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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. DEC 1, 2011 For calendar year 2011 or tax year beginning , and ending NOV 30, 2012 Name of foundation A Employer identification number SUPERA FAMILY FOUNDATION 36-3013584 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 2001 NORTH HALSTED STREET -3RD FLOOR (312)242-2120 City or town, state, and ZIP code C If exemption application is pending, check here 60614-4365 CHICAGO, IL G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accruat If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 2,477,637. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 1,033,781 N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 779 779 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) SCANNED AUG 2 2 Revenue 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 779 034,560 12 Total, Add lines 1 through 11 0 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 2,700 0. 0. STMT 2 **b** Accounting fees c Other professional fees 17 Interest STMT 3 16 0. 0. 18 Taxes 19 Depreciation and depletion-20 Occupancy RS-OSC 21 Travel, conferences, and meetings 22 Printing and publications. 1 2 STMT 72,156 0. 0. 24 Total operating and administrative expenses. Add liftes (13 through 23 <u>74,872</u> 0. Contributions, gifts, grants paid 490,540 490,540. Total expenses and disbursements. 0 490,540. 565,412 Add lines 24 and 25 27 Subtract line 26 from line 12: 469,148 2 Excess of revenue over expenses and disbursements 779 b Net investment income (if negative, enter -0-)

Form **990-PF** (2011)

c Adjusted net income (if negative, enter -0-)

N/A

Form 990-PF (2011) SUPERA FAMILY FOUNDATION 36-301						Page 2
P	Part II Balance Sheets Attached schedules and amounts in the description Beginning of year E				d of year	
÷		Column should be for the or year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Va	
	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	1,441,554.	1,982,759	1,982	<u>,759.</u>
	3	Accounts receivable ▶				
	١.	Less: allowance for doubtful accounts	-		<u> </u>	
	4	Pledges receivable -				
	_	Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	_	disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
ets	8	Inventories for sale or use				
Assets		Prepaid expenses and deferred charges	25.	9	<u> </u>	9.
•		Investments - U.S. and state government obligations				
		Investments - corporate stock				
	1	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	l	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment: basis				
		Less accumulated depreciation	540.000	404 050	104	0.50
	15	Other assets (describe ► STATEMENT 6)	540,983.	494,869	. 494	<u>,869.</u>
	16	Total assets (to be completed by all filers)	1,982,562.	2,477,637	2,477	637
_	17	Accounts payable and accrued expenses	1,302,302.	2,411,031	• 2, 411	, 0,3 / •
	18	Grants payable			\dashv	
"	19	Deferred revenue			\dashv	
Liabilıties	20		+		\dashv	
Ē	21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable		·	\dashv	
Ë	l .	Other liabilities (describe)			\dashv	
	**	Other nationies (describe			\dashv	
	23	Total liabilities (add lines 17 through 22)	0.	0) .	
		Foundations that follow SFAS 117, check here		<u>_</u>	Ť	
		and complete lines 24 through 26 and lines 30 and 31.				
Ses	24	Unrestricted				
and	25	Temporarily restricted			7	
Ba	26	Permanently restricted				
Ē		Foundations that do not follow SFAS 117, check here		-	7	
Ę		and complete lines 27 through 31.				
S	27	Capital stock, trust principal, or current funds	_ 0.	0		
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0	•	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,982,562.	2,477,637		
Net Assets or Fund Balances	30	Total net assets or fund balances	1,982,562.	2,477,637	•	
_	31	Total liabilities and net assets/fund balances	1,982,562.	2,477,637	<u> </u>	
P	art	Analysis of Changes in Net Assets or Fund B	alances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30			
		at agree with end-of-year figure reported on prior year's return)			1 1,982	,562.
2	-	r amount from Part I, line 27a	• •	· · · – –		,148.
		r increases not included in line 2 (itemize)	SEE STA			,927.
		lines 1, 2, and 3		4 2,477		
5 Decreases not included in line 2 (itemize) > 5						
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		6 2,477	$\frac{0.}{637.}$
					Form 990-F	

123511 12-02-11

b NONE c d e (e) Gross sales price (f) Depreciation allowed (g) Cost or other biglus expense of site of the plus	9 (1)		(I) Gai	(h) Gain or (loss) e) plus (f) minus (en (col. (h) gain en (col.	minus n -0-) or
c (e) Gross sales price (f) Depreciation allowed (or allowable) (or allowable) (g) Cost or other be plus expense of signs. a b C d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/6 (i) F.M.V. as of 12/31/69 (j) Adjusted basis (k) Excess of col. over col. (j), if and a b c d e	9 (1)		(I) Gai	e) plus (f) minus (ins (Col. (h) gain but not less thar	minus n -0-) or
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(i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if an					
c d d d d d d d d d d d d d d d d d d d					
d e		ļ			
B					
				·	
(If gain, also enter in Part I, line 7		 			
Capital gain net income or (net capital loss)	}	2			
Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):)				
If gain, also enter in Part I, line 8, column (c).	}				
If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on	Net Inv	<u> 3 </u> vestment	ncon	ne	
as the foundation liable for the section 4942 tax on the distributable amount of any year in the ba "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making any	<u>, </u>	·			Yes X
(0)					(d)
Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value	of noncha	arıtable-use ass		Distrib (col. (b) div	(d) oution ratio rided by col. (c))
2010 418,710.		621,8			.67337
2009 634,378.		754,1			.84114
2008 417,661.		481,3	-		.86775
2007 651,775. 2006 454,316.		494,5 520,4			1.31792
2006 454,316.		520,4	13.	- -	.87289
Total of line 1, column (d)				2	4.57308
Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the nuthe foundation has been in existence if less than 5 years	ımber of y	ears		3	.91461
Enter the net value of noncharitable-use assets for 2011 from Part X, line 5				4	2,165,585
Multiply line 4 by line 3			-	5	1,980,683
Enter 1% of net investment income (1% of Part I, line 27b)			.	6	
Add lines 5 and 6			. }	7	1,980,693
Enter qualifying distributions from Part XII, line 4				8	490,540
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that par See the Part VI instructions.	rt using a	1% tax rate.			

	n 990-PF (2011) SUPERA FAMILY FOUNDATION	3	6-	30135	<u>84</u>		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 49	48 -	- see in	stru	ctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1				16.
	of Part I, line 27b						
(: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). \int						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
3	Add lines 1 and 2		3_				16.
4	Subtrtle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	L	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	L	5				<u> 16.</u>
6	Credits/Payments:						
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a	9.					
b	Exempt foreign organizations - tax withheld at source 6b						
C	: Tax paid with application for extension of time to file (Form 8868)						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments. Add lines 6a through 6d	L	7				<u>9.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ _	9				7.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ ∟	10				
	Enter the amount of line 10 to be: Credited to 2012 estimated tax		11				
	art VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene in	١			Yes	
	any political campaign?				1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition			L	1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put	lished	or				
	distributed by the foundation in connection with the activities						
	Did the foundation file Form 1120-POL for this year?				1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_					
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	<u>0.</u>					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
_	managers. ▶ \$O.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			-	2		<u>X</u>
•	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporate bulgue, as other carrier and the complex products of the complex product	on, or					
4-	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?		3.7	/3	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?		IN	/A	4b		
Ð	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			-	5		<u>X</u>
6	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
v	By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the 	etato la					
	remain in the governing instrument?	State la	IVV		_		v
7	Did the foundation have at least \$5,000 in assets at any time during the year?			-	6 7	х	<u>X</u>
•	If "Yes," complete Part II, col. (c), and Part XV.			<u> </u>		<u> </u>	_
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
<i>-</i> u	IL						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
•	of each state as required by General Instruction G? If "No," attach explanation				8ь	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for	calend	lar		-		
-	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		Х
<u>1</u> 0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses				10		X

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Pa	nrt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	1	1	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory p	rrvileges?		
	If "Yes," attach statement (see instructions)	1		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1	3 X	
	Website address ► N/A			
14		\rightarrow (312)242		
	Located at ► 2001 NORTH HALSTED STREET, CHICAGO, IL	ZIP+4 ▶ <u>6061</u>	4-43	<u>65</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	ـــا
	·	15	N/A	NI.
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	۱.	Yes	No
	securities, or other financial account in a foreign country?	<u> </u>	6	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
Pa	country art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u></u>
-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	During the year did the foundation (either directly or indirectly):		1.00	1.10
• •		es X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
		es X No		!
		es X No		
		es X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	es 🗶 No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundation agreed to make a grant to or to employ the official for a period after			
		es X No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A 1	b	<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
C	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			٠,,
	before the first day of the tax year beginning in 2011?	<u> </u>	C	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning.			
a		es X No		
	If "Yes," list the years \blacktriangleright , , , , , , , , , , , , , , , , , , ,	22 100		
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	et l		
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attact			
	statement - see instructions.)	N/A 2	ь	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ļ	
	during the year?	es X No	1	
b	o If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons at	fter		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to 6	dispose		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule Control of the Inc.)		1	
	Form 4720, to determine if the foundation had excess business holdings in 2011)	· ·	b	
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	• -	a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos			
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?		b DE	(2011)
		Form &	90-PF	(2011)

orm 990-PF (2011) SUPERA FAMILY FOUNDATION		3013584 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "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		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat	ictical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pr	oduced, etc.	Expenses
N/A		
2		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount
N/A		
2		
All other program-related investments. See instructions.		
All other program-related investments, see instructions.		
Total. Add lines 1 through 3	_	0.
		Form 990-PF (2011)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations	, see instructions)
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	0.
b	Average of monthly cash balances	1b	1,703,685.
C	Fair market value of all other assets	1c	494,878.
d	Total (add lines 1a, b, and c)	1d	2,198,563.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,198,563.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	32,978.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,165,585.
6	Minimum investment return. Enter 5% of line 5	6	108,279.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	108,279.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)]]	
C	Add lines 2a and 2b	2c	16.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	108,263.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	108,263.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	108,263.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	490,540.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	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	490,540.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	490,540.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies f	or the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	·			
line 7				108,263.
2 Undistributed income, if any, as of the end of 2011	, ,			
a Enter amount for 2010 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 428,624.				
b From 2007 627,230.				
c From 2008 393,607.				
d From 2009 596, 684.				
e From 2010 387,635.				
f Total of lines 3a through e	2,433,780.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: \triangleright \$ 490,540.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		•		
(Election required - see instructions)	0.			100 063
d Applied to 2011 distributable amount	200 000			108,263.
e Remaining amount distributed out of corpus	382,277.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,816,057.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		,		
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006	400 604			
not applied on line 5 or line 7	428,624.			
9 Excess distributions carryover to 2012	2 207 422			
Subtract lines 7 and 8 from line 6a	2,387,433.		<u> </u>	
10 Analysis of line 9:				
a Excess from 2007 627, 230.				
b Excess from 2008 393, 607.				
c Excess from 2009 596, 684.				
d Excess from 2010 e Excess from 2011 382, 277.				
e Excess from 2011 382, 277.			<u> </u>	Form 990-PF (2011)

	FAMILY FOUN			36-30	13584 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating	1		
foundation, and the ruling is effective fo	r 2011, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatii	ng foundation described	I in section	4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		:
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for			i		
each year listed			•		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not		-			
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly			 		
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)		· · · · · · · · · · · · · · · · · · ·			
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,		ir	-		
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					1
(4) Gross investment income			_		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t	the vear-see inst	ructions.)			
	_ 	<u> </u>			
 Information Regarding Foundation List any managers of the foundation when the foundation is a contraction of the foundation. 		than 29/, of the total co-	ntributions received by th	a foundation before the clo	se of any tay
year (but only if they have contributed i	nore than \$5,000), (See s	section 507(d)(2).)	iiii ibulions received by ti	ie toutidation before the cid	so of any tax
, , , ,		(-/(-/-/			
NONE		no atack of a corporation	n (or an aqually large per	tion of the ownership of a r	artnerehin or
b List any managers of the foundation who other entity) of which the foundation has			ii (oi aii equaliy laige poi	HOILOL THE OWNERSHIP OF A P	arthership of
. ,	.o a 1070 or ground miore				
NONE					
2 Information Regarding Contribut					usata far funda. If
Check here ► X if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	e organizations and udes	complete items 22 h.c. an	4 4
			· · · · · · · · · · · · · · · · · · ·	complete items Ea, e, e, an	
a The name, address, and telephone num	iver of the person to who	iii applications snould t	e addressed:		
		 			
b The form in which applications should	be submitted and informa	ation and materials they	snoula include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geographic	cal areas, charitable field	ls, kinds of institutions, o	r other factors:	
123801 12-02-11					Form 990-PF (2011)

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to **Amount** contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CHARITABLE PAWS NONE DUALIFIED CHARITY 250. CHICAGO, IL NONE QUALIFIED CHARITABLE CHABAD OF WILMETTE CHARITY 500. WILMETTE, IL CHAI CENTER NONE QUALIFIED CHARITY CHARITABLE 500. CHICAGO, IL CJE SENIOR LIFE NONE QUALIFIED CHARITABLE CHARITY 1,200. CHICAGO, IL CHARITABLE FOUNDATION FIGHTING BLINDNESS NONE QUALIFIED CHARITY 1,000. CHICAGO IL 490 540. SEE CONTINUATION SHEET(S) ▶ 3a Total **b** Approved for future payment NONE Total

123611 12-02-11

Part XVI-A	Analysis of Income-Producing	Activities
------------	------------------------------	------------

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	1	
a					
b		<u> </u>			
c					
d				_	
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					779.
4 Dividends and interest from securities					.,,,,,
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income				į	
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
Α					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	779.
13 Total. Add line 12, columns (b), (d), and (e)					779. 779.
(See worksheet in line 13 instructions to verify calculations.)					·— · · · · · · · · · · · · · · · · · ·

Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which incom	ne is reported	in column (e) of Part XVI-A	contri	huted importantly to the accord	nnlishment of
the foundation's exempt purposes (other than b				outou importantly to the door.	
3 INTEREST OF CASH INVEST		<u> </u>			
J INTEREST OF CASH INVEST	<u> </u>				
					
					
			-		
			-		
			_	<u> </u>	<u> </u>
			_		
		· · ·			
	_				
		·			
123621					Form 990-PF (2011)

		ndation directly or indirectly affiliated wit 501(c) of the Code (other than section 5	,		zations described		Yes 🖸	X No
		emplete the following schedule.	(-)(-)/					
<u>,, , , , , , , , , , , , , , , , , , ,</u>	100, 00	(a) Name of organization		(b) Type of organization		(c) Description of	relationship	
		N/A		(4)		(-)	,	
			-/			· · · · · · · · · · · · · · · · · · ·		
Sign Here	and be	penalties of perjury, I declare that I have examinated it is true, correct, and complete Declaration				er has any knowledge	May the IRS discuss return with the prepishown below (see in X Yes	arer
		Print/Type preparer's name	Preparer's s		Date 8/5/13	Check ıf self- employed	PTIN	
-	2112121 01 20112121		OLDMAN &	ROTH, P.C.	07913	Fırm's EIN ►	<u>P00850441</u> 36-4166110	1
		Firm's address ► 1111 EAS' DES PLAII		VENUE, SUITE 0018-5803	100	Phone no.	(847)699-60	000

123622 12-02-11

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2011

36-3013584 SUPERA FAMILY FOUNDATION Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively \$ religious, chantable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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

Employer identification number

SUPER	A FAMILY FOUNDATION		-3013304
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL SUPERA CLAT DATED 11/1/2008 2001 NORTH HALSTED STREET, 3RD FLOOR CHICAGO, IL 60614-4365	\$ <u>657,581.</u>	Person X 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
2	MICHAEL SUPERA CLAT DATED 3/31/2005 2001 NORTH HALSTED STREET, 3RD FLOOR CHICAGO, IL 60614-4365	\$ 99,000.	Person X 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
3	MICHAEL SUPERA CLAT DATED 3/31/2008 2001 NORTH HALSTED STREET, 3RD FLOOR CHICAGO, IL 60614-4365	\$ 79,200.	Person X 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
4	MICHAEL SUPERA CLAT DATED 9/1/2006 2001 NORTH HALSTED STREET, 3RD FLOOR CHICAGO, IL 60614-4365	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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)

Name of organization

Employer identification number

SUPERA FAMILY FOUNDATION

36-3013584

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.				
(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		
		\$	<u></u>		
(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		
		\$	990 990-F7 or 990-PF\/2011		

lame of organiz	ration		Employer identification number
Part III	FAMILY FOUNDATION Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional and the content of the	c., contributions of \$1,000 or less t	36-3013584 1(c)(7), (8), or (10) organizations that total more than \$1,000 for the ations completing Part III, enter for the year. (Enter this information once) \$\Bigsir \sigma_{\text{\colored}} \Bigsir \sigma_{\text{\colored}} \Bigsir \sigma_{\text{\colored}}
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
-	Transferee's name, address, ar	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
	Transferee's name, address, ar	(e) Transfer of q	gift 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, ar	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	
- - -	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

Part XV Supplementary Information				13584
3 Grants and Contributions Paid During the Y				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FREE CHICAGO IL	NONE	QUALIFIED CHARITY	CHARITABLE	3,600
chiendo, Ib	†	<u> </u>		3,000
FRIENDS OF THE ISRAEL DEFENSE FORCES	NONE	QUALIFIED CHARITY	CHARITABLE	4,000
THE AMERICAN CANCER FOUNDATION	NONE	QUALIFIED CHARITY	CHARITABLE	1 000
CHICAGO, IL	 			1,000
IIT SCHOLARSHIP	NONE	QUALIFIED CHARITY	CHARITABLE	
CHICAGO, IL				1,500
EMERGENCY FUND	NONE	QUALIFIED CHARITY	CHARITABLE	500
LIEBERMAN CENTER	NONE	QUALIFIED CHARITY	CHARITABLE	1,000
JEWISH UNITED FUND 30 SOUTH WELLS STREET CHICAGO, IL 60606-5056	NONE	QUALIFIED CHARITY	CHARITABLE	190,000
JEWISH CHILD AND FAMILY SERVICES	NONE	QUALIFIED CHARITY	CHARITABLE	500
Cultured, III		 		300
LYNN SAGE CANCER FOUNDATION	NONE	QUALIFIED CHARITY	CHARITABLE	7,200
L'CHAIM CENTER	NONE	QUALIFIED CHARITY	CHARITABLE	
CHICAGO, IL				1,000
Total from continuation sheets				487,090

SUPERA FAMILY FOUNDATION

Part XV | Supplementary Information

Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	Of Substantial Contributor	recipioni		
MENOMONEE CLUB	NONE	QUALIFIED	CHARITABLE	
CHICAGO IL		CHARITY		1,000
EWISH FEDERATION OF METROPOLITAN	NONE	QUALIFIED CHARITY	CHARITABLE	
CHICAGO, IL				5,000
GARY SINISE FOUNDATION	NONE	QUALIFIED CHARITY	CHARITABLE	
STUDIO CITY, CA				1,000
JUF REAL ESTATE & BUILDING TRADES	NONE	QUALIFIED CHARITY	CHARITABLE	
CHICAGO, IL	<u> </u>			5,000
PEMPLE SHOLOM	NONE	QUALIFIED CHARITY	CHARITABLE	
CHICAGO, IL				6,280
THE FAMILY INSTITUTE	NONE	QUALIFIED CHARITY	CHARITABLE	
CHICAGO, IL				1,000
THE NATIONAL FRAGILE X FOUNDATION	NONE	QUALIFIED CHARITY	CHARITABLE	
CHICAGO, IL				500
THE POSSE FOUNDATION	NONE	QUALIFIED CHARITY	CHARITABLE	
CHICAGO IL				1,000
NIVERSITY OF CHICAGO MEDICAL CENTER	NONE	QUALIFIED CHARITY	CHARITABLE	
CHICAGO, IL				26,000
OUNDED WARRIOR PROJECT	NONE	QUALIFIED CHARITY	CHARITABLE	
JACKSONVILLE, FL		Ţ		500

SUPERA FAMILY FOUNDATION

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Foundation Purpose of grant or **Amount** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient AMERICAN FRIENDS NONE QUALIFIED CHARITABLE CHARITY CHICAGO, IL 3,000, NONE LAKEWOOD FOOD PANTRY QUALIFIED CHARITABLE CHARITY ENGLEWOOD, CO 1,000 UNITED STATES HOLOCAUST MEMORIAL NONE QUALIFIED CHARITABLE MUSEUM CHARITY 5,000. WASHINGTON, DC CHARITABLE MICHAEL F. BONAMARTE III FOUNDATION NONE DUALIFIED CHARITY 1,000. HIGHLAND PARK, IL CHICAGO PUBLIC LIBRARY NONE QUALIFIED CHARITABLE CHARITY CHICAGO IL 1,000, NONE CHARTTABLE QUALIFIED UJA FEDERATION OF NEW YORK CHARITY 500. NEW YORK NY JUVENILE DIABETES RESEARCH FOUNDATION QUALIFIED CHARITABLE NONE CHARITY 1,000. CHICAGO, IL CHILDREN'S MEMORIAL HOSPITAL NONE QUALIFIED CHARITBALE CHARITY 200,000, CHICAGO, IL NONE CHARITABLE WORKING IN THE SCHOOLS QUALIFIED CHARITY 7,500, CHICAGO, IL NONE QUALIFIED HURRICANE SANDY CHARITY CHARITABLE 1,000. HACKENSACK NJ Total from continuation sheets

Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the	Year (Continuation)	_		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	CONTIDUTION	Amount
DAVID MEHLMAN	NONE	QUALIFIED CHARITY	CHARITABLE	
CHICAGO, IL				5,000.
VARIOUS ORGANIZED CHARITIES UNDER \$500	NONE	QUALIFIED CHARITY	CHARITABLE	
CHICAGO IL				3,510.
		<u> </u>		
	1			
	1.3.1.1.1			
Total from continuation sheets	· · · · · · · · · · · · · · · · · · ·		·	1

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH IN	VESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
BANK OF AMERICA	•		_	7'	79.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	7'	79.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	2
DESCRIPTION		(B) NET INVEST- MENT INCOME			
ACCOUNTING FEES	2,700.	0.			0.
TO FORM 990-PF, PG 1, LN 16B	2,700.	0.			0.
FORM 990-PF	TAX	ES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		CHARITA	
FEDERAL TAXES	16.	0.			0.
TO FORM 990-PF, PG 1, LN 18	16.	0.			0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
LICENSES AND FEES LIFE INSURANCE PREMIUMS	115. 72,041.				0.
TO FORM 990-PF, PG 1, LN 23	72,156.	0.			0.

				-
FORM 990-PF OTHER INCREASES IN	NET ASSETS OR FU	ND BALANCES	STATEMENT	5
DESCRIPTION			AMOUNT	
ADJUSTMENT TO MARKET VALUE OF CAS	SH VALUE OF LIFE	INSURANCE	25,9	27.
TOTAL TO FORM 990-PF, PART III, I	INE 3		25,9	27.
FORM 990-PF	OTHER ASSETS		STATEMENT	6
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKE' VALUE	r
CASH SURRENDER VALUE - LIFE INSURANCE	540,983.	494,869.	494,8	69.
TO FORM 990-PF, PART II, LINE 15	540,983.	494,869.	494,8	69.

Form 88	68 (Rev. 1-2012)					Page 2
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box .		▶ 🗶
Note. O	nly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fil	led Form	8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	ded).
			Enter filer's	<u>identifyi</u> ı	ng number, s	ee instructions
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identificatio	n number (EIN) or
print						
File by the						
iling your					curity number	er (SSN)
return See	2001 NORTH HALSTED STREET -	3RD	FLOOR			
Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	CHICAGO, IL 60614-4365					
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4
		1 = 7	I			B-4
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99		01			<u> </u>	
Form 99		02	Form 1041-A	· · · · · · · · · · · · · · · · · · ·		08
Form 99		01	Form 4720	·		10
Form 99		04	Form 5227	···········		11
	Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					12
	0-T (trust other than above)	06	Form 8870			
STOPIL	Oo not complete Part II if you were not already granted	an auton	natic 3-month extension on a previ	OUSIV THE	a Form 880	3,
4 The 6	MICHAEL SUPERA books are in the care of ► 2001 NORTH HALS	amer .	cmpppm - CHICACO :	TT. 60	611-13	5 5
	———·	JIED	FAX No.	111 00	014.40	<u> </u>
-	hone No. ► (312)943-8539	a in the Lir				\sim
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit			this is fo	 rtha whala a	roup check this
	. If it is for part of the group, check this box					
box 🕨			BER 15, 2013.	all memi	eis nie exter	ISIOTI IS IOI.
	equest an additional 3-month extension of time until			. NOV	30, 2	N12
	or calendar year, or other tax year beginningI			Final		
6 If	the tax year entered in line 5 is for less than 12 months, c	Heck reas	on initias retuiti		etum	
_ L	Change in accounting period ate in detail why you need the extension					
	DDITIONAL TIME IS NEEDED TO	יאשעע	P AT.T. PET.EVANT THE	ТЕМАТ	TON FO	R THIS
	AX YEAR IN ORDER TO FILE A CO					
_	AX TEAR IN ORDER TO FIDE A CO	JEL LL	IB AND ACCORDING III	11111	01411	
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	inter the tentative tax less any			
	onrefundable credits. See instructions.	oi 0000, 0	mor and tomative tax, 1000 any	8a	s	9.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	<u> </u>	-	
	x payments made. Include any prior year overpayment all			,		
	reviously with Form 8868	owed as a	a credit and any amount paid	8b	\$	9.
	alance due. Subtract line 8b from line 8a. Include your pa	vment wit	th this form if required by using	- 00	Ψ	
	TPS (Electronic Federal Tax Payment System). See instru	-	in this form, in required, by daining	8c	s	0.
			st be completed for Part II o		Ψ	
Under pe	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp		_	of my knowledg	ge and belief,
		PRESI	חבאיי	Date	•	
Signature	Ittle ▶ 1	- 17111111		Date		969 (Pay 1-2012)

Form **8868** (Rev. 1-2012)

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