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Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements 2011

OMB No 1545-0052

E	or c	alendar year 2011 or tax year beginning	07	/01 , 2011, and end	ing 06/30, 20 12
	Nam	ie of foundation			A Employer identification number
_	THE	E PATTIS FAMILY FOUNDATION			36-3433310
	Num	ber and street (or P O box number if mail is not delive	ered to street address)	Room/su	Inte B Telephone number (see instructions)
					(847) 432-8700
	600	CENTRAL AVENUE, SUITE 205			
_	City	or town, state, and ZIP code			
					C If exemption application is
	HIG	GHLAND PARK, IL 60035			pending, check here
G	Che	eck all that apply Initial return	Initial return o	of a former public char	rity D 1 Foreign organizations, check here .
		Final return	Amended ret		2 Foreign organizations meeting the
		Address change	Name change)	85% test, check here and attach
Н	Che	eck type of organization: X Section 501			computation
ſ		Section 4947(a)(1) nonexempt charitable trust			E If private foundation status was terminated under section 507(b)(1)(A), check here
ī			unting method X Ca		1
		1 ()	ther (specify)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here
			column (d) must be on	cash basis.)	
ſ		Analysis of Revenue and Expenses (The			(d) Disbursements
		total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net for charitable
		may not necessarily equal the amounts in column (a) (see instructions))	books	income	income purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)	157,053.		(Cash dasis only)
	2	if the foundation is not required to			
	3	Interest on savings and temporary cash investments			
	4	Dividends and interest from securities	141,005.	141,005.	ATCH 1,
	5a	_	-1,409.	-1,409.	
		Net rental income or (loss)			
a		Net gain or (loss) from sale of assets not on line 10	46,803.		
Ž		Gross sales price for all 76.815.	,	·	
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2) .		46,803.	
æ	8	Net short-term capital gain	, 4		7 2
	9	Income modifications · · · · · · · · ·	٠.		
		Gross sales less returns			-
	ь	and allowances · · · · Less Cost of goods sold	-		
		Gross profit or (loss) (attach schedule)			
	11	Other income (attach schedule)	-234,948.	100,813.	ATCH 2
	12	Total, Add lines 1 through 11	108,504.	287,212.	
_	13	Compensation of officers, directors, trustees, etc	0		
	14	Other employee salaries and wages			
enses	15	Pension plans, employee benefits			
en		Legal fees (attach schedule)			
쏬		Accounting fees (attach schedule)			
/e l		Other professional fees (attach schedule). *	9,226.	9,226.	RECEIVED
aţì	17	Interest			
st	18	Taxes (attach schedule) (see instructions)	3,872.	207.	8 DEC 1 9 2012 18
<u>=</u>	19	Depreciation (attach schedule) and depletion	2,093.	2,093.	18 0EC 4 8 2012 191
Operating and Administrative Exp	20	Occupancy			
اچ	21	Travel, conferences, and meetings			OGDEN, UT
ä	22	Printing and publications			TOOPHIN, UI
힏	23	Other expenses (attach schedule)			
ᇙ	24	Total operating and administrative expenses.			
힑		Add lines 13 through 23	15,191.	11,526.	
0	25	Contributions, gifts, grants paid	141,440.		141,440.
	2 <u>6</u>	Total expenses and disbursements Add lines 24 and 25	156,631.	11,526.	141,440.
\neg	<u></u> 27	Subtract line 26 from line 12			
		Excess of revenue over expenses and disbursements	-48,127.		ļ,
		Net investment income (if negative, enter -0-)		275,686.	
		Adjusted net income (if negative, enter -0-).			

For Paperwork Reduction Act Notice, see instructions. 1E1410 1 000 6494CI 827N

*ATCH 3 JSA ** ATCH 4

Form **990-PF** (2011) 5

SCANNED DEC 2 6 2012,

	art II	Balance Sheets Attached schedules a description column st		Beginning of year	End	of year
	ar t ji	amounts only (See in	structions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			144.	
	2	Savings and temporary cash investments \square			256,007.	256,007
	3	Accounts receivable		£	· · · · · · ·	
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable				Sec. 10 12 20 1
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, t	trustees, and other			
	•	disqualified persons (attach schedule) (see i				
ssets	7	Other notes and loans receivable (attach sch			F=	
		Less, allowance for doubtful accounts ▶			<u> </u>	
		Inventories for sale or use				
	1	Prepaid expenses and deferred charges				
Ä		Investments - U S and state government obligation				
		Investments - corporate stock (attach schedu		940,364.	1,179,041.	1,179,041.
	11 C	Investments - corporate bonds (attach sched Investments - land, buildings,	lule)			
	' '	and aguipment basis	14,650.			- '
		Less accumulated depreciation (attach schedule)	10,465.	6,278.	4,185.	4,185.
		Investments - mortgage loans		2 024 151	0 007 716	0.007.71
	13 14	Investments - other (attach schedule)	· · · · · · · · · }	3,034,151.		2,887,716.
		equipment basis Less accumulated depreciation			' ' -	
		(attach schedule)		10,519.	4 042	4 040
		Other assets (describe		10,519.	4,942.	4,942.
		Total assets (to be completed by all instructions Also, see page 1, item I)		4,186,468.	1 222 025	4 222 025
-				4,100,400.	4,332,035.	4,332,035.
		Accounts payable and accrued expenses			 	
s		Grants payable Deferred revenue				, ,
Liabilities		Loans from officers, directors, trustees, and other d				
pil		Mortgages and other notes payable (attach s		· · · · · · · · · · · · · · · · · · ·		
Ë		Other liabilities (describe		-		
		Cities Habilities (describe P		-		,
	23	Total liabilities (add lines 17 through 22)	<i></i>	0	0	
٦		Foundations that follow SFAS 117, ch				,
		and complete lines 24 through 26 and				
es		Unrestricted	1			,,
lances		Temporarily restricted				,
ä		Permanently restricted				
Ę		Foundations that do not follow SFAS				•
Fund		check here and complete lines 27 thro	ough 31. ▶ 🗓			,
히	27	Capital stock, trust principal, or current funds	1			
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipm	ent fund			'
SSE	29	Retained earnings, accumulated income, endowne	nt, or other funds	4,186,468.	4,332,035.	1
Ţ.	30	Total net assets or fund balances (see instru	uctions)[4,186,468.	4,332,035.	•
å	31	Total liabilities and net assets/fund	balances (see			
		nstructions)		4,186,468.	4,332,035.	
Р	art III	Analysis of Changes in Net As	ssets or Fund E	Balances		
		net assets or fund balances at beginn	•			<u> </u>
	end-o	f-year figure reported on prior year's ret	urn) ,		1	4,186,468.
2	Enter	amount from Part I, line 27a			2	-48,127.
3	Other	amount from Part I, line 27a	e) ► ATTACHN	MENT 8	3	193,694.
4	Add li	nes 1, 2, and 3			4	4,332,035.
		eases not included in line 2 (itemize)			_ 5	
6_	Total	net assets or fund balances at end of y	ear (line 4 minus li	ne 5) - Part II, column (b), line 30 6	4,332,035.

36-343	
	Page 3
(c) Date acquired (mo , day, yi	(d) Date sold (mo , day, yr)
<u> </u>	
<u> </u>	
(h) Gain or (e) plus (f) n	(loss) ninus (g)
	
Gains (Col. (h (k), but not les Losses (from	ss than -0-) or
	46,803.
	0
me.)	
اء (ا	Yes X No
es.	
(d) Distribution (col (b) divided	n ratio by col (c))
	0.040866
	0.031444
	0.039429
	0.036329
	0.196239
	0.039248
	1,464,411.
	175,219.

2-story bri 1a SEE PART IV SCHED b c d e (e) Gross sales price a b c d e	(f) Depreciation allowed (or allowable)	• • •	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr) (h) Gain or (lo (e) plus (f) minu	
1a SEE PART IV SCHED b c d e (e) Gross sales price a b c d e Complete only for assets s (i) F M V as of 12/31/69 a b	(f) Depreciation allowed (or allowable)	(g) Cost or other basis	- SUI BAUL	(h) Gain or (lo	
b c d e (e) Gross sales price a b c d e Complete only for assets s (i) F M V as of 12/31/69 a b	(f) Depreciation allowed (or allowable)	1 2 2			
c d e (e) Gross sales price a b c d e Complete only for assets s (i) F M V as of 12/31/69 a b	(or allowable)	1 2 2			
d e (e) Gross sales price a b c d e Complete only for assets s (i) F M V as of 12/31/69 a b	(or allowable)	1 2 2			
e (e) Gross sales price a b c d e Complete only for assets s (i) F M V as of 12/31/69 a b	(or allowable)	1 2 2			
a b c d e Complete only for assets s (i) F M V as of 12/31/69 a b	(or allowable)	1 2 2			
c d e Complete only for assets s (i) F M V as of 12/31/69 a b					
c d e Complete only for assets s (i) F M V as of 12/31/69 a b			<u> </u>		
Complete only for assets s (i) F M V as of 12/31/69 a b					 _
Complete only for assets s (i) F M V as of 12/31/69 a b					
Complete only for assets s (i) F M V as of 12/31/69 a b		1			
(i) F M V as of 12/31/69 a b		<u> </u>	<u> </u>		
a b	(1) Admediad bases	ed by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus
b	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col	(k), but not less t Losses (from co	
С					
d					
е	· · · · · · · · · · · · · · · · · · ·				
2 Capital gain net income or (net capital loss)	gain, also enter in Part I, line 7 } (loss), enter -0- in Part I, line 7	2		46,803.
	or (loss) as defined in sections 12				
~	· · · · · · · · · · · · · · · · · · ·		3		0
		duced Tax on Net Investment I			
	ne section 4942 tax on the distrib ot qualify under section 4940(e).	outable amount of any year in the b	ase period	ł ₂ _	Yes X No
		; see the instructions before making	any entri		
(a)	(b)	(c)	any chur	(d)	
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
2010	162,895.	3,986,035.			0.040866
2009	117,892.	3,749,281.			0.031444
2008	123,456.	3,131,086.			0.039429
2007	153,713. 127,086.	3,191,006.			0.048171
2006	127,086.	3,498,187.			0.036329
Total of line 1, column (d)			2		0.196239
_	- · · · · · · · · · · · · · · · · · · ·	e the total on line 2 by 5, or by the s than 5 years	3		0.039248
Enter the net value of nonc	haritable-use assets for 2011 fro	om Part X, line 5	4	4,	464,411.
Multiply line 4 by line 3			5		175,219.
		• • • • • • • • • • • • • • • • • • • •	6	·	2,757.
			7		177,976.
Add lines 5 and 6					

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Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here	,		
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		5,	514.
	here ▶ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		5,5	514.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5,5	514.
6	Credits/Payments		_	1 .
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 4, 115.			,
b	Exempt foreign organizations - tax withheld at source			1
	Tax paid with application for extension of time to file (Form 8868) 6c 4,500.			
ď	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		8,6	615.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			7.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		3,0	094.
11 Dog	Enter the amount of line 10 to be Credited to 2012 estimated tax ► 3,094. Refunded ► 11 t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	Γ .	V	T N
та		1a	Yes	No X
ь.	or intervene in any political campaign?	ia		 ^
	instructions for definition)?	1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities	,		
c	Did the foundation file Form 1120-POL for this year?	1c	*	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			<u> </u>
	(1) On the foundation \blacktriangleright \$(2) On foundation managers \blacktriangleright \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1.
	on foundation managers > \$			į
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities	۱ ۱		1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			.,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_4a_	X	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	 -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			}
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		٠ ٧	
_	conflict with the state law remain in the governing instrument?	6	-X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions) IL,			
L .				[
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		X	
0	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		
9	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete	- 1		1
	Part XIV	9		х
4.0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	-		
10	and addresses	10		Х
			0.05	

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3 b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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Total number of other employees paid over \$50,000

Form 990-PF (2011) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. Expenses Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions

Form 990-PF (2011)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc,		
	purposes:		
а	Average monthly fair market value of securities	1a	2,784,717.
b	Average of monthly cash balances	1b	203,064.
С	Fair market value of all other assets (see instructions)	1c	1,544,616.
d	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	1d	4,532,397.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	4,532,397.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
		4	67,986.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,464,411.
6	Minimum investment return. Enter 5% of line 5	6	223,221.
Pa	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this	nart)	
<u>-</u>	Minimum investment return from Part X, line 6	1	223,221.
і 2 а	Tax on investment income for 2011 from Part VI, line 5 2a 5,514.		223,221.
	Tax on investment income for 2011 from Part VI, line 5	1 .	
b		1.2	5 514
	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1	2c	5,514. 217,707.
3		3 4	217,707.
4	Recoveries of amounts treated as qualifying distributions	5	217 707
5	Add lines 3 and 4	6	217,707.
6 7	Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
′		,	217 707
	line 1	7	217,707.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	<u> </u>	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	141,440.
þ	Program-related investments - total from Part IX-B	1b	
2	Program-related investments - total from Part IX-B		
	purposes	2	
3	purposes Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	141,440.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	_5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	141,440.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when call	culating wh	ether the foundation

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d Excess from 2010 . . . e Excess from 2011 . . .

THE PATTIS FAMILY FOUNDATION

JSA 1E1490 1 000

Form 990-PF (2011)

36-3433310

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Part XV Supplementary Information ((continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appi	oved for F	uture Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 10				
]		
	}	[
				}
		1		
		!		
				141 440
b Approved for future payment	<u> </u>		▶ 3a	141,440.
2 / pprovou for fataro payment				
				1
		1		
		}		
j				
		1		
			_ 	MONTE
Total	<u> </u>		▶ 3b	NONE

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rt XVI-A	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp
_	service revenue					(See instructions
_						
-	nd contracts from government agencies					
	hip dues and assessments					
	savings and temporary cash investments		L	1.4	141 005	
	and interest from securities		 	14	141,005.	
	l income or (loss) from real estate		<u> </u>			
	inanced property		<u> </u>			
	ebt-financed property					
	income or (loss) from personal property	525990	142,602.	14	-377,550.	
	estment income	323330	112,002.	18	46,803.	
-	ss) from sales of assets other than inventory ne or (loss) from special events				10,003.	
	' '					
	ofit or (loss) from sales of inventory					
	situe a					
						
			142,602.		-189,742.	
ubtotal. Add	Add columns (b), (d), and (e)	ilations) to the Ac	complishment of Exe	empt Purp	oses 13	
otal. Add workshe	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculationship of Activities	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	
otal. Add workshe t XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	to the Ac	complishment of Exe	empt Purp	oses of Part XVI-A contribut	ed importantly to

6494CI 827N

Form 990-PF (2011) THE PATTIS FAMILY FOUNDATION 36-3433310 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No Yes in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: Х Х 1a(2) b Other transactions. X X Х Χ Х Х 16(6) Х d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations Yes X No described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes." complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, ition of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign the IRS discuss this Mav Here the preparer Signature of (see instructions)? | X | Yes

Form 990-PF (2011)

Paid

Preparer

Use Only

Print/Type preparer's name

Firm's name

VALERIE SIERZEGA

► WTAS LLC

CHICAGO,

Firm's address ▶ 222 WEST ADAMS STREET, SUITE 2250

IL

reparer's signature

Date

60606

Check

self-employed P01378407

Firm's EIN ► 33-1197384

Phone no 312-357-3950

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Name of the organization		Employer identification number
THE PATTIS FAMILY FO	DUNDATION	
		36-3433310
Organization type (check one)):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation
	501(c)(3) taxable private foundation	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 one contributor. Complete Parts I and II.	00 or more (in money or
Special Rules		
under sections 509((3) organization filing Form 990 or 990-EZ that met the 33 1/3 % supposes a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during (i,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 11.	the year, a contribution of
during the year, tota	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from 100 contributions of more than \$1,000 for use exclusively for religious, chapses, or the prevention of cruelty to children or animals. Complete Parts	ritable, scientific, literary,
during the year, con not total to more tha year for an exclusive applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from tributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but an \$1,000. If this box is checked, enter here the total contributions that way religious, charitable, etc., purpose. Do not complete any of the parts unlization because it received nonexclusively religious, charitable, etc., contributions.	these contributions did vere received during the nless the General Rule ntributions of \$5,000 or
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file it answer "No" on Part IV, line 2, of its Form 990; or check the box on lin PF, to certify that it does not meet the filing requirements of Schedule B (ne H of its Form 990-EZ or on

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization THE PATTIS FAMILY FOUNDATION

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Employer identification number 36-3433310

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	NEXT CHAPTER HOLDINGS 600 CENTRAL AVENUE, SUITE 205 HIGHLAND PARK, IL 60035	\$157,053.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

(a)

No.

(a) No. Noncash

Person Payroll Noncash

Person Payroll Noncash

(Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution)

(c)

Total contributions

(c)

Total contributions

Employer identification number

36-3433310

Part II	Noncash Property (see instructions). Use duplicate copie	s of Part II if additional space is nee	ded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	MARKETABLE SECURITIES		
1		 -	
		\$\$.	12/27/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.		(a)	
from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

36-3433310

Part III I	<i>Exclusively</i> religious, charitable, etc., that total more than \$1,000 for the ye	individual contributions to sear. Complete columns (a) th	section 501(c)(7), (8), or (10) organizations rough (e) and the following line entry.
f	For organizations completing Part III, econtributions of \$1,000 or less for the	enter the total of exclusively re eyear. (Enter this information	ligious, charitable, etc.,
	Use duplicate copies of Part III if addition	onal space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
		(e) Transier of gift	
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			
		(e) Transfer of gift	
	Transferee's name, address, an	od ZIP + 4	Relationship of transferor to transferee
			
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	· -
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
1			
			

THE PATTIS FAMILY FOUNDATION 36-3433310
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	Property	INS AND LO		ription	<u> </u>	P or	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	<u> П</u>	Gain	
expenses of sale	allowable	basis TOTAL SHORT- PARTNERSHIP, ESTATES OR	-12/31/69 -TERM COMMO , S CORPORA FRUST GAIN	L 12/31/69 N TRUST FUNI TION, AND O'S OR LOSS	di basis DAND THER		(loss) 54,625.	
		TOTAL LONG-1 PARTNERSHIP, ESTATES OR 1	, S CORPORA FRUST GAIN	TION, AND OT OR LOSS			11,114.	
		TOTAL CAPITA	AL GAIN DIS	TRIBUTIONS			265.	
10,000.		1000 SHARES 6,890.	S1 CORPORA	rion -			12/14/2010	02/21/2012
811.		1625 SHARES 23,122.	ABFS MTG L	DAN TRUST	į		08/30/2010 -22,311.	06/25/2012
TOTAL GAIN(L	oss)		•••••		•••••	=	46,803.	
					·			
					ļ		ļ	
							İ	

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INÇOME	31,697. 13,093. 14,719. 32,316. 48,127. 1,052.	141,005.
REVENUE AND EXPENSES PER_BOOKS	31,697. 13,093. 14,719. 32,316. 48,127. 1,052.	141,005.
		TOTAL
DESCRIPTION	BRAUVIN NET LEASE DIVIDENDS HARRIS KAYNE ANDERSON CAPTIAL INCOME RUSSIA PARTNERS II VOGEN FUNDING BURNHAM SECURITIES ILLINOIS DEPARTMENT OF REVENUE	

ATTACHMENT 1

PART I - OTHER INCOME FORM 990PF,

DESCRIPTION CAPACITY TANGEST
RAINE ANDERSON CAPITAL INCOME RUSSIA PARTNERS II
VOGEN FUNDING
HARRIS
OSTERWIES FUND
GLOBAL ALPHA FUND
BURNHAM SECURITES
FRANKLIN LEASING PARTNERS
NEWSER LLC
RUSSIA PARTNERS II
VOGEN FUNDING
KAYNE ANDERSON CAPITAL INCOME
MCGRAW HILL - ROYALTY INCOME
KAYNE ANDERSON CAPITAL - ROYALTY INC
STATE INCOME TAX REFUNDS
NEWSER LLC
BRAUVIN
FRANKLIN LEASING PARTNERS

NET INVESTMENT INCOME		-362. 95,734. -1,333.	66. 1,343. -746. 6,071.
E S KS	-18,691. -60,013. -82,585. -7,335. 31,949. -25,857. -14,727.	40004	66. 1,343. -746. -158,581. 6,071.

TOTALS

100,813.

ATTACHMENT 2

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	842. 4,143. 1,241. 3,000.	9,226.
REVENUE AND EXPENSES PER BOOKS	842. 4,143. 1,241. 3,000.	9,226.
DESCRIPTION	HARRIS CUSTODY FEES HILLVIEW INVESTMENT FEES BANK AND MANAGEMENT FEES OTHER PROFESSIONAL FEES	TOTALS

ATTACHMENT 3

V 11-6.1

PART I - TAXES FORM 990PF,

NET INVESTMENT INCOME	25. 182.	207.
REVENUE AND EXPENSES PER BOOKS	25. 182. 3,665.	3,872.
		TOTALS
DESCRIPTION	FILING FEE FOREIGN INCOME TAXES FEDERAL TAXES	

ATTACHMENT 4

STOCK
CORPORATE
-
II
PART
990PF,
FORM

ENDING <u>FMV</u>	1,960. 56,000. 38,265. 41,686. 15,830. 19,000. 95,965. 11,772. 11,772. 14,460. 7,500. 8,592. 651,176. 27,204. 9,276. 9,276.	1,1/9,041.
ENDING BOOK VALUE	1,960. 56,000. 38,265. 41,686. 15,830. 19,000. 20,003. 11,772. 14,460. 7,500. NONE. 8,592. 651,176. 21,300. 46,758. 27,204. 35,875.	
DESCRIPTION	ITT INDUSTRIES COMERICA INC. CANYON NATIONAL BANK CENTRAL EUROPEAN MEDIA ENT DAVITA INC COM LIBERTY GLOBAL PANACOS PHARMACEUTICALS INC. GOLDMAN SACHS ALERE INC THE DOLAN CO. IBOXX INV GRD CORP BOND FUND MEDIDATE SOLUTIONS PRIVATEBANCORP RIGEL PHARMACEUTICALS S1 CORP SOLARWINDS THE OSTERWEIS FUND BARCLAYS BANK PLC IPATH CABOT OIL CELGENE CORP EBAY INC MADISON SQUARE GARDEN CO NGP CAPITAL RESOURCES ORBCOMM)

ATTACHMENT 5

ENDING

ENDING

ATTACHMENT 6

- OTHER INVESTMENTS

PART II

FORM 990PF,

DESCRIPTION
KAYNE ANDERSON CAPITAL INC PTR VOGEN FUNDING I.P
BRAUVIN NET LEASE
RUSSIA PARTNERS II EPAM FUND
FRANKLIN LEASING PARTNERS
BURNHAM SECURITIES
HARRIS BONDS
NEWSWER, III

TOTALS

FMV	327,354. 308,663. 329,107. 403,423. 591,265. NONE. 630,176. 294,411.	2,887,716.
BOOK VALUE	327,354. 308,663. 329,107. 403,423. 591,265. NONE. 630,176. 294,411.	2,887,716.

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

ESTIMATED TAX PAYMENTS ILLINOIS ESTIMATED TAX PAYMENT ILLINOIS REFUNDS DUE

L_P

TOTALS

ENDING BOOK VALUE

ENDING FMV

4,115. 560. 267.

4,115. 560. 267.

4,942.

4,942.

NEX205

ATTACHMENT 7

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>

AMOUNT

PRIOR PERIOD ADJUSTMENT

193,694.

TOTAL

193,694.

FURM SHUFF, PART VILL - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	ICERS, DIRECTORS, AND TRUSTEES		ATTACHMENT 9	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION			
S. WILLIAM PATTIS 600 CENTRAL AVENUE, SUITE 205 HIGHLAND PARK, IL 60035	PRESIDENT 2.00	0	0	0
BETTE L. PATTIS 600 CENTRAL AVENUE, SUITE 205 HIGHLAND PARK, IL 60035	SECRETARY 2.00	0	0	0
MARK R. PATTIS 600 CENTRAL AVENUE, SUITE 205 HIGHLAND PARK, IL 60035	VICE PRESIDENT 2.00	0	0	0
ROBIN Q. PATTIS HIMOVITZ 600 CENTRAL AVENUE, SUITE 205 HIGHLAND PARK, IL 60035	VICE PRESIDENT 2.00	0	0	0

GRAND TOTALS

V 11-6.1

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DREAM FOUNDATION	NONE	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	000
621 CHAPALA ST, STE 304	501 (C) 3		000
SANTA BARBARA, CA 93101			
NORTHSHORE CONGREGATIONAL ISRAEL	NONE	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	
1185 SHERIDAN ROAD	501 (C) 3		9
GLENCOE, IL 60022			
LYMPHOMA RESEASRCH FOUNDATION	NONE	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	-
111 BROADWAY, STE 1301	501(C)3		
NEW YORK, NY 10006			
PROXIMITY THEATRE CO	NONE	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	1
732 W ARRELLAGA ST	501 (C) 3		2001
SANTA BARBARA, CA 93101			
INTERLOCHEN CENTER FOR THE ARTS	NONE	TO SUPPORT PROCRAM AND OPERATIONAL EXPENSES	-
PO BOX 199	501 (C) 3		
INTERLOCHEN, MI 49643			
JEWISH UNITED FUND OF METROPOLITAN CHICAGO	ANON		
30 SOUTH WELLS, NO 4049	501 (C) 3	IO SUFFUKI PROGRAM AND OPERATIONAL EXPENSES	1,000
CHICAGO, IL 60606			

NEX205

THE PATTIS FAMILY FOUNDATION

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	AMOUNT	1,000	2, 000	2,500	50,000	3,500.	9,000
	PURPOSE OF GRANT OR CONTRIBUTION	IO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES.	IO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	TO SUPPORT PROGRAM AND OPEARTIONAL EXPENSES.	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND FOUNDATION STATUS OF RECIPIENT	NONE 501 (C) 3	NONE 501 (C) 3	NONE 501 (C) 3	NONE 501 (C) 3	NONE 501 (C) 3	NONE S01(C)3
	RECIPIENT NAME AND ADDRESS	ALZHEIMER'S ASSOCIATION 69-730 HWY 111, STE 202 RANCHO MIRAGE, CA 92270	EVANSTON HOSPITAL ONCOLOGY FUND 1301 CENTRAL STREET EVANSTON, IL 60201	LAKE FOREST ACADEMY 1500 WEST KENNEDY ROAD LAKE FOREST, IL 60045	SWARTHMORE COLLEGE 500 COLLEGE AVENUE SWARTHMORE, PA 19081	JEWISH FAMILY SERVICES OF THE DESERT 79858 FRED WARING DR PALM DESERT, CA 92260	SANTA BARBARA MIDDLE SCHOOL 2300-A GARDEN STREET SANTA BARBARA, CA 93105

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
LAKE FOREST COUNTRY DAY SCHOOL	NONE	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	1,000
145 SOUTH GREEN BAY ROAD	501 (C) 3		
LAKE FOREST, IL 60045			
RAVINIA FESTIVAL ASSOCIATION	NONE	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	3,500
418 SHERIDAN ROAD	501(C)3		
HIGHLAND PARK, IL 60035			
EISENHOWER MEDICAL CENTER FOUNDATION	NONE	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	5,250
39000 BOB HOPE DRIVE	501(C)3		
RANCHO MIRAGE, CA 92270			
AMERICAN DIABETES ASSOCIATION	NONE	TO SUPPORT PROGRAM AND OPEARATIONAL EXPENSES	300.
PO BOX 1834	501(C)3		
MERRIFIELD, VA 22116-8034			
GLOBAL MEDICAL RELIEF FUND	NONE	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	100
64 MACFARLAND AVE	501(C) 3)) 1
STATEN ISLAND, NY 10305			
MUSIC CENTER	NONE	TO SUPPORT PROGRAM AND OPPRANTOMAL EVERNES	9
135 N GRAND AVENUE	501(C)3		200
LOS ANGELES, CA 90012			

EORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAIN DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GLENCOE YOUTH SERVICES 680 GREENWOOD AVENUE GLENCOE, IL 60022	NONE 501(C)3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	250
CHILDREN'S MEMORIAL FOUNDATION DEPT 4593 CAROL STREAM, IL 60122-4593	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	1,000
DESERT FRIENDS - DEVELOPMENTALLY DISABLED 6 QUEENS COURT, SUITE 200 RANCHO MIRAGE, CA 92270	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	100
UNIVERSITY OF MICHIGAN - BREAST CANCER RESEARCH 3003 S STATE ST, SUITE 8000 ANN ARBOR, MI 48109-1288	NONE 501(C)3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	100
GWEN KNAPP CENTER FOR LUPUS- INMUNOLOGY RESEARCH 5841 S MARYLAND AVE, MC 6092 CHICAGO, IL 60637	NONE 501(C)3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	1,000
HEART SUPPORT OF AMERICA 2902 TAZEWELL PIKE, SUITE G KNOXVILLE, TN 37918	NONE 501(C)3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	40

V 11-6 1

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DESERT COMMUNITY FOUNDATION 75105 MERLE DRIVE PALM DESERT, CA 92210	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	700
JOSLYN CENTER THEATRE 73-750 CATALINA WAY PALM DESERT, CA 92260	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	200
TAWARISK COUNTRY CLUB 70240 FRANK SINATRA DR RANCHO MIRAGE, CA 92270	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	1,000
INVESTIGATIVE MEDICINE/CEDARS SINAI 8700 BEVERLY BLVD, SUITE 2416 LOS ANGELES, CA 90048	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	200
TUBEROUS SCLEROSIS ALLIANCE 801 ROEDER RD, SUITE 750 SILVER SPRINGS, MD 20910-4467	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	300
COUNCIL FOR THE JEWISH ELDERLY 3003 W. TOUHY CHICAGO, IL 60645	NONE 501(C)3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	1,000

ATTACHMENT 10

NEX205

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WOMEN EMPLOYED 65 E WACKER PLACE, SUITE 1500 CHICAGO, IL 60601	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES.	5,000
THE WOMEN'S BOARD OF THE FIELD MUSEUM 1400 S LAKE SHORE DRIVE CHICAGO, IL 60605-2496	NONE 501(C)3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	200.
ACT MULTIPLE SCLEROSIS 73-710 FRED WARING DR #120A PALM DESERT, CA 92260	NONE 501(C)3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	009
CYSTIC FIBROSIS FOUNDATION 6913 ARLINGTON ROAD BETHESDA, MD 20814	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	100.
NORTHSHORE COUNTRY DAY SCHOOL 310 GREEN BAY ROAD WINNETKA, IL 60093	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	100
CENTER FOR ENRICHED LIVING 280 SAUNDERS ROAD RIVERWOODS, IL 60015	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	150.

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
LEADERSHIP GREATER CHICAGO 233 N MICHIGAN AVE, SUITE 2420 CHICAGO, IL 60601	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	250
PRINCETON UNIVERSITY NASSAU HALL PRINCETON, NJ 08544-0015	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	10,000
RABBI STEVEN STARK LOWENSTEIN DISC FUND AM SHALOM, 840 VERNON AVE GLENCOE, IL 60022-1560	NONE 501(C)3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	10,000
THE ALS ASSOCIATION 1275 K STREET NW, SUITE 1050 WASHINGTON, DC 20005	NONE 501 (C) 3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	1,000
JEWISH UNITED FUND PO BOX 4620 CHICAGO, IL 60680-9914	NONE 501(C)3	TO SUPPORT PROGRAM AND OPERATIONAL EXPENSES	1,000

141,440

ATTACHMENT 10

V 11-6 1

SCHEDULE D (Form 1041)

Capital Gains and Losses

Employer identification number

OMB No 1545-0092

Department of the Treasury internal Revenue Service Name of estate or trust

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

THE PATTIS FAMILY FOUNDATION 36-3433310 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (mo , day, yr) (c) Date sold (mo , day, yr) (e) Cost or other basis (see instructions) the entire year Subtract (e) from (d) (d) Sales price 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 54,625. Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. 54,625. Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (c) Date sold (e) Cost or other basis (see instructions) the entire year Subtract (e) from (d) (d) Sales price 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b............. -19,201.Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 11,114. Capital gain distributions 265. Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. -7,822. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2011

6494CI 827N

Sch	edule D (Form 1041) 2011					Page 2
Pa	rt III Summary of Parts I and II	(1) Ben	eficiaries'	(2) Esta	te's	(3) Total
	Caution: Read the instructions before completing this part.	(see	instr.)	or trus	t's	(3) Total
13	Net short-term gain or (loss)13					54,625.
14	Net long-term gain or (loss):					
а	Total for year 14a					-7,822.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)					
C	28% rate gain	 				
	Total net gain or (loss). Combine lines 13 and 14a ▶ 15	<u> </u>				46,803.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form					
_	s, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete	e Part IV ar	io the Capital	Loss Carryov	er vvork	sneet, as necessary
	rt IV Capital Loss Limitation					_ _
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, II				. .	
Note Cam	The loss on line 15, column (3) or b \$3,000 at if Form 1041, page 1, linguistry worksheet in the instructions to figure your capital loss carryover.	e 22 (or F	orm 990-T, lir	ле 34), is a los	16 (ss, com	plete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates					· · · · · · · · · · · · · · · · · · ·
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gain	s. or an am	ount is ente	red in	Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than		o, or arram	ount is onto	rea iii	Tart of Tart Haria
	tion: Skip this part and complete the Schedule D Tax Worksheet in the instruc					
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					
	n 990-T trusts. Complete this part only if both lines 14a and 15 are gain					
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and co	mplete th	e Schedule	D Tax Wor	kshee	t in the instructions
	her line 14b, col (2) or line 14c, col. (2) is more than zero.	,,			, ,	
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17				
18	Enter the smaller of line 14a or 15 in column (2)	li				
	but not less than zero					
19	Enter the estate's or trust's qualified dividends	[]				
	from Form 1041, line 2b(2) (or enter the qualified	1 1		1		
	dividends included in income in Part I of Form 990-T) 19				İ	
20	Add lines 18 and 19	-		1		
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g; otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20. If zero or less, enter -0-	22				
23	Subtract line 22 from line 17. If zero or less, enter -0-	23			1	
24	Enter the smaller of the amount on line 17 or \$2,300	24				
25	Is the amount on line 23 equal to or more than the amount on line 24?				`	
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box					
	No. Enter the amount from line 23	25				
26	Subtract line 25 from line 24	26			- }	
27	Are the amounts on lines 22 and 26 the same?	_		ļ		
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27			- 1	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28				
29	Subtract line 28 from line 27				,	
30	Multiply line 29 by 15% (15)				30	
31	Figure the tax on the amount on line 23. Use the 2011 Tax Rate Scho	edule for	Estates and	d Trusts	T	
	(see the Schedule Ginstructions in the instructions for Form 1041)				31	
32	Add lines 30 and 31	. 			32	
33	Figure the tax on the amount on line 17 Use the 2011 Tax Rate Scho	edule for	Estates and	d Trusts		
	(see the Schedule Ginstructions in the instructions for Form 1041)				33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here a	nd on Fo	m 1041, S	chedule		
	G, line 1a (or Form 990-T, line 36)			I	34	
						le D (Form 1041) 2011

Part II Long-Term Capital Gains an		ts Held More Tha	n One Year	36-343333	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 1000 SHARES S1 CORPORATION	12/14/2010	02/21/2012	10,000.	6,890.	3,110
1625 SHARES ABFS MTG LOAN TRUST	08/30/2010	06/25/2012	811.	23,122.	-22,311
					-
····			-		
			· · · · · · · · · · · · · · · · · · ·		
					-
				<u> </u>	,
			-		
6b Total. Combine the amounts in column	(f) Enter here and	on Schedule D. line	e 6b		-19,201

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If yo	u are	filing for an Automatic 3-Month Extension, filing for an Additional (Not Automatic) 3-M nplete Part II unless you have already been	Ionth Exter	nsion, complete only P	art II (on page 2 of this form).				
a corp 8868 Return	ooratio to rec n for	filing (e-file). You can electronically file Forn on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persons). For more details on the electronic filing of	nal (not auto forms liste al Benefit (omatic) 3-month extens d in Part I or Part II wi Contracts, which must	sion of time. You can electronica th the exception of Form 8870, be sent to the IRS in paper	ally file Form , Information format (see			
A cor Part I	porati only	Automatic 3-Month Extension of Time ton required to file Form 990-T and required to file Form 990-T and required to file Form 990-T and required form of the file	esting an a	automatic 6-month ext	ension—check this box and o	▶ 🗆			
		ne tax returns.	nips, neiviid		nter filer's identifying number, see				
		Name of exempt organization or other filer, see	instructions		Employer identification number				
Type	or	The Pattis Family Foundation			l · ·	36-3433310			
print		Number, street, and room or suite no. If a P O. b	oox. see instr	uctions.	Social security number (SSN)				
File by t		600 Central Avenue, Suite 205	,		1 —				
filing you return S	due date for filmg your return See instructions. Georgia de for filmg your return See instructions Highland Park, IL 60035								
Enter t	the Re	eturn code for the return that this application	is for (file a	separate application fo	r each return)	. 0 4			
Appli Is Fo		n	Return Code	Application Is For		Return Code			
Form	990		01	Form 990-T (corporat	ion)	07			
Form	990-	BL	02	Form 1041-A		08			
Form	990-	EZ	01	Form 4720		09			
Form	990-	PF	04	Form 5227		10			
Form	990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form	990-	T (trust other than above)	06	Form 8870		12			
Telep If the If this	ohone orga s is fo whol vith th I req until for th	s are in the care of ► S. William Pattis No. ► 847-432-8700 Inization does not have an office or place of the properties of the group, check this box ►	ousiness in ur digit Groof it is for parsion is for orporation is	the United States, checup Exemption Number of the group, check the group, check the required to file Form 990	(GEN) If the is box ▶ □ and at 0-T) extension of time	nis is ttach			
2 	If the Cf	e tax year entered in line 1 is for less than 12 change in accounting period s application is for Form 990-BL, 990-PF, 99	months, ch		eturn				
b	If thi	efundable credits. See instructions. s application is for Form 990-PF, 990-T,		-		8,615			
С		nated tax payments made. Include any prior nce due. Subtract line 3b from line 3a. Include		<u> </u>		4,115			
	EFTF	PS (Electronic Federal Tax Payment System). ou are going to make an electronic fund withdrawa	See instruc	tions.	3c \$	4,500			
Caution	u. ⊪y∟	ou are going to make an electronic fully withdrawa		5000, 366 I UIII 043 3 -6	o and rouni our a-co for payment				