	-	29,354
Staples, Inc.	Cost	28,151	-
Starbucks, Corp.	Cost	11,729	11,729
T-Rowe Price Mid-Cap Growth	Cost	77,773	77,773
Templeton Tifi Foreign Equity Series	Cost	164,660	164,660
TN Valley Auth 6%, 3/15/13	Cost	50,801	50,494
Teva Pharma	Cost	20,059	20,059
Transocean, Inc.	Cost	33,728	33,728
United Technologies	Cost	16,632	16,632
US Bancorp	Cost	43,739	43,739
FFCB 1.875%, 12/07/12	Cost	50,491	50,248
FFCB 3.98%, 1/22/15	Cost	99,644	99,644
FFCB 4.875%, 11/16/11	Cost	122,770	-
FFCB 4.9%, 12/29/14	Cost	264,950	264,303
FFCB 5.125%, 8/28/13	Cost	55,372	55,254
FFCB 5.4%, 6/08/17	Cost	95,856	94,335
FFCB 6.0%, 3/07/11	Cost	165,073	-
FHLB 1.625%, 12/09/16	Cost	28,793	28,982
FHLB 1.75%, 12/14/2012	Cost	76,434	100,984
FHLB 2.25%, 9/08/17	Cost	110,466	110,385
FHLB 3%, 6/24/13	Cost	25,323	25,196
FHLB 3.125%, 12/08/17	Cost	25,132	25,116
FHLB 3.125%, 12/13/13	Cost	26,349	51,804
FHLB 3.75%, 12/14/18	Cost	-	140,303
FHLB 4.875%, 6/08/12	Cost	98,813	98,813
FHLB 4.875%, 6/12/15	Cost	55,834	55,663
FHLB 5%, 12/21/2015	Cost	37,155	36,756
FHLB 5.25%, 9/13/13	Cost	32,454	31,657
FHLB 5.25%, 9/12/14	Cost	158,448	156,450
FHLB 5.5%, 12/11/13	Cost	161,347	159,319
FHLMC Gold 4.5%, 4/01/20	Cost	51,597	-
FHLMC Gold 4.5%, 6/01/13	Cost	34,090	14,703
Vanguard Mid-Cap	Cost	237,694	237,694
Verizon Communications 5.55%, 2/01/2018	Cost	-	27,674
Wachovia Corp Global 5.75% 2/01/18	Cost	-	112,001
Wal-Mart Stores, Inc.	Cost	68,946	68,946

<u>Description</u>	<u>Cost or FMV</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Walt Disney	Cost	28,005	28,005
Waste Management	Cost	28,684	28,684
Wells Fargo	Cost	<u>104,346</u>	<u>104,346</u>
Total		<u>7,228,891</u>	<u>7,204,230</u>