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Form **990-PF**

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.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

	For calendar year 2012 or tax year beginning , and ending								
		f foundation	A Employer identification	number					
Т	ΗE	EXPERIMENTAL STATION							
C	<u>/0</u>	DANIEL A PETERMAN		32-0017985	· · · · · · · · · · · · · · · · · · ·				
		and street (or P O box number if mail is not delivered to stre	et address)	Room/suite	B Telephone number				
_6	<u>10</u>	0 S BLACKSTONE			773-241-54	.58			
		own, state, and ZIP code			C If exemption application is p	ending, check here			
_ <u>C</u>	ΗI	CAGO, IL 60637				,			
G	heck	k all that apply: Initial return	initial return of a fo	rmer public charity	D 1 Foreign organizations	s, check here			
		Final return	Amended return		2 5	seture the 950/ toot			
		Address change	Name change		2 Foreign organizations me check here and attach co	emputation by test,			
H C	heck	k type of organization: X Section 501(c)(3)	exempt private foundation		E If private foundation sta	tus was terminated			
<u> </u>	Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	(A), check here			
I Fa	ır ma	· (ting method: L Cash	X Accrual	F If the foundation is in a	60-month termination			
		Part II, col (c), line 16)	Other (specify)		under section 507(b)(1)	(B), check here			
	\$	176,649. (Part I, co.	umn (d) must be on cash b	oasis)		r			
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes			
		necessarily equal the amounts in column (a))	expenses per books	ıncome	income	(cash basis only)			
	1	Contributions, gifts, grants, etc., received	318,252.						
	2	Check If the foundation is not required to attach Sch. B							
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities							
	5a	Gross rents	32,438.	32,438.	32,438.	STATEMENT 1			
	b	Net rental income or (loss)			-	STATEMENT 2			
ō	6a	Net gain or (loss) from sale of assets not on line 10							
aun	b	Gross sales price for all assets on line 6a							
Revenue	7	Capital gain net income (from Part IV, line 2)		0.					
	8	Net short-term capital gain			0.				
	9	Income modifications Gross sales less returns							
	10a	and allowances 151,42/				STATEMENT 3			
	b	Less Cost of goods sold 198,599							
					45 450	STATEMENT 4			
			-47,172.		-47,172.				
	11	Gross profit or (loss) Other income	-47,172. 110,009.	0.	110,009.	STATEMENT 4 STATEMENT 5			
	11 12	Gross profit or (loss) Other income Total. Addlines (through 1.12	-47,172. 110,009. 413,527.	32,438.	110,009. 95,275.	STATEMENT 5			
_	11 12 13	Other income Total. Add lines through 112 Compensation of officers, directors, trustees etc.	-47,172. 110,009. 413,527. 38,250.	32,438. 0.	110,009. 95,275. 0.	STATEMENT 5 38,250.			
	11 12 13 14	Gross profit or (loss) Other income Total. Addlines 1 through 1.12 Compensation of officers, directors, trustees, etc. Other employee salafies and Wages	-47,172. 110,009. 413,527. 38,250. 156,544.	32,438. 0. 0.	110,009. 95,275. 0.	38,250. 156,544.			
	11 12 13 14 15	Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits	-47,172. 110,009. 413,527. 38,250.	32,438. 0.	110,009. 95,275. 0.	STATEMENT 5 38,250.			
	11 12 13 14 15	Gross profit or (loss) Other income Total. Add/lines through 1.1. Compensation of officers, directors, trustees, etc Other employee salafies and wages Pension plans, employee benefits	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882.	32,438. 0. 0.	110,009. 95,275. 0. 0.	38,250. 156,544. 3,882.			
benses	11 12 13 14 15 16a b	Compensation of officers, directors, trustees etc. Other employee salaties and wages C. Pension plans, employee benefits Legal fees Accounting-fees	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206.	32,438. 0. 0. 0.	110,009. 95,275. 0. 0.	38,250. 156,544. 3,882. 5,206.			
Expenses	11 12 13 14 15 16a b	Compensation of officers, directors, trustees, etc Other professional fees	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882.	32,438. 0. 0.	110,009. 95,275. 0. 0.	38,250. 156,544. 3,882.			
Itive Expenses	11 12 13 14 15 16a b c	Other income Total. Add lines 1 through 1.1. Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits Legal fees Accounting fees Other professional fees STMT 7 Interest	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932.	32,438. 0. 0. 0.	110,009. 95,275. 0. 0. 0.	38,250. 156,544. 3,882. 5,206. 29,932.			
strative Expenses	11 12 13 14 15 16a b c	Other income Total. Add lines 1 through 112 Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits Legal fees Accounting fees Other professional fees STMT Interest Taxes STMT 8	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039.	32,438. 0. 0. 0. 0.	110,009. 95,275. 0. 0. 0.	38,250. 156,544. 3,882. 5,206.			
inistrative Expenses	11 12 13 14 15 16a b c 17 18 19	Compensation of officers, directors, trusteered Other employee salaties and wages Pension plans, employee benefits Legal fees Accounting-fees Other professional fees Taxes Depreciation and depletion	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482.	32,438. 0. 0. 0. 0. 0. 5,482.	110,009. 95,275. 0. 0. 0. 0. 0. 5,482.	38,250. 156,544. 3,882. 5,206. 29,932.			
JIJ dministrative Expenses	11 12 13 14 15 16a b c 17 18 19 20	Compensation of officers, directors, trustees etc. Other employee salaties and wages. Pension plans, employee benefits Legal fees. Accounting fees DEN, STMT 6 Other professional fees STMT 7 Interest Taxes STMT 8 Depreciation and depletion Occupancy	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475.	32,438. 0. 0. 0. 0. 5,482. 50,173.	110,009. 95,275. 0. 0. 0. 0. 5,482. 50,173.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039.			
CUIJ d Administrative Expenses	11 12 13 14 15 16a b c 17 18 19 20 21	Compensation of officers, directors, trustees, etc. Other employee salaries and wages Pension plans, employee benefits Legal fees Accounting fees STMT 6 Other professional fees STMT 7 Interest Taxes STMT 8 Depreciation and depletion Occupancy Travel, conferences, and meetings	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475. 3,409.	32,438. 0. 0. 0. 0. 5,482. 50,173. 0.	110,009. 95,275. 0. 0. 0. 0. 5,482. 50,173.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 11,302. 3,409.			
1 2013	11 12 13 14 15 16a b c 17 18 19 20 21 22	Other income Total. Addlines through 112 Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits Legal fees Accounting fees Accounting fees Taxes Taxes STMT 8 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475. 3,409. 8,282.	32,438. 0. 0. 0. 0. 5,482. 50,173. 0. 0.	110,009. 95,275. 0. 0. 0. 0. 5,482. 50,173. 0. 0.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 11,302. 3,409. 8,282.			
 ∠ ⊥ ∠UIJ ting and Administrative Expenses 	11 12 13 14 15 16a b c 17 18 19 20 21 22 23	Other income Total. Additines 1 through 112 Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits Legal fees Accounting fees Other professional fees Taxes STMT 8 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT 9	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475. 3,409.	32,438. 0. 0. 0. 0. 5,482. 50,173. 0.	110,009. 95,275. 0. 0. 0. 0. 5,482. 50,173.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 11,302. 3,409.			
UV C ± CUI3 erating and Administrative Expenses	11 12 13 14 15 16a b c 17 18 19 20 21 22 23	Other income Total. Additines 1 through 112 Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits Legal fees Accounting fees Other professional fees Taxes STMT Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT 9 Total operating and administrative	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475. 3,409. 8,282. 81,585.	32,438. 0. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	110,009. 95,275. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 11,302. 3,409. 8,282. 78,154.			
C ± CUIJ ing and Administrative Expense	11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24	Other income Total. Add lines 1 through 112 Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits Accounting lees Accounting lees Taxes STMT Interest Taxes STMT Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses Other expenses Add lines 13 through 23	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475. 3,409. 8,282. 81,585.	32,438. 0. 0. 0. 0. 5,482. 50,173. 0. 0.	110,009. 95,275. 0. 0. 0. 0. 5,482. 50,173. 0. 0.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 11,302. 3,409. 8,282. 78,154.			
Operating and Administrative Expense	11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24	Other income Total. Addlines through 1.12 Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits Accounting fees Accounting fees Accounting fees Taxes Taxes STMT 8 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT 9 Total operating and administrative expenses Add lines 13 through 23 Contributions, gifts, grants paid	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475. 3,409. 8,282. 81,585.	32,438. 0. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	110,009. 95,275. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 11,302. 3,409. 8,282. 78,154.			
Operating and Administrative Expense	11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24	Other income Total. Addlines through 1.12 Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits Accounting fees Accounting fees Taxes STMT Interest Taxes Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT Total operating and administrative expenses Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements.	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475. 3,409. 8,282. 81,585. 409,086. 40,771.	32,438. 0. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	110,009. 95,275. 0. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 11,302. 3,409. 8,282. 78,154. 350,000. 40,771.			
Operating and Administrative Expense	11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24 25 26	Other income Total. Additines through 112 Compensation of officers, directors, trustees, etc Other employee salaries and wages Pension plans, employee benefits Accounting fees Accounting fees Other professional fees STMT Interest Taxes STMT Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT Total operating and administrative expenses Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475. 3,409. 8,282. 81,585.	32,438. 0. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	110,009. 95,275. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 11,302. 3,409. 8,282. 78,154.			
Operating and Administrative Expense	11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24 25 26	Other income Total. Additines 1 through 112 Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits Legal fees Accounting fees Other professional fees STMT Interest Taxes STMT Bepreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT STMT Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT Total operating and administrative expenses Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12.	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475. 3,409. 8,282. 81,585. 409,086. 40,771.	32,438. 0. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	110,009. 95,275. 0. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 11,302. 3,409. 8,282. 78,154. 350,000. 40,771.			
Operating and Administrative Expense	11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24 25 26	Other income Total. Additines 1 through 112 Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits Legal fees Accounting fees Accounting fees Cother professional fees STMT Interest Taxes STMT STMT 8 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT STMT 9 Total operating and administrative expenses Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12. Excess of revenue over expenses and disbursements	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475. 3,409. 8,282. 81,585. 409,086. 40,771.	32,438. 0. 0. 0. 0. 0. 0. 5,482. 50,173. 0. 3,431. 59,086.	110,009. 95,275. 0. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 11,302. 3,409. 8,282. 78,154. 350,000. 40,771.			
Operating and Administrative Expense	11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24 25 26	Other income Total. Additines 1 through 112 Compensation of officers, directors, trustees, etc Other employee salaties and wages Pension plans, employee benefits Legal fees Accounting fees Other professional fees STMT Interest Taxes STMT Bepreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT STMT Occupancy Travel, conferences, and meetings Printing and publications Other expenses STMT Total operating and administrative expenses Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12.	-47,172. 110,009. 413,527. 38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 5,482. 61,475. 3,409. 8,282. 81,585. 409,086. 40,771.	32,438. 0. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	110,009. 95,275. 0. 0. 0. 0. 0. 5,482. 50,173. 0. 0. 3,431.	38,250. 156,544. 3,882. 5,206. 29,932. 15,039. 11,302. 3,409. 8,282. 78,154. 350,000. 40,771.			

THE EXPERIMENTAL STATION

C/O DANIEL A PETERMAN

Form 990-PF (2012)

Beginning of year End of year Part II Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 96,969 149,766. 96,969. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 13,723. 3 Accounts receivable ► 24.296. 13,723. 13,723. Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 785. 32,500. 32,500. 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 5,371. 6,858. 6,858. 8 Inventories for sale or use 3,066. 3,218. 3,066. 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation STMT $10 \triangleright$ 31,779. 22,742. 23,533. 23<u>,533</u>. 15 Other assets (describe ► 176,649. 206,178. 176,649. 16 Total assets (to be completed by all filers) 7,773. 17 Accounts payable and accrued expenses 6,800. 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 7,772. 14,573 23 Total liabilities (add lines 17 through 22) $\triangleright x$ Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Vet Assets or Fund Balances 69,<u>4</u>62. 24 Unrestricted 108,363. 92,614 90,043. 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 198,406. 162,076. 30 Total net assets or fund balances 206,178. 176,649 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) <u> 198,406.</u> -36,330. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3 162,076. 4 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 162,076. Form **990-PF** (2012)

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C/O DANIEL A PETERMAN

	and Losses for Tax on I		t Income	14.1	Hamas	T	
	ribe the kind(s) of property sold (e.garehouse; or common stock, 200 sh			1 · P	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo , day, yr.)
1a							
b NO	<u>NE</u>			ļ	-		
<u>C</u>				-			
<u>d</u>				-			
_e				١		L	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		······································	(h) Gain or (loss (e) plus (f) minus	
a							
b	-	-					
<u>c</u>		-					
<u>d</u>	1	<u> </u>					
Complete only for accets shows	again in column (b) and owned by	the foundation	n on 12/21/60			(I) Cours (Cal. (b) sous	
Complete only for assets showi	ng gain in column (h) and owned by					(I) Gains (Col. (h) gairol. (k), but not less that	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	1	col. (j), if any			Losses (from col.	(h))
<u>a</u>		1					
<u>b</u>		1					
		-					
d		-					
е	· · · · · · · · · · · · · · · · · · ·	1					
2 Capital gain net income or (net ca	$ \begin{cases} \text{If gain, also ente} \\ \text{If (loss), enter -C} \end{cases} $	r in Part I, line)- in Part I, line	7 : 7	}	2		
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) a	nd (6):					
If gain, also enter in Part I, line 8,		(-/-		J			
If (loss), enter -0- in Part I, line 8				لل	3		
Part V Qualification U						come	
(For optional use by domestic private	foundations subject to the section	4940(a) tax or	n net investment ir	ncome	e.)		N/A
If section 4940(d)(2) applies, leave th	nis part blank.						
			46- 6	40			Yes No
Was the foundation liable for the sec			•	11007			TES INU
If "Yes," the foundation does not qual Enter the appropriate amount in	each column for each year; see the i			entries	<u> </u>		
(a)	(b)		l l l l l l l l l l l l l l l l l l l	(c)			(d)
Base periód years Calendar year (or tax year beginnii	Advisted avalitives dis	stributions	Net value of no		rıtable-use asse	ts Col. (b) div	bùtion ratio vided by col. (c))
2011	19 117					(55.11 (57.51	(-),
2010							
2009							***
2008							
2007							
						·	
2 Total of line 1, column (d)						2	
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5,	or by the number	of ye	ars		
the foundation has been in exister						3	
4 Enter the net value of noncharitab	le-use assets for 2012 from Part X,	line 5				4	
5 Multiply line 4 by line 3						5	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	
7 Add lines 5 and 6						7	
B Enter qualifying distributions from	a Part XII. line 4					8	
_		. 4 h	alata that acut		1/ tax =====	_ v _l	
See the Part VI instructions.	ı line 7, check the box ın Part VI, line	e io, and comp	nete mat part usin	ıya I'	/o lax fale.		

THE EXPERIMENTAL STATION

	m 990-PF (2012) C/O DZ	ANIEL A	PETERMAN				32	<u>-001</u>	<u> 7985</u>		Page 4
	art VI Excise Tax Based						r 4948	3 - see	instru	ıctio	ns)
1a	a Exempt operating foundations descr	ibed in section (4940(d)(2), check h	ere 🕨 🗓 and er	nter "N/A" on line	: 1.					
	Date of ruling or determination letter	•	(attach	copy of letter if nec	essary-see inst	ructions)					
b	b Domestic foundations that meet the	section 4940(e)	requirements in Pa	rt V, check here 🕨	and ente	er 1%	1		N/	<u> </u>	
	of Part I, line 27b										
C	c All other domestic foundations enter	2% of line 27b.	. Exempt foreign orç	janizations enter 4%	of Part I, line 1	2, col. (b). ノ					
2	Tax under section 511 (domestic sec	ction 4947(a)(1)) trusts and taxable	foundations only. Ot	hers enter -0-)		2	<u> </u>			
3	Add lines 1 and 2						3				
4	Subtitle A (income) tax (domestic se	ction 4947(a)(1) trusts and taxable	foundations only. O	thers enter -0-)		4				
5	Tax based on investment income.	Subtract line 4 fr	rom line 3. If zero or	less, enter -0-			5				0.
6	Credits/Payments:						İ				
а	a 2012 estimated tax payments and 20	011 overpaymer	nt credited to 2012		6a						
b	b Exempt foreign organizations - tax w	/ithheld at sourc	e		6b						
C	c Tax paid with application for extension	on of time to file	(Form 8868)		6c						
d	d Backup withholding erroneously with	hheld			6d						
7	Total credits and payments. Add line	s 6a through 6d					7				<u>0.</u>
8	Enter any penalty for underpayment	of estimated tax	x. Check here	ıf Form 2220 ıs attac	ched		8				
9	Tax due. If the total of lines 5 and 8	is more than lin	e 7, enter <mark>amount o</mark>	wed		1	9				0.
10	Overpayment. If line 7 is more than	the total of lines	5 and 8, enter the a	mount overpaid		, ,	▶ 10				
	Enter the amount of line 10 to be: Cr					Refunded	<u>► 11</u>				
Pa	art VII-A Statements Re	garding Ac	tivities								
1a	a During the tax year, did the foundation	on attempt to inf	fluence any national	, state, or local legisl	lation or did it pa	articipate or interv	ene in			Yes	-
	any political campaign?								1a		X
b	b Did it spend more than \$100 during								1b		X
	If the answer is "Yes" to 1a or 1b	, attach a deta	ailed description o	of the activities and	d copies of any	y matenals publ	shed or	•			
	distributed by the foundation in o	connection wi	th the activities.								
	c Did the foundation file Form 1120-Po								1c		_X_
d	d Enter the amount (if any) of tax on pe						_				
	(1) On the foundation 🕨 \$						<u>).</u>				
е	e Enter the reimbursement (if any) paid	_	tion during the year	for political expendit	ture tax imposed	d on foundation					
	managers. > \$	0.									
2	Has the foundation engaged in any a			en reported to the IF	RS?				2		X
	lf "Yes," attach a detailed descrip										*
3	Has the foundation made any change					es of incorporation	n, or				
	bylaws, or other similar instruments			• • •					3		X
	a Did the foundation have unrelated bu	=		more during the year	r' ?			AT / 73	4a		X
	b If "Yes," has it filed a tax return on Fo		-					A/N	4b		
5	Was there a liquidation, termination,	•		• •					5		X
_	If "Yes," attach the statement red				No. a un						
6			ections 494 i throug	jn 4945) satistied eit	iner:						
	By language in the governing instri					aanflistth tha s	toto lavv				
	By state legislation that effectively a		erning instrument s	o that no mandatory	directions that	connict with the s	iale iaw				v
_	remain in the governing instrumen		any timo during the						7	Х	X
′	Did the foundation have at least \$5,0		any ume during the	year r					'		
ο-	If "Yes," complete Part II, col (c),		uth which it is recent	arad (ean instruction	ne\ ►						
ъa	a Enter the states to which the foundat	TOU TEDOUS OF M	viui wincii it is regisi	.c.cu (588 1115111101101	10) 🚩						
L	IL b If the answer is "Yes" to line 7, has th	o foundation for	rniched a conv of Ec	urm 000-DE to the At	torney Conorel /	or decionate)					
D	of each state as required by General				willey delicidi (or designate)			8b	Х	
٥	Is the foundation claiming status as a				tion 49/2/11/21	or 4942(1)(5) for a	glendar		30	- 41	
3	year 2012 or the taxable year beginn						Jaioriual		9	X	
10	Did any persons become substantial								10		

Form **990-PF** (2012)

THE EXPERIMENTAL STATION

	990-PF (2012) C/O DANIEL A PETERMAN	32-0017	<u>985</u>		Page 5
Pa	art 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		ļ		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory	orivileges?			
	If "Yes," attach statement (see instructions)	į	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	l	13	X	
	Website address ► WWW.EXPERIMENTALSTATION.ORG				
14	The books are in care of ▶ DAN PETERMAN Telephone no.	▶ 773-24	<u>1-5</u>	<u>458</u>	
	Located at ▶ 6100 S BLACKSTONE, CHICAGO, IL	ZIP+4 ▶ <u>60</u>	<u>637</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			>	
	and enter the amount of tax-exempt interest received or accrued during the year	_ 15		/A_	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?	ļ	_16		_X_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign				
	country				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	es 🔲 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		i		
		es 🗓 No 📗		ĺ	
		es 🗓 No 📗			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	es . 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 X No		1	
	(6) Agree to pay money or property to a government official? (Exception Check "No"		1	j	
	ıf the foundation agreed to make a grant to or to employ the official for a period after		- 1		
	termination of government service, if terminating within 90 days.)	es 🗶 No			
t	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)?		1b		_X_
	Organizations relying on a current notice regarding disaster assistance check here	▶□			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2012?	-	1c		<u> </u>
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)):				
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning				
		es X No	İ		
	If "Yes," list the years				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			- 1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack				
	statement - see instructions.)	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
_	<u> </u>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	. .	}	- 1	
	· ·	es X No			
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons af				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to define a secure of the 19 of 20 year first phase helding payed? (Los Schadule Commissioner under section 4943(c)(7)) to define a secure of the 19 of 20 year first phase helding payed?				
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C		2.		
	Form 4720, to determine if the foundation had excess business holdings in 2012.)	N/A	3b	-+	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	- that	4a		<u>X</u>
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	ז ווומנ	4b		Х
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?	Eorm	990	PF (
		FUIII		(2	-012)

THE EXPERIMENTAL STATION 32-0017985 C/O DANIEL A PETERMAN Page 6 Form 990-PF (2012) Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations N/A5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained L Yes No N/A expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? Х b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b If "Yes" to 6b, file Form 8870. __ Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deterred compensation (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense (If not paid, enter -0-) account, other (a) Name and address allowances 0. SEE STATEMENT 11 38,250 0 managetion of five highest-paid employees (other than those included on line 1) If none enter "NONE"

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
NONE				
Total number of other employees paid over \$50,000			>	

Form **990-PF** (2012)

C/O DANIEL A PETERMAN

Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	▶ 0
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 beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 BLACKSTONE BICYCLE WORKS - APPROXIMATELY 100 YOUTHS IN	
PROGRAM LEARNING BIKE REPAIR; \$110,000 IN EARNED REVENUE.	
	198,599.
2 61ST STREET FARMERS MARKET - NUMEROUS VENDORS; DEVELOPED	
EDUCATIONAL OUTREACH PROGRAM AND TRAINING OTHER MARKETS TO	CO 003
ACCEPT FOOD STAMPS. 3 CITY EBT AND LINK UP PROGRAM IN SUPPORT OF OTHER STATE AND	69,893.
CITY FARMER'S MARKETS	
CIII PARMER 5 MARKEIS	235,221.
4 OTHER PROGRAMS	233,221.
- OTHER TROCIETE	
	90,506.
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	
2	· · · · · · · · · · · · · · · · · · ·
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3	0.

Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Form 990-PF (2012) 32-0017985 Page 8 C/O DANIEL A PETERMAN Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part.X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a 133,929. Average of monthly cash balances 1b c Fair market value of all other assets 1c 133,929. 1d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 3 2,009. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 131,920. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain Part XI foreign organizations check here **X** and do not complete this part.) Minimum investment return from Part X, line 6 1 Tax on investment income for 2012 from Part VI, line 5 b Income tax for 2012. (This does not include the tax from Part VI.) 2b c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 390,771. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2012)

390,771

4

Part XIII Undistributed Income (s	see instructions)	N/A		
	(2)	(b)	(c)	(4)
`	(a) Corpus	Years prior to 2011	2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only				
b Total for prior years:				-
, ,				- ,
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009]			
d From 2010				
e From 2011				
f Total of lines 3a through e				*
4 Qualifying distributions for 2012 from				
Part XII, line 4: ► \$				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus		, ,	. ^	
(Election required - see instructions)		'	•	
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus			<u> </u>	
Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				<u> </u>
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				•
line 4b from line 2b	- '		, , , , , , , , , , , , , , , , , , , ,	
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				
d Subtract line 6c from line 6b. Taxable	,		-	
amount - see instructions				h •
e Undistributed income for 2011. Subtract line		¥		
4a from line 2a. Taxable amount - see instr.	· · · · · · · · · · · · · · · · · · ·			
f Undistributed income for 2012. Subtract	, , , ,	- •		
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a O Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				_
e Excess from 2012				

Form 990-PF (2012) C/O DAN Part XIV Private Operating F	IEL A PETERM	AN	question 9)	32-00	17985 Page 1
1 a If the foundation has received a ruling o		-	, question 9)		
foundation, and the ruling is effective fo			▶ 01/2	2/04	
b Check box to indicate whether the found		-			42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	oundation described in	Prior 3 years	42())(0) 01 43	42(J)(J)
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for	(4) 2012	(5) 23 1 1		(0)	(0) 1012
	6 506	0.	2,235.	4,066.	12 007
each year listed b 85% of line 2a	6,596. 5,607.	0.	1,900.	3,456.	12,897. 10,962.
•	5,607.	<u> </u>	1,300.	3,430.	10,904
c Qualifying distributions from Part XII,	200 771	210 420	205 014	224 472	1 240 505
line 4 for each year listed	390,771.	319,438.	305,914.	224,4/2.	1,240,595.
d Amounts included in line 2c not					
used directly for active conduct of					0
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	390,771.	319,438.	305,914.	224,472.	1,240,595.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					0.
c "Support" alternative test - enter.					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)				342,378.	342,378.
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)				342,378.	342,378.
(3) Largest amount of support from				012/0/01	012,0.00
an exempt organization				22,000.	22,000.
(4) Gross investment income				46,280.	46,280.
Part XV Supplementary Info	rmation (Complete	this part only if	the foundation ha	ad \$5.000 or mo	re in assets
at any time during t				40,000 0	
1 Information Regarding Foundation	· · · · · · · · · · · · · · · · · · ·				
a List any managers of the foundation wh	-	n 2% of the total contrib	utions received by the fou	ndation before the clos	e of any tay
year (but only if they have contributed in			anone received by the rea	nadion boloro ino oloo	o or any lan
NONE					
b List any managers of the foundation wh	o own 10% or more of the s	tock of a corneration (or	an equally large portion of	of the ownership of a na	rtnershin or
other entity) of which the foundation has		tock of a corporation (or	an equally large portion of	in the ownership of a pa	ruioi sinp oi
NONE	•				
	on Grant Gift Loon Sa	holorchin etc. Pro	rame:		
2 Information Regarding Contributi Check here ► X if the foundation o				accent uncollected requi	nete for funde. If
the foundation makes gifts, grants, etc.	rilly makes commodulistic p (see instructions) to individu	als or organizations find	gamzations and does not a ler other conditions, comp	lete items 2a b c and	d
a The name, address, and telephone num			 		
a The name, address, and telephone num	ver or e-mail of the person to	whom applications stit	ouiu ne auui 69960.		
h The form in which as strategic of sold h	a cultimitted and information	and materials that she	rid include:	· · · · · · · · · · · · · · · · · · ·	
b The form in which applications should b	ב פחחוווותבת פוות ווווחנווומנוטנו	and materials they SHO	aia inciuuc.		
Any pubmicate design		 .			
c Any submission deadlines:					
d Any restrictions or limitations on awards	such as hy geographical a	reas charitable fields kii	nds of institutions, or other	r factors:	
w may reserve one or infinialions on awards	i, ouvii uo by yvvyiapilival al	ous, onaritable licius, Kil	ias or montanons, or othe		

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Tart AV Supplementary information				· · · · · · · · · · · · · · · · · · ·
3 Grants and Contributions Paid During the Ye	ear or Approved for Future I	Payment		•••
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient		
a Paid during the year				
VARIOUS GRANTS TO FARMERS FOR LINK UP				
PROGRAN				42,771.
, , , , , , , , , , , , , , , , , , , ,				
				•
				
		}		
Total			▶ 3a	42,771,
b Approved for future payment			P 04	<u> </u>
• Approved for facure payment				
NONE				
<u>-</u>			▶ 3b	
Total			▶ 3b	0.

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

Form 990-PF (2012)

Enter gross amounts unless otherwise indicated.	Unrelated bu	isiness income		d by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a FARMER'S MARKET FEES					7,185.
b OTHER FEES			 -		2,619.
c OTHER INCOME					5,827.
d PROGRAM FEES					90,167.
			 		
f		<u> </u>	 	•	
g Fees and contracts from government agencies	; 		 		
2 Membership dues and assessments	·	· · · · · · · · · · · · · · · · · · ·	 		·
3 Interest on savings and temporary cash			 		
investments					
4 Dividends and interest from securities					
•					
5 Net rental income or (loss) from real estate:	_				
a Debt-financed property			16	-24,276.	
b Not debt-financed property			10	-24,270.	
6 Net rental income or (loss) from personal					
property			┼┼-		
7 Other investment income			 		
8 Gain or (loss) from sales of assets other					
than inventory			0.1	4 011	
9 Net income or (loss) from special events	00000	45 450	01	4,211.	
10 Gross profit or (loss) from sales of inventory	900099	-47,172.	ļ		
11 Other revenue:					
a OTHER			 		
b			-		
С					
d					
e		45.450	-	00 055	105 500
12 Subtotal. Add columns (b), (d), and (e)		-47,172.			105,798.
13 Total Add line 12, columns (b), (d), and (e)				13	38,561.
(See worksheet in line 13 instructions to verify calcul	ations.)				
Part XVI-B Relationship of Acti	vities to the Accomp	olishment of Ex	cempt	Purposes	
Line No. Explain below how each activity for w	thich income is reported in an	lumn (a) of Part XV/I-A	contribut	ted importantly to the accom	nlichment of
the foundation's exempt purposes (c	•	, ,	COMMIDA	ica importantiy to the accom	phoninont of
1A THE ORGANIZATION'S			TINNT	NG OF A RICY	חד פאסף דס
TRAIN YOUTH AND TO					
AS PART OF THIS PR					
SALES OF BICYCLES		CILITICOLD		THE REAL PROPERTY AND ADDRESS OF THE PERTY	TELLICE TELE
THE ORGANIZATION A		RMER'S MAR	кет	FOR THE COMMI	INITTY.
VENDORS PAY A FEE					J11111.
VERTOCKS IIII II IEE	10 IIIIII				
					
			<u> </u>		
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Transfers from the reporting foundation to a nuncharitable exempt organization of: 11 (1) Cash 11 (2) Other assets 11 (2) St 11 (2) St 11 (2) St 11 (3) Sales of assets from a nuncharitable exempt organization 11 (3) Sales of assets from a nuncharitable exempt organization 12 (3) Rental of locides, equipment, or other assets 13 (4) Remitted the exempt organization 13 Rental of locides, equipment, or other assets 15 (3) Louis or its an quarantees 15 (4) Remitted the exempt organization 15 (5) Louis or its an quarantees 16 (6) Parformance of services or membership or fundrating sist, or and complexes 15 (6) Parformance of services or membership or fundrating sist, or and complexes 15 (6) Parformance of services or membership or fundrating sist, or and complexes 15 (6) Parformance of services or membership or fundrating sist, or and complexes 15 (6) Parformance of services or membership or fundrating sist, or and complexes 15 (6) Parformance of services or membership or fundrating sist, or and complexes 15 (6) Parformance of services or membership or fundrating sist, or and complexes 15 (6) Parformance of services or membership or fundrating sist, or and complexes sist, or and complexes sist, or and complexes sist, or and complexes sist, or and complexes sist, or and complexes sist, or and complexes sist, or and complexes sist and sist market value is any transaction or sharing arrangement, show in column (3) that was been the goods, other assets, or and complexes sist, or	Form 990-F	F (2012) C/O D	ANIEL A E	ETERMA	N		32-001	<u> 7985</u>	Pa	ige 13
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief in the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Annie C. Ruzicka Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Print/Type print/Type print/Type preparer's name Prin		 			. ","					
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Linder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge in the preparer shown below (see inst)? Vide Vid		•	•		• •	izationo acconiza		Yes	X] No
(a) Name of organization N/A N/A Name of organization (c) Description of relationship N/A Name of organization (declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below (see instr.)? New of the preparer shown below (see instr.)? N/H/13		. ,	`	/(u// u/ uu			_			-
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it's true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge where the preparer is name Virial information of which preparer has any knowledge where the preparer is based on all information of which preparer has any knowledge where the preparer is name Virial information of which preparer has any knowledge where the preparer is based on all information of which preparer has any knowledge where has any knowledge in the preparer in the preparer is name Preparer's signature Date Check if self- employed					(b) Type of organization		(c) Description of relations	ship		
Sign Here		N/A								
Sign Here										
Sign Here										
Sign Here										
Sign Here		. <u></u>								
Here Signature of officer or trustee Print/Type preparer's name Preparer Use Only Prim's address ▶ 333 SKOKIE BOULEVARD #105 NORTHBROOK, IL 60062 Print/Type Date	I .						haa any knowladaa Ma			
Paid Print/Type preparer's name Preparer's signature ANNE C. RUZICKA Preparer Use Only Firm's address ▶ 333 SKOKIE BOULEVARD #105 NORTHBROOK, IL 60062 Date Title Check if PTIN self- employed Proparer Signature Date Check if PTIN Self- employed Po0446442 Firm's EIN ▶ 36-3182496 Phone no. (847)446-6400	Sign 1	d belief his libe, correct, and cor	////_	eparer (ottica tita		N	sh			
Paid Print/Type preparer's name Preparer's signature Date Check if self- employed Print/Type preparer's name ANNE C. RUZICKA Firm's name ► RUZICKA & ASSOCIATES, LTD Firm's elin ► 36-3182496 Firm's address ► 333 SKOKIE BOULEVARD #105 NORTHBROOK, IL 60062 Phone no. (847)446-6400		Co Monnie.	/_		11/14/13		15 DIRECTUR L	X Yes	L	No
Paid Preparer Use Only ANNE C. RUZICKA ASSOCIATES LTD Firm's name RUZICKA & ASSOCIATES LTD Firm's EIN 36-3182496		- ,		T		т т	Ohadi Tali 4 DTIN			
Paid Preparer Use Only Firm's name ► RUZICKA & ASSOCIATES, LTD Firm's elin ► 36-3182496 Firm's address ► 333 SKOKIE BOULEVARD #105 NORTHBROOK, IL 60062 Phone no. (847)446-6400		Print/Type preparer's na	ame	Preparer's s	ignature	Date				
Preparer Use Only Firm's name ► RUZICKA & ASSOCIATES, LTD Firm's address ► 333 SKOKIE BOULEVARD #105 NORTHBROOK, IL 60062 Phone no. (847)446-6400	Daid			1	100.	6 /13/10	, ,	0446	440	
Use Only Firm's address ► 333 SKOKIE BOULEVARD #105 Phone no. (847)446-6400				COST	EC KUSEL	2) 7/3				
Firm's address ► 333 SKOKIE BOULEVARD #105 NORTHBROOK, IL 60062 Phone no. (847)446-6400	_	Trini Stidillo P ICO Z	ICKA & AS	SUCIAT	ES, LTL		FIRM'S EIN > 36-3	1024	りり	
NORTHBROOK, IL 60062 Phone no. (847)446-6400	556 OII	- L	2 CKOKIE	יים זוו מ	ADD #105					
		Times address > 33	AUCAGAMA TIVONG C	TI KO	UK3 WYD #103		Phone no / 9/17	1116	_611	0.0
		NO	VIUDVOOV'	<u> </u>	<u> </u>					

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

2012

Employer identification number

THE EXPERIMENTAL STATION 32-0017985 C/O DANIEL A PETERMAN Organization type (check one): Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 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 X 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 J 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, charitable, 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) (2012)

Name of organization
THE EXPERIMENTAL STATION
C/O DANIEL A PETERMAN

Employer identification number

32-0017985

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AETNA FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	IL DEPT OF AG AVAILABLE UPON REQUEST CHICAGO, IL	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHICAGO COMMUNITY TRUST AVAILABLE UPON REQUEST CHICAGO, IL	\$ 40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CIRCLE OF SERVICE FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL	\$7,500 <u>.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CHICAGO CONNUNITY FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL	\$25,000.	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
6	POLK BROTHERS AVAILABLE UPON REQUEST CHICAGO, IL	\$ <u>20,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization
THE EXPERIMENTAL STATION
C/O DANIEL A PETERMAN

Employer identification number

32-0017985

Part I	Contributors	(see instructions)	Use duplicate co	pies of Part I	if additional sp	ace is needed
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(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
SEABURY FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RICHARD DRIEHAUS FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL	\$18,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
KRAFT AVAILABLE UPON REQUEST CHICAGO, IL	\$37,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
LUMPKIN FAMILY FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
MANDER FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL	\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
WHOLESOME WAVE FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL	\$18,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
	Name, address, and ZIP+4 SEABURY FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL (b) Name, address, and ZIP+4 RICHARD DRIEHAUS FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL (b) Name, address, and ZIP+4 KRAFT AVAILABLE UPON REQUEST CHICAGO, IL (b) Name, address, and ZIP+4 LUMPKIN FAMILY FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL (b) Name, address, and ZIP+4 MANDER FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL (b) Name, address, and ZIP+4 MANDER FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL (b) Name, address, and ZIP+4 WHOLESOME WAVE FOUNDATION AVAILABLE UPON REQUEST	Name, address, and ZIP + 4 Total contributions

Name of organization
THE EXPERIMENTAL STATION
C/O DANIEL A PETERMAN

Employer identification number

32-0017985

raiti Continuators (see instructions) Ose duplicate copies on art in additional space is need	Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MCGRAW FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL	\$5,000.	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
14	J R ALBERT FOUNDATION AVAILABLE UPON REQUEST CHICAGO, IL	\$15,000.	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
<u>15</u>	FRESH TASTE AVAILABLE UPON REQUEST CHICAGO, IL	\$10,000.	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
		\$	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)
		Schadula P /Carm (1011 UON_E7 Ar OON_DE\/70119\

Employer identification number

THE EXPERIMENTAL STATION C/O DANIEL A PETERMAN

32-0017985

art II	Noncash Property (see instructions) Use duplicate copies of F	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
		<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
		\$	
(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
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(a)		(c)	
No. rom	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
art I		(see man actions)	
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-		 \$	
.53 12-21-1	2		990, 990-EZ, or 990-PF) (20

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization Employer identification number THE EXPERIMENTAL STATION 32-0017985 Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

FORM 9'90-PF	RENTAL :	INCOME		STATEMENT	1
KIND AND LOCATION OF PROP	ERTY		ACTIVITY NUMBER	GROSS RENTAL INC	OME
LEASE RENTALS EVENT RENTALS			1 2	18,2 14,1	
TOTAL TO FORM 990-PF, PAR	T I, LINE 5A			32,4	38.
FORM 990-PF	RENTAL EX	KPENSES		STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
INSURANCE OCCUPANCY DEPRECIATION OTHER			2,366. 32,244. 2,391. 9.	27. 0	1.0
INSURANCE OCCUPANCY DEPRECIATION	- SUBTOTAL -	1	1,065. 13,338. 719.	37,0	10.
CLEANING, MAINTENANCE AND OTHER	- SUBTOTAL -	2	4,582.	19,70	04.
TOTAL RENTAL EXPENSES				56,7	14.
NET RENTAL INCOME TO FORM	990-PF, PART	I, LINE 5B		-24,2	 76.

FORM 990-PF INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 3
INCOME		
1. GROSS RECEIPTS	151,427	151,427
4. COST OF GOODS SOLD (LINE 15) 5. GROSS PROFIT (LINE 3 LESS LINE 4)	198,599	-47,172
6. OTHER INCOME		
7. GROSS INCOME (ADD LINES 5 AND 6) COST OF GOODS SOLD		-47,172
8. INVENTORY AT BEGINNING OF YEAR	5,371 50,742 77,836 9,736 61,772	205,457
14. INVENTORY AT END OF YEAR	6,858	198,599

FORM 990-PF COST	OF GOODS S	SOLD - OTHER C	COSTS	STATEMENT 4
DESCRIPTION				AMOUNT
PAYROLL TAXES			_	6,050.
OCCUPANCY				15,535.
INSURANCE				5,584.
OUTSIDE SERVICES				12,687.
OTHER				21,916.
TOTAL OTHER COSTS			=	61,772.
FORM 990-PF	OTHER	INCOME		STATEMENT 5
				
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FARMER'S MARKET FEES	_	7,185.	0.	7,185.
OTHER FEES		2,619.		
OTHER INCOME		5,827.		
PROGRAM FEES		90,167.	0.	90,167.
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS		4,211.	0.	4,211.
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	110,009.	0.	110,009.
FORM 990-PF	ACCOUNT	TING FEES		STATEMENT 6
	(A)	(B)	(C)	(D)
	EXPENSES	NET INVEST-		CHARITABLE
DESCRIPTION	PER BOOKS			
ACCOUNTING & AUDIT	5,206	5. 0	0. 0	5,206.
TO FORM 990-PF, PG 1, LN 16B	5,206	5. 0	0.	5,206.

FORM 9'90-PF (THER PROFES	SIONAL FEES	Si	PATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER	29,932.	0.	0.	29,932.
TO FORM 990-PF, PG 1, LN 16C	29,932.	0.	0.	29,932.
FORM 990-PF	TAX	ES	ST	PATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES LICENSES AND FEES	14,953. 86.	0.	0.	14,953.
TO FORM 990-PF, PG 1, LN 18	15,039.	0.	0.	15,039.
FORM 990-PF	OTHER E	XPENSES	ST	PATEMENT 9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING AND PROMOTION POSTAGE AND SUPPLIES AND TELEPHONE INSURANCE BANK CHARGES	27,660. 8,041. 3,620. 3,696.	0. 0. 0.	0. 0. 0.	3,620. 3,696.
OTHER EQUIPMENT RENTAL & MAINTENANCE LINK DVCP REIMBURSEMENT INSURANCE INSURANCE	0. 1,323. 1,939. 31,875. 2,366. 1,065.	0. 0. 0. 2,366. 1,065.	0. 0. 0. 2,366. 1,065.	1,323. 1,939. 31,875. 0.
TO FORM 990-PF, PG 1, LN 23	81,585.	3,431.	3,431.	78,154.

STATEMENT 10

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
EQUIPMENT	2,650.	1,326.	1,324.	1,324.
LEASEHOLD IMPROVEMENTS	7,500.	3,630.	3,870.	3,870.
OVEN	6,388.	6,388.	0.	0.
LEASEHOLD IMPROVEMENTS	7,884.	2,891.	4,993.	4,993.
OVEN	687.	618.	69.	69.
GREEN ROOF	5,000.	1,667.	3,333.	3,333.
COMPUTER EQUIPMENT	1,648.	1,648.	0.	0.
OVEN	2,208.	1,733.	475.	475.
FURNITURE & FIXTURES	1,030.	956.	74.	74.
BBW TOOLS	1,592.	1,592.	0.	0.
COMPUTER	762.	762.	0.	0.
MARKET STOVE	63.	63.	0.	0.
TABLES	300.	270.	30.	30.
MARKET CANOPIES	1,615.	1,453.	162.	162.
CHAIRS	250.	225.	25.	25.
BBW TOOLS	1,625.	1,625.	0.	0.
COMPUTER	741.	741.	0.	0.
CANOPY & RACKS	793.	555.	238.	238.
BBW TOOLS	162.	112.	50.	50.
COMPUTER	1,368.	1,368.	0.	0.
DOOR & TRIM	420.	42.	378.	378.
TABLES, CHAIRS & OTHER	3,090.	927.	2,163.	2,163.
BBW TOOLS	339.	100.	239.	239.
COMPUTER	924.	462.	462.	462.
LIGHTING	450.	15.	435.	435.
STORAGE UNIT	3,353.	335.	3,018.	3,018.
TABLES AND CHAIRS	285.	28.	257.	257.
BBW TOOLS	473.	47.	426.	426.
COMPUTER	1,199.	200.	999.	999.
OTHER	513.	0.	513.	513.
TO 990-PF, PART II, LN 14	55,312.	31,779.	23,533.	23,533.

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, I FOUNDATION MANA	STATEMENT 11		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CONNIE SPREEN, PHD	EXECUTIVE DIRE	ECTOR 38,250.	0.	0.
DAN PETERMAN	DIRECTOR 1.00	0.	0.	0.
LINDA GLASS	DIRECTOR 1.00	0.	0.	0.
MARTY FRIEDMAN	PRESIDENT 4.00	0.	0.	0.
FLORA LAZAR	DIRECTOR 1.00	0.	0.	0.
FAHEEM MAJEED	DIRECTOR 1.00	0.	0.	0.
KATE MILLER	SECRETARY 4.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	38,250.	0.	0.

2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

in .		500.	26.	33.	28.	15.	02.	02.		340.	98.	15.	753.	753.		530.	147.	0
Current Year Deduction		5	52	, Ki	••		1,402	1,40		Ř		31	7	7		Ŋ	H	
Current Sec 179		<u>-</u>					0	0					0	0.	_			
Accumulated Depreciation	:	3,130.	2,365.	1,334.	14.		6,843.	6,843.		6,048.	520.	1,418.	7,986.	7,986.		796.	809	63.
Basis For Depreciation	,	7,500.	7,884.	5,000.	420.	450.	21,254.	21,254.	•	6,388.	687.	2,208.	9,283.	9,283.		2,650.	1,030.	63.
Reduction In Basis			•••				0	0					0	0		-	,	
Bus % Excl										·-								
Unadjusted Cost Or Basis	,	7,500.	7,884.	5,000.	420.	450.	21,254.	21,254.		6,388.	687.	2,208.	9,283.	9,283.		2,650.	1,030.	63.
Line		17	17	117	16	016				17	17	17			•	17	17	16
Life		15.00	15.00	15.00	15.00	15.00				7.00	7.00	7.00				5.00	7.00	1.00
Method		J.	J.	J.	SL	J.				J.	3L	31.				SL	3Ľ	SL
Date Acquired		100105SL	110106SL	12902060	031211	070112SL				060105SL	071006SL	070107SL				041510SL	070107SL	070108SL
Description	BUILDINGS LEASEHOLD	NTS	4IMPROVEMENTS	GGREEN ROOF	21DOOR & TRIM	1 KHOH 1	٠ -	ب ا دی	EQUIPMENT	30VEN	SOVEN	8OVEN * 000 DG 1 momar	ACHINERY & EQ	b (FUKNITURE & FIXTURES	1EQUIPMENT		12MARKET STOVE
Asset No		.,	7	•	2]	2,5				, ,	-,	~				` '	٠,	1
																	-	

228102 05-01-12

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2012 DEPRECIATION AND AMORTIZATION REPORT FORM $990-PF\ PAGE\ 1$

990-PF

Asset	Description	Date Acquired Method	lod Life	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	13TABLES	070108SL	5.00	16	300.			300.	210.		60.
14	14MARKET CANOPIES	070108SL	5.00	16	1,615.			1,615.	1,130.		323.
15	15CHAIRS	070108SL	5.00	16	250.			250.	175.		50.
18	18CANOPY & RACKS	070109SL	5.00	16	793.			793.	396.		159.
22	CHALKS	093011SL	5.00	16	3,090.			3,090.	309.		618.
26	26STORAGE UNIT	070112SL	5.00	16	3,353.			3,353.			335.
27	27 TABLES AND CHAIRS	070112SL	5.00	16	285.	,	,	285.			28.
36	30OTHER * 000 BG 1 MOMAT	123112SL	5.00	16	513.			513.			0
_	ORNITURE & FI				13,942.		0	13,942.	3,888.	0	2,250.
	H 5				13,942.		0	13,942.	3,888.	0	2,250.
	MACHINERY & EQUIPMENT					:					
10	10BBW TOOLS	070107SL	5.00	17	1,592.			1,592.	1,564.		28.
16	16BBW TOOLS	070108SL	5.00	16	1,625.			1,625.	1,462.		163.
7	19BBW TOOLS	070109SL	5.00	16	162.			162.	80.		32.
23	23BBW TOOLS	063011SL	5.00	16	339.			339.	32.		68.
28	28BBW TOOLS * 990-05-05-1 momat	070112SL	5.00	16	473.		,	473.			47.
	ACHINERY & EQ				4,191.		0	4,191.	3,138.	0	338.
	70 - FF FG F				4,191.		0	4,191.	3,138.	0.	338.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Machine Description Machine Life Num Constitution Description Descript													 				
MACHINERY & County County	Current Year Deduction					228.				736.	-						
MACHINERY & BACHINERY & BACH	Current Sec 179					·											
MACHINERY & EQUIPMENT Common Date Life Life Cost Of Bases Cost Of Of Of Of Of Of Of Of Of Of Of Of Of	Accumulated Depreciation		1,648.	762.		,140	4		4,445.		, 300						
Machinery & Expured Method Life No. Cost Of Bass Excit Reduction in Equation	Basis For Depreciation		,648		41	,368	4	199	,642	,642	5,312						
Machine Date Reduction In Basis				•			· · · · ·					•			•		
Date Date	Bus % Excl	,	~									•					
MACHINERY & EQUIPMENT MACHINERY & EQUIPMENT MACHINERY & EQUIPMENT MACHINERY & GONPUTER GONDON GONDON GONDON GONPUTER GONDON GON	Unadjusted Cost Or Basis		,648	762.	741.	-		,199	,642	,642	,312						
MACHINERY & EQUIPMENT Acquired Method Life	No No		[7	[7		91		97									
Description Date Method	Life														<u>.</u>		
MACHINERY & EQUIPMENT TCOMPUTER EQUIPMENT 1 COMPUTER 2 4 COMPUTER * 990-PF PG 1 TOTAL MACHINERY & EQUIPM * 990-PF PG 1 TOTAL - GRAND TOTAL 990-PF PG 1 DEPR	Method		SI	'SI			ISI	SI						···········		_	
MACHINERY & EQUIPMENT TCOMPUTER EQUIPMENT 1 COMPUTER 2 4 COMPUTER * 990-PF PG 1 TOTAL MACHINERY & EQUIPM * 990-PF PG 1 TOTAL - GRAND TOTAL 990-PF PG 1 DEPR	Date Acquired		06290	070107	070108	07100	070111	070112			-						
	Description							£ 50 E	1 Kg 6	דאשטש קזארמט	990-PF PG 1 DEPR						
	Asset		7	11	1,7	2(24	25									

(D) - Asset disposed

228102 05-01-12

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

1

EXPLANATION

THE AUDIT OF THE FINANCIAL RECORDS HAS NOT BEEN COMPLETED. OUR CLIENT WISHES TO COMPLETE THE AUDIT SO THAT A PROPER RETURN CAN BE FILED. ADDITIONAL TIME IS NEEDED TO COMPLETE THE AUDIT AND FILE A PROPER RETURN

Form **8868**

(Rev January 2013)

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, comple	ete only P	art I and check this box .)	\triangleright \mathbf{X}			
If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form)				
Do not	complete Part II unless you have already been granted	an autom	atic 3-month extension on a previou	sly filed F	orm 8868				
Electro	onic filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of til	ne to file	(6 months for a cor	poration			
	d to file Form 990-T), or an additional (not automatic) 3-mo								
	to file any of the forms listed in Part I or Part II with the ex								
	al Benefit Contracts, which must be sent to the IRS in page								
	ww.irs gov/efile and click on e-file for Charities & Nonprofits		·						
Part			submit original (no copies ne	eded).					
A corpo	pration required to file Form 990-T and requesting an auto	matic 6·m	onth extension - check this box and	complete	,				
Part I o	nly					• 🔲			
All othe	r corporations (including 1120-C filers), partnerships, REM	IICs, and t	trusts must use Form 7004 to reques	st an exte	nsion of time				
	ncome tax returns								
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	er identification num	ber (EIN) or			
print	THE EXPERIMENTAL STATION								
F	C/O DANIEL A PETERMAN				32-00179	85			
File by the due date f	*	ee instruc	tions	Social si	ecurity number (SSI				
filing your	filing your 6100 S BIACKSTONE								
return Se	8	oreign add	fress, see instructions		····				
	CHICAGO, IL 60637								
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
		,	, ,			<u></u>			
Applica	tion	Return	Application			Return			
Is For		Code	Is For			Code			
	90 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99		02	Form 1041-A			08			
	'20 (individual)	03	Form 4720			09			
Form 99		04	Form 5227	· · · · · ·		10			
	00-T (sec 401(a) or 408(a) trust)	05	Form 6069			11			
	O-T (trust other than above)	06	Form 8870			12			
	DAN PETERMAN								
• The b	oooks are in the care of ▶ 6100 S BLACKSTO	ONE -	CHICAGO, IL 60637		_				
	phone No ► 773-241-5458		FAX No ▶						
	organization does not have an office or place of business	ın the Un	nited States, check this box			. 🔲			
	is for a Group Return, enter the organization's four digit (f this is fo	r the whole group,	check this			
box 🕨	If it is for part of the group, check this box		ch a list with the names and EINs of						
1 Ire	equest an automatic 3-month (6 months for a corporation	required t	to file Form 990 Tlextension of time	until.					
	AUGUST 15, 2013 , to file the exempt	organizat	tion return for the organization name	id above	มีก่องอังสัตกราชาว				
is '	for the organization's return for.		SCHILLER	MASS	STANCE				
	X calendar year 2012 or			AKK,	L 60176				
	tax year beginning	an	d ending MAY	[E 204	•				
	tax your boginning			0 (0))				
2 If t	he tax year entered in line 1 is for less than 12 months, ch	neck reaso	on Initial return	- inål retur	ma.				
2 "C	Change in accounting period	ieck reast	SIT TOTAL TOTAL STATE OF THE ST		D				
£	Change in accounting period			100					
20 15 41	his application is for Form 990-BL, 990-PF, 990-T, 4720, c	r 6060 a-		1					
	• •	, 0003, ei	ner the territative tax, 1635 arry	3a	\$	0.			
	nrefundable credits. See instructions	anter anu	refundable credits and	34					
	his application is for Form 990-PF, 990-T, 4720, or 6069, 6			24	œ	0.			
	imated tax payments made. Include any prior year overpa			3b	\$				
	lance due. Subtract line 3b from line 3a Include your pay	-		\ A_	œ.	_0.			
	using EFTPS (Electronic Federal Tax Payment System) S			3c	\$				
Caution.	If you are going to make an electronic fund withdrawal w	iin inis Fo	rm 6668, see Form 8453-EU and Fo	11U 88/ A-I	to for payment inst	ructions			

Form 8868 (Rev. 1-2013) • If you are filing for an Additional (Not Automatic) 3-Mo	nth Extension.	complete only Part II and check to	his box	Page: ➤ X
Note. Only complete Part II if you have already been grant	•	-		
If you are filing for an Automatic 3-Month Extension, c				
Part II Additional (Not Automatic) 3-Mor	nth Extensio	n of Time. Only file the orig	inal (no copies needed)	
_		Enter filer	's identifying number, see in	structions
Type or Name of exempt organization or other filer, see	Instructions		Employer identification nun	nber (EIN) o
print THE EXPERIMENTAL STATION				
File by the C/O DANIEL A PETERMAN			32-00179	85
due date for Number, street, and room or suite no. If a P.O.	box, see instruc	tions.	Social security number (SS	N)
return See 6100 S BLACKSTONE			<u> </u>	
City, town or post office, state, and ZIP code. F	or a foreign add	fress, see instructions		
CHICAGO, IL 60637				
Enter the Return code for the return that this application is	for (file a separa	te application for each retum)		0 1
				
Application	Return	Application		Return
ls For	Code	Is For	E (m.) + ipic 1 - i	Code
Form 990 or Form 990-EZ	01	· · · · · · · · · · · · · · · · · · ·	al negratificação distribita i sais	+
Form 990-BL	02	Form 1041-A		08
Form 4720 (individual)	03	Form 4720		09
Form 990-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870		11
Form 990-T (trust other than above)			viewely file d Ferry 2000	112
STOP! Do not complete Part II if you were not already gr DAN PETERMAN		latic 3-month extension on a pre	wiously med Form 6666.	
• The books are in the care of ▶ 6100 S BLACE		CHICAGO II. 6063	7	
Telephone No ► 773 – 241 – 5458	(DIOINI	EAX No ▶	<u> </u>	
If the organization does not have an office or place of bu	— siness in the Un	· 	>	
If this is for a Group Return, enter the organization's four			If this is for the whole group,	check this
Dox If it is for part of the group, check this box	· ·	ch a list with the names and EINs o		
4 I request an additional 3-month extension of time until		BER 15, 2013.		
5 For calendar year 2012, or other tax year beginning	ng	, and endi	ng	
6 If the tax year entered in line 5 is for less than 12 mon		on: Initial return	Final return	
Change in accounting period				
7 State in detail why you need the extension <u>SEE</u>	STATEMEN	VT 1		
				
—				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4	720, or 6069, er	nter the tentative tax, less any		
nonrefundable credits. See instructions			8a \$	<u> 0 </u>
b If this application is for Form 990-PF, 990-T, 4720, or 6	· · · · · · · · · · · · · · · · · · ·		\(\frac{1}{2} \\ \frac{1}{2} \\ \fra	
tax payments made. Include any prior year overpayme	ent allowed as a	credit and any amount paid	21, 4 1 10,	•
previously with Form 8868			8b \$	0.
c Balance due. Subtract line 8b from line 8a. Include yo		this form, if required, by using		^
EFTPS (Electronic Federal Tax Payment System) See		t he completed for Port II	8c \$	0.
-		t be completed for Part II		-tf
ador populition of position, I double at the Literature at the Colors				
nder penalties of perjury, I declare that I have examined this form, it is true, correct, and complete, and that I am authorized to prepare	ncluding accompa this form.	anying schedules and statements, and t	to the dest of my knowledge and b	ieliet,
nder penalties of perjury, I declare that I have examined this form, is true, correct, and complete, and that I am authorized to prepare gnature	this form. CPA-AG		Date So the best of my knowledge and b	

INTERNAL REVENUE SERVICE W & I - FIELD ASSISTANCE SCHILLER PARK, IL 60176 Form 8868 (Rev 1-2013)

AUG 1 5 2013

RECEIVED 24308