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Form **990-PF** Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

| For                              | cale                                                                                                                   | ndar year 2012 or tax year beginning                                                                                               |          |                                      | , and en       | ding       |                                                       |                                                 | _           |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------|----------------|------------|-------------------------------------------------------|-------------------------------------------------|-------------|
| Na                               | me o                                                                                                                   | f foundation                                                                                                                       |          |                                      |                |            | A Employer identificatio                              | n number                                        |             |
| _                                | TRICORD FOUNDATION  Number and street (or P O box number if mail is not delivered to street address)  Room/suite  B Te |                                                                                                                                    |          |                                      |                |            |                                                       | 3                                               |             |
|                                  |                                                                                                                        | W. MADISON, SUITE                                                                                                                  |          | •                                    | '              | Room/suite | B Telephone number (312)803-6                         | 5700                                            |             |
|                                  |                                                                                                                        | own, state, and ZIP code                                                                                                           | -        |                                      | L              |            | C If exemption application is p                       |                                                 |             |
|                                  |                                                                                                                        | CAGO, IL 60606                                                                                                                     |          |                                      |                |            |                                                       |                                                 |             |
| G (                              | Check                                                                                                                  | k all that apply: Initial return                                                                                                   |          | Initial return of a fo               | rmer public ch | arıty      | D 1. Foreign organization                             | s, check here                                   |             |
|                                  |                                                                                                                        | Final return                                                                                                                       |          | Amended return                       |                |            | Foreign organizations me<br>check here and attach co  | eeting the 85% test.                            |             |
| <del>_</del> _ (                 | 'hool                                                                                                                  | Address change type of organization:                                                                                               | 0)(2) 0) | Name change kempt private foundation |                |            | check here and attach co                              | omputation                                      |             |
| Ϊ.                               | _                                                                                                                      | ection 4947(a)(1) nonexempt charitable trust                                                                                       |          | Other taxable private founda         | tion           |            | E If private foundation sta<br>under section 507(b)(1 |                                                 | ted         |
| l Fa                             |                                                                                                                        | arket value of all assets at end of year J A                                                                                       |          |                                      | Accrua         | <br>al     | 1                                                     |                                                 |             |
|                                  |                                                                                                                        | Part II, col (c), line 16)                                                                                                         | _        | ther (specify)                       |                |            | F If the foundation is in a under section 507(b)(1    |                                                 | nation      |
|                                  | \$                                                                                                                     | 4,249,206. (Part                                                                                                                   |          |                                      | pasis )        |            |                                                       | ,(=), on oon not                                | _           |
| Pa                               | ırt I                                                                                                                  | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) minecessarily equal the amounts in column (a)) | ay not   | (a) Revenue and expenses per books   | (b) Net inve   |            | (c) Adjusted net income                               | (d) Disbursi<br>for charitable i<br>(cash basis | purposes    |
|                                  | 1                                                                                                                      | Contributions, gifts, grants, etc., received                                                                                       |          |                                      |                |            | N/A                                                   |                                                 |             |
|                                  | 2                                                                                                                      | Check If the foundation is not required to attach S                                                                                | Sch B    |                                      |                |            |                                                       |                                                 |             |
|                                  | 3                                                                                                                      | Interest on savings and temporary cash investments                                                                                 |          | 11,662.                              |                | ,398.      |                                                       | STATEME                                         |             |
|                                  | 4                                                                                                                      | Dividends and interest from securities                                                                                             |          | 76,329.                              | 76             | ,329.      |                                                       | STATEME                                         | NT 3        |
|                                  |                                                                                                                        | Gross rents                                                                                                                        |          |                                      |                | -          |                                                       |                                                 |             |
|                                  | l -                                                                                                                    | Net rental income or (loss)                                                                                                        |          | 76,435.                              |                |            |                                                       | STATEME                                         | 37m 1       |
| ne                               | oa<br>b                                                                                                                | Net gain or (loss) from sale of assets not on line 10<br>Gross sales price for all 145, 44                                         | ۱5.      | 70,433.                              |                | <u> </u>   |                                                       | STATEME                                         | M.T. T      |
| Revenue                          | _                                                                                                                      | Capital gain net income (from Part IV, line 2)                                                                                     | -        |                                      | 75             | ,383.      |                                                       |                                                 | <del></del> |
| æ                                | 8                                                                                                                      | Net short-term capital gain                                                                                                        |          |                                      | <u></u>        | ,,,,,,     |                                                       |                                                 |             |
|                                  | 9                                                                                                                      | Income modifications                                                                                                               |          |                                      |                |            |                                                       |                                                 |             |
|                                  | 10a                                                                                                                    | Gross sales less returns and allowances                                                                                            |          |                                      |                |            |                                                       |                                                 |             |
|                                  | b                                                                                                                      | Less Cost of goods sold                                                                                                            |          |                                      |                |            |                                                       |                                                 |             |
|                                  |                                                                                                                        | Gross profit or (loss)                                                                                                             |          | 4.6.24.4                             |                | 002        |                                                       |                                                 |             |
|                                  | 11                                                                                                                     | Other income                                                                                                                       |          | 16,311.<br>180,737.                  |                | ,896.      |                                                       | STATEME                                         | NT 4        |
|                                  | 12<br>13                                                                                                               | Total. Add lines 1 through 11                                                                                                      |          | 180,737.                             | 1/9            | ,006.      |                                                       |                                                 | 0.          |
|                                  | 14                                                                                                                     | Compensation of officers, directors, trustees, etc Other employee salaries and wages                                               |          |                                      |                | <u> </u>   |                                                       |                                                 |             |
|                                  | 15                                                                                                                     | Pension plans, employee benefits                                                                                                   |          | -                                    |                |            | DECEN                                                 | / F = -                                         | <del></del> |
| enses                            | 16a                                                                                                                    | Legal fees                                                                                                                         |          |                                      |                |            | REUEN                                                 | <del>/LD /</del>                                |             |
|                                  | b                                                                                                                      | Accounting fees                                                                                                                    |          |                                      |                | -          |                                                       | 100                                             |             |
| 찣                                |                                                                                                                        | Other professional fees                                                                                                            |          |                                      | -              |            | R NUV 2 0                                             | 2013   0                                        |             |
| tive                             |                                                                                                                        | Interest                                                                                                                           | _        |                                      |                | 1.0        |                                                       | S                                               |             |
| itra                             | 18                                                                                                                     | Taxes STMT                                                                                                                         | 5        | 4,112.                               | 3              | ,100.      | OCOEN                                                 | 117                                             | 0.          |
| į                                | 19                                                                                                                     | Depreciation and depletion                                                                                                         |          | 18.                                  | <del></del>    | 18.        | OGDFW                                                 | UI                                              |             |
| ωþ                               | 20<br>21                                                                                                               | Occupancy Travel, conferences, and meetings                                                                                        |          |                                      |                |            |                                                       |                                                 |             |
| / pu                             | 22                                                                                                                     | Printing and publications                                                                                                          |          | -                                    |                |            |                                                       |                                                 |             |
| g                                | 23                                                                                                                     | Other expenses STMT                                                                                                                | 6        | 38,867.                              | 43             | ,639.      |                                                       |                                                 | 25.         |
| Operating and Admınistratıve Exp |                                                                                                                        | Total operating and administrative                                                                                                 | -        | 30,00,0                              |                | ,          |                                                       |                                                 |             |
| per                              |                                                                                                                        | expenses. Add lines 13 through 23                                                                                                  |          | 42,997.                              | 46             | ,757.      |                                                       |                                                 | 25.         |
| 0                                | 25                                                                                                                     | Contributions, gifts, grants paid                                                                                                  |          | 450,001.                             |                |            |                                                       | 450                                             | ,001.       |
|                                  | 26                                                                                                                     | Total expenses and disbursements.                                                                                                  |          | 400.000                              |                |            |                                                       |                                                 |             |
| _                                |                                                                                                                        | Add lines 24 and 25                                                                                                                |          | 492,998.                             | 46             | ,757.      |                                                       | 450                                             | ,026.       |
|                                  | 27                                                                                                                     | Subtract line 26 from line 12:                                                                                                     |          | 212 261                              |                |            |                                                       |                                                 | !           |
|                                  |                                                                                                                        | Excess of revenue over expenses and disbursement                                                                                   | ts       | <312,261.                            |                | ,249.      |                                                       |                                                 |             |
|                                  |                                                                                                                        | Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)                                       |          | <del></del>                          | 134            | ,447.      | N/A                                                   |                                                 |             |
| 2235                             |                                                                                                                        | Adjusted Het Income (if negative, enter -0-)                                                                                       |          |                                      |                |            | 14 / W                                                | Form 000                                        | DE (02 (2)  |

STMT 7

STMT 8

ightharpoons X

24

(a) Book Value

20,195

794,428.

3,586,815

4,401,602

0

0 0.

4,401,602.

4,401,602.

4,401,602

164

column should be for end-of-year amounts only

| 36-                      | 4198123 Page 2        |
|--------------------------|-----------------------|
|                          | of year               |
| (b) Book Value           | (c) Fair Market Value |
| 87,499.                  | 87,499.               |
|                          |                       |
| 24.                      | 24.                   |
|                          |                       |
|                          |                       |
|                          |                       |
| _                        |                       |
|                          |                       |
|                          |                       |
|                          |                       |
| 756,864.                 | 889,093.              |
| /50,804.                 | 889,093.              |
|                          |                       |
|                          |                       |
|                          |                       |
| 3,244,954.               | 3,272,590.            |
|                          |                       |
|                          |                       |
|                          |                       |
| 4,089,341.               | 4,249,206.            |
|                          | 1                     |
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| 4.089.341                |                       |
| 4,089,341.<br>4,089,341. |                       |
| _,000,041.               |                       |
| 4,089,341.               |                       |
|                          |                       |

## Part III Analysis of Changes in Net Assets or Fund Balances

| _ | <del></del>                                                                                           |   |            |
|---|-------------------------------------------------------------------------------------------------------|---|------------|
| 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)                                  | 1 | 4,401,602. |
| 2 | Enter amount from Part I, line 27a                                                                    | 2 | <312,261.> |
| 3 | Other increases not included in line 2 (itemize)                                                      | 3 | 0.         |
| 4 | Add lines 1, 2, and 3                                                                                 | 4 | 4,089,341. |
| 5 | Decreases not included in line 2 (itemize)                                                            | 5 | 0.         |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 4,089,341. |

223511 12-05-12

Fund Balances

Part II

Cash - non-interest-bearing

3 Accounts receivable ▶

4 Pledges receivable ▶

disqualified persons 7 Other notes and loans receivable

8 Inventories for sale or use

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

18 Grants payable 19 Deferred revenue

24 Unrestricted 25 Temporarily restricted 26 Permanently restricted

Less accumulated depreciation 15 Other assets (describe ▶

5 Grants receivable

2 Savings and temporary cash investments

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

Less, allowance for doubtful accounts

9 Prepaid expenses and deferred charges

14 Land, buildings, and equipment; basis

16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses

21 Mortgages and other notes payable 22 Other liabilities (describe

23 Total liabilities (add lines 17 through 22)

and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

30 Total net assets or fund balances

Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds

20 Loans from officers, directors, trustees, and other disqualified persons

10a Investments - U.S. and state government obligations

6 Receivables due from officers, directors, trustees, and other

| (a) List and desc                                                                                                      | ribe the kind(s) of property sold (<br>irehouse; or common stock, 200 | e.g., real estate,                          |                                      | (b) How a<br>P - Puro<br>D - Don | cquired<br>chase<br>lation | (c) Date acq<br>(mo., day,   |                        | (d) Date sold<br>(mo., day, yr.)       |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------|--------------------------------------|----------------------------------|----------------------------|------------------------------|------------------------|----------------------------------------|
| 1a                                                                                                                     | <del></del>                                                           |                                             |                                      |                                  |                            |                              |                        |                                        |
| b SEE ATTACHED                                                                                                         | STATEMENT                                                             |                                             |                                      |                                  |                            |                              |                        |                                        |
| C                                                                                                                      |                                                                       |                                             |                                      | _                                |                            |                              |                        |                                        |
| d                                                                                                                      |                                                                       |                                             |                                      |                                  |                            |                              |                        |                                        |
| е                                                                                                                      | ·                                                                     |                                             |                                      |                                  |                            |                              |                        |                                        |
| (e) Gross sales price                                                                                                  | (f) Depreciation allowed<br>(or allowable)                            |                                             | st or other basis<br>expense of sale |                                  |                            | (h) Gain<br>(e) plus (f)     |                        |                                        |
| a                                                                                                                      |                                                                       |                                             | _                                    |                                  |                            |                              |                        | 40                                     |
| b                                                                                                                      |                                                                       |                                             |                                      |                                  |                            |                              |                        | <del></del>                            |
| d d                                                                                                                    |                                                                       | <del></del>                                 |                                      |                                  |                            | _                            |                        |                                        |
| e 145,445.                                                                                                             | <del>-</del>                                                          |                                             | 70,06                                | <del>-   -</del>                 |                            |                              |                        | 75,383                                 |
|                                                                                                                        | g gain in column (h) and owned l                                      | hy the foundation                           |                                      | <u> </u>                         | (1)                        | Gains (Col. (                | (h) gain i             |                                        |
| (i) F.M.V. as of 12/31/69                                                                                              | (j) Adjusted basis<br>as of 12/31/69                                  | (k) Ex                                      | cess of col. (1)                     | 1                                | col. (                     | k), but not l<br>Losses (fro | ess than               | ı -0-) <b>o</b> r                      |
| a                                                                                                                      | ·                                                                     |                                             |                                      |                                  |                            |                              |                        |                                        |
| b                                                                                                                      |                                                                       |                                             |                                      | i                                |                            |                              |                        |                                        |
| C                                                                                                                      |                                                                       |                                             |                                      |                                  |                            |                              |                        |                                        |
| d                                                                                                                      |                                                                       |                                             |                                      |                                  |                            |                              | _                      |                                        |
| е                                                                                                                      |                                                                       |                                             |                                      |                                  |                            |                              |                        | 75,383.                                |
| 2 Capital gain net income or (net ca                                                                                   |                                                                       | nter in Part I, line<br>-0- in Part I, line |                                      | } 2                              |                            |                              |                        | 75,383.                                |
| Net short-term capital gain or (los<br>If gain, also enter in Part I, line 8,                                          |                                                                       | and (6):                                    |                                      | ו                                |                            |                              |                        |                                        |
| If (loss), enter -0- in Part I, line 8                                                                                 | column (c).                                                           |                                             |                                      | ) <sub>3</sub>                   |                            |                              | N/A                    |                                        |
| Part V Qualification U                                                                                                 | nder Section 4940(e) for                                              | or Reduced                                  | Tax on Net                           | Investr                          | nent Inco                  |                              |                        | · · · · · ·                            |
| Was the foundation liable for the sect<br>f "Yes," the foundation does not qual<br>f Enter the appropriate amount in e | ify under section 4940(e). Do not                                     | complete this pa                            | rt.                                  |                                  |                            |                              |                        | Yes X No                               |
| (a)<br>Base period years<br>Calendar year (or tax year beginnir                                                        | (b) ng in) Adjusted qualifying (                                      | distributions                               | Net value of nor                     | (c)<br>ncharitable               | -use assets                | (col                         | Dıstrıbı<br>. (b) dıvı | (d)<br>ution ratio<br>ded by col. (c)) |
| 2011                                                                                                                   |                                                                       | 98,462.                                     |                                      |                                  | 8,810.                     |                              |                        | .123936                                |
| 2010                                                                                                                   |                                                                       | 59,136.                                     |                                      |                                  | 8,127.                     |                              |                        | .077099                                |
| 2009                                                                                                                   |                                                                       | 79,013.                                     | <u>-</u>                             |                                  | 9,533.                     |                              |                        | .110130                                |
| 2008                                                                                                                   |                                                                       | 43,529.                                     |                                      |                                  | 7,569.                     |                              |                        | .059356                                |
| 2007                                                                                                                   | 6                                                                     | 45,502.                                     | ·                                    | 6,77                             | 7,932.                     | <del>  _ ,</del> _           |                        | .095236                                |
| 2 Total of line 1, column (d)                                                                                          | E year base paried, divide the total                                  | al an line O by F                           | ar hu tha number s                   | of woods                         |                            | 2                            |                        | .465757                                |
| 3 Average distribution ratio for the 5 the foundation has been in exister                                              |                                                                       | ai on line 2 by 5,                          | or by the number of                  | oryears                          |                            | 3                            | <del></del>            | .093151                                |
| 4 Enter the net value of noncharitab                                                                                   | le-use assets for 2012 from Part                                      | X, line 5                                   |                                      |                                  |                            | 4                            | 4                      | 4,307,239.                             |
| 5 Multiply line 4 by line 3                                                                                            |                                                                       |                                             |                                      |                                  |                            | 5                            |                        | 401,224.                               |
| 6 Enter 1% of net investment incom                                                                                     | ie (1% of Part I, line 27b)                                           |                                             |                                      |                                  |                            | 6                            |                        | 1,322.                                 |
| 7 Add lines 5 and 6                                                                                                    |                                                                       |                                             |                                      |                                  |                            | 7                            | _                      | 402,546.                               |
| 8 Enter qualifying distributions from                                                                                  | Part XII, line 4                                                      |                                             |                                      |                                  |                            | 8                            |                        | 450,026.                               |
| If line 8 is equal to or greater than<br>See the Part VI instructions.                                                 | line 7, check the box in Part VI, I                                   | ine 1b, and comp                            | lete that part using                 | g a 1% tax                       | rate.                      |                              |                        |                                        |
| 223521 12-05-12                                                                                                        |                                                                       |                                             |                                      |                                  |                            |                              | Fn                     | rm <b>990-PF</b> (2012)                |

|    | 990-PF (2012) TRICORD FOUNDATION .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        | 36         | -4198   | 3123  | }        | Page 4       |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------|---------|-------|----------|--------------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 494                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | l0(a), 4940(b), 4940(e),               | or 4948    | 3 - see | instn | uctio    | ns)          |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and described in section 4940(d)(2), check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | enter "N/A" on line 1.                 |            |         |       |          |              |
|    | Date of ruling or determination letter: (attach copy of letter if ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |            | _l      |       |          |              |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ➤ X and enter 1%                       | _1         |         |       | 1,3      | 22.          |
|    | of Part I, line 27b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |            |         |       |          |              |
| C  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | % of Part I, line 12, col. (b). 丿      |            |         |       |          | . i          |
| 2  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Others enter -O-)                      | 2          |         |       |          | 0.           |
| 3  | Add lines 1 and 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        | 3          |         |       | 1,3      | 22.          |
| 4  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Others enter -0-)                      | 4          |         |       |          | 0.           |
| 5  | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | 5          |         |       | 1,3      | 22.          |
| 6  | Credits/Payments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |            |         |       |          |              |
| а  | 2012 estimated tax payments and 2011 overpayment credited to 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6a 4,59                                | 4.         |         |       |          | ĺ            |
| b  | Exempt foreign organizations - tax withheld at source                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6b                                     |            |         |       |          | i<br>I       |
| C  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6c                                     |            |         |       |          | ,            |
| d  | Backup withholding erroneously withheld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6d                                     |            |         |       |          |              |
| 7  | Total credits and payments. Add lines 6a through 6d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | 7          |         |       | 4,5      | 94.          |
| 8  | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ached                                  | 8          |         |       |          |              |
| 9  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | 9          |         |       |          |              |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | ▶ 10       |         |       | 3,2      |              |
|    | Enter the amount of line 10 to be: Credited to 2013 estimated tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3,272. Refunded                        | 11         |         |       |          | 0.           |
| Pa | rt VII-A Statements Regarding Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |            |         |       |          |              |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | slation or did it participate or intei | vene in    |         |       | Yes      | No           |
|    | any political campaign?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |            |         | 1a    |          | X            |
| þ  | Did it spend more than \$100 during the year (either directly or indirectly) for political purpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ·                                      | •          |         | 1b    |          | X            |
|    | If the answer is "Yes" to $_{1a}$ or $_{1b}$ , attach a detailed description of the activities ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd copies of any materials pul         | olished or | •       |       |          |              |
|    | distributed by the foundation in connection with the activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |            |         |       |          |              |
|    | Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |            |         | 1c    | <u> </u> | X            |
| d  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | _          |         |       |          |              |
|    | (1) On the foundation. > \$ (2) On foundation managers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | 0.         |         |       | ŀ        | 1            |
| е  | Enter the reimbursement (if any) paid by the foundation during the year for political expend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | liture tax imposed on foundation       |            |         |       |          |              |
|    | managers. > \$0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |            |         | l     |          |              |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RS?                                    |            |         | 2     |          | Х            |
|    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | on, or     |         |       |          |              |
|    | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |            |         | 3     |          | X            |
|    | Did the foundation have unrelated business gross income of \$1,000 or more during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | arv                                    |            |         | 4a    | X        | <u> </u>     |
|    | If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |            |         | 4b    | X        | <del></del>  |
| 5  | Was there a liquidation, termination, dissolution, or substantial contraction during the year's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>(</b>                               |            |         | _5    | ļ        | X            |
| _  | If "Yes," attach the statement required by General Instruction T.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | at a se                                |            |         |       |          |              |
| 0  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | itner:                                 |            |         |       |          |              |
|    | By language in the governing instrument, or     Division in the governing instrument, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |            |         |       |          |              |
|    | By state legislation that effectively amends the governing instrument so that no mandator     The appropriate control of the | y directions that conflict with the    | state law  |         |       |          |              |
| 7  | remain in the governing instrument?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |            |         | 6     | X        | <u> </u>     |
| ′  | Did the foundation have at least \$5,000 in assets at any time during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |            |         | 7     | Х        | <b></b> ,    |
| 0. | If "Yes," complete Part II, col. (c), and Part XV.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ana) 🔈                                 |            |         |       |          |              |
| oa | Enter the states to which the foundation reports or with which it is registered (see instruction ${\tt IL}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ins) -                                 |            |         |       |          |              |
|    | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Harney Coneral (as decises (s)        |            |         |       |          |              |
| D  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | attorney General (or designate)        |            |         | -     | · ·      | ji           |
| 0  | of each state as required by General Instruction G? If "No," attach explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | netion 4040(4)(0) == 4040(4)(5) (-)    | . aalal-   |         | 8b    | Х        | <del> </del> |
| 9  | Is the foundation claiming status as a private operating foundation within the meaning of se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | calendar   |         |       |          | V            |
| 10 | year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |            |         | 9     |          | X            |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a sched                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ule listing their names and addresses  |            |         | 10    |          | Λ            |

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Form **990-PF** (2012)

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

Total. Add lines 1 through 3

| P  | Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations                                                               | ndations         | s, see instructions.) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------|
| 1  | 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               | 875,087.              |
|    | Average of monthly cash balances                                                                                                                                      | 1b               | 123,185.              |
|    | Fair market value of all other assets                                                                                                                                 | 10               | 3,374,559.            |
| d  | Total (add lines 1a, b, and c)                                                                                                                                        | 10               | 4,372,831.            |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and                                                                                              | <del>  ''-</del> |                       |
|    | 1c (attach detailed explanation) 1e 0 •                                                                                                                               |                  |                       |
| 2  | Acquisition indebtedness applicable to line 1 assets                                                                                                                  | 2                | 0.                    |
| 3  | Subtract line 2 from line 1d                                                                                                                                          | 3                | 4,372,831.            |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)                                                             | 4                | 65,592.               |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4                                                                  | 5                | 4,307,239.            |
| 6  | Minimum investment return. Enter 5% of line 5                                                                                                                         | 6                | 215,362.              |
|    | Distributable Amount (see a stantage) (Section 4042(V/2) and (V/E) greate acceptage foundations                                                                       |                  |                       |
| ட  | foreign organizations check here and do not complete this part.)                                                                                                      |                  |                       |
| 1  | Minimum investment return from Part X, line 6                                                                                                                         | 1                | 215,362.              |
| 2a |                                                                                                                                                                       |                  | i                     |
| b  |                                                                                                                                                                       | i i              |                       |
| C  | Add lines 2a and 2b                                                                                                                                                   | 2c               | 1,910.                |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                                                                                                 | 3                | 1,910.<br>213,452.    |
| 4  | Recoveries of amounts treated as qualifying distributions                                                                                                             | 4                | 0.                    |
| 5  | Add lines 3 and 4                                                                                                                                                     | 5                | 213,452.              |
| 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                | 213,452.              |
| P  | art XII Qualifying Distributions (see instructions)                                                                                                                   |                  |                       |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                            |                  |                       |
|    | Expenses, contributions, gifts, etc total from Part I, column (d), line 26                                                                                            | 1a               | 450,026.              |
| 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:                                                                                                  |                  |                       |
|    | Suitability test (prior IRS approval required)                                                                                                                        | 3a               |                       |
| b  | 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                | 450,026.              |
| 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                | 1,322.                |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                                        | 6                | 448,704.              |
|    | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years. | ualifies fo      | or the section        |

## Part XIII Undistributed Income (see instructions)

|                                                                                     | (a)<br>Corpus | (b)<br>Years prior to 2011 | (c)<br>2011 | (d)<br>2012                           |
|-------------------------------------------------------------------------------------|---------------|----------------------------|-------------|---------------------------------------|
| 1 Distributable amount for 2012 from Part XI,                                       |               |                            |             |                                       |
| line 7                                                                              |               |                            |             | 213,452.                              |
| 2 Undistributed income, if any, as of the end of 2012                               |               |                            |             | 220,1021                              |
| a Enter amount for 2011 only                                                        |               |                            | 0.          |                                       |
| b Total for prior years:                                                            | -             |                            |             |                                       |
| • 1010 pilot years                                                                  |               | 0.                         |             |                                       |
| 3 Excess distributions carryover, if any, to 2012:                                  |               |                            | <u> </u>    |                                       |
| a From 2007 89,001.                                                                 |               |                            |             |                                       |
| b From 2008 57,093.                                                                 |               |                            |             |                                       |
| c From 2009 263,510.                                                                |               |                            |             |                                       |
| dFrom 2010 128,444.                                                                 |               |                            |             |                                       |
| eFrom 2011 360,629.                                                                 |               |                            |             |                                       |
| f Total of lines 3a through e                                                       | 898,677.      |                            |             |                                       |
| 4 Qualifying distributions for 2012 from                                            |               | -                          |             |                                       |
| Part XII, line 4: ►\$ 450,026.                                                      |               | İ                          |             |                                       |
| a Applied to 2011, 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                                            |               |                            |             | <u> </u>                              |
| (Election required - see instructions)                                              | 0.            |                            |             |                                       |
| d Applied to 2012 distributable amount                                              |               |                            |             | 213,452.                              |
| e Remaining amount distributed out of corpus                                        | 236,574.      |                            | ·-          | 213,432.                              |
| 5 Excess distributions carryover applied to 2012                                    | 0.            |                            |             | 0.                                    |
| (If an amount appears in column (d), the same amount must be shown in column (a))   | •             |                            |             |                                       |
| 6 Enter the net total of each column as indicated below:                            |               |                            |             |                                       |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5                                   | 1,135,251.    |                            |             |                                       |
| 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 2011. Subtract line                                      |               | ·                          |             |                                       |
| 4a from line 2a. Taxable amount - see instr.                                        |               |                            | 0.          |                                       |
| f Undistributed income for 2012. Subtract                                           |               |                            |             |                                       |
| lines 4d and 5 from line 1. This amount must                                        |               |                            |             |                                       |
| be distributed in 2013                                                              |               |                            |             | 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 2007                                          |               |                            |             | ·                                     |
| not applied on line 5 or line 7                                                     | 89,001.       |                            |             |                                       |
| 9 Excess distributions carryover to 2013.                                           |               |                            |             | · · · · · · · · · · · · · · · · · · · |
| Subtract lines 7 and 8 from line 6a                                                 | 1,046,250.    | <u> </u>                   |             |                                       |
| 10 Analysis of line 9:                                                              |               |                            |             |                                       |
| a Excess from 2008 57,093.                                                          | }             |                            |             |                                       |
| <b>b</b> Excess from 2009 263,510.                                                  |               |                            |             |                                       |
| c Excess from 2010 128,444.                                                         |               |                            |             |                                       |
| d Excess from 2011 360,629.                                                         |               |                            |             |                                       |
| e Excess from 2012 236,574.                                                         |               |                            |             |                                       |
|                                                                                     |               |                            |             | Form <b>990-PF</b> (2012)             |

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CASH CONTRIBUTIONS VIA KTC HEDGE OTHER PUBLIC GENERAL OPERATING FUND PRODUCTS CHARITY VARIOUS 1. NATIONAL CHRISTIAN FOUNDATION OTHER PUBLIC THE LOUISE AND GUNNAR 266 ELM STREET SUITE 2 CHARITY KLARR FUND BIRMINGHAM, MI 48009 150,000. YOUNG LIFE OTHER PUBLIC FRONT RANGE REGION 420 N CASCADE AVE CHARITY COLORADO SPRINGS, CO 80903 FRONT RANGE REGION 50,000. WESTOVER SCHOOL OTHER PUBLIC GENERAL OPERATING FUND 1237 WHITTEMORE RD CHARITY MIDDLEBURY, CT 06762 150,000. OTHER PUBLIC YOUNG LIFE FRONT RANGE CAMPERSHIP 420 N CASCADE AVE CHARITY LEGACY COLORADO SPRINGS, CO 80903 50,000. SEE CONTINUATION SHEET(S) ➤ 3a 450,001. **b** Approved for future payment NONE

Total

**▶** 3b

٥.

| wise indicated. Unrelated business income Excluded by section 512, 513, or 514                                                                                                                                   | (e)               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| (a) (b) (c) (d)                                                                                                                                                                                                  | Related or exempt |
| code Amount son code Amount                                                                                                                                                                                      | function income   |
|                                                                                                                                                                                                                  |                   |
| <del></del>                                                                                                                                                                                                      |                   |
|                                                                                                                                                                                                                  |                   |
|                                                                                                                                                                                                                  |                   |
|                                                                                                                                                                                                                  | <del></del>       |
| vernment agencies                                                                                                                                                                                                |                   |
| nents                                                                                                                                                                                                            |                   |
| ary cash                                                                                                                                                                                                         |                   |
| 14 11,662.                                                                                                                                                                                                       |                   |
| curities 14 76,329.                                                                                                                                                                                              |                   |
| n real estate                                                                                                                                                                                                    |                   |
|                                                                                                                                                                                                                  |                   |
|                                                                                                                                                                                                                  |                   |
| n personal                                                                                                                                                                                                       |                   |
|                                                                                                                                                                                                                  |                   |
| 14 16,311.                                                                                                                                                                                                       |                   |
| ets other 14 76 , 435 .                                                                                                                                                                                          |                   |
| 14 76,435.                                                                                                                                                                                                       |                   |
| s of inventory                                                                                                                                                                                                   |                   |
| , or inventory                                                                                                                                                                                                   |                   |
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|                                                                                                                                                                                                                  |                   |
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|                                                                                                                                                                                                                  |                   |
| and (e) 0. 180,737.                                                                                                                                                                                              | 0.                |
| , (d), and (e) 13                                                                                                                                                                                                | 180 <u>,</u> 737. |
| ins to verify calculations.)                                                                                                                                                                                     |                   |
| ship of Activities to the Accomplishment of Exempt Purposes                                                                                                                                                      |                   |
|                                                                                                                                                                                                                  |                   |
| ns to verify calculations.)  aship of Activities to the Accomplishment of Exempt Purposes  each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment. | nlk               |

| Line No.<br>▼      | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    |                                                                                                                                                                                                                               |
|                    |                                                                                                                                                                                                                               |
|                    |                                                                                                                                                                                                                               |
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| <del>-</del>       |                                                                                                                                                                                                                               |
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|                    | <del></del>                                                                                                                                                                                                                   |
|                    | <del></del>                                                                                                                                                                                                                   |
|                    |                                                                                                                                                                                                                               |
| 223621             | F 000 DF (010                                                                                                                                                                                                                 |
| 223621<br>12-05-12 | Form <b>990-PF</b> (2012)                                                                                                                                                                                                     |

| Part XV           | Information Re<br>Exempt Organ | egarding Transfers To<br>nizations                                                 | and Transactions a             | and Relations                                    | hips With Noncha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ritable                      |                        | 190 10 |
|-------------------|--------------------------------|------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------|--------|
| 1 Did the         | <del></del>                    | rectly engage in any of the followi                                                | ng with any other organization | on described in sect                             | ion 501(c) of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ŀ                            | Yes                    | No     |
|                   |                                | (3) organizations) or in section 5                                                 |                                |                                                  | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                        |        |
| a Transfe         | ers from the reporting found   | ation to a noncharitable exempt o                                                  | rganization of:                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
| (1) Ca            |                                |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1a(1)                        |                        | X      |
| (2) Otl           | her assets                     |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1a(2)                        |                        | X      |
|                   | ransactions:                   |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   | les of assets to a noncharita  |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1b(1)                        |                        | X      |
|                   |                                | ncharitable exempt organization                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1b(2)                        |                        | X      |
|                   | ntal of facilities, equipment, |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1b(3)                        | $\sqcup$               | Х      |
| . ,               | imbursement arrangements       | <b>}</b>                                                                           |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1b(4)                        |                        | X      |
|                   | ans or loan guarantees         | ambasahan as firmdus aras as lesitati                                              |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1b(5)                        |                        | X      |
|                   |                                | embership or fundraising solicitati                                                |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1b(6)                        |                        | X      |
| _                 |                                | uling lists, other assets, or paid en<br>"Yes," complete the following sch         | · ·                            | wave chow the fair o                             | parket value of the goods, o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c                           | L                      |        |
| or serv           | ices given by the reporting fo | oundation. If the foundation received other assets, or services received           | ved less than fair market valu |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | , cio,                 |        |
| (8)Line no        | (b) Amount involved            | (c) Name of noncharitab                                                            |                                | (d) Description                                  | of transfers, transactions, and s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | haring an                    | rangeme                | nts    |
|                   | <del></del>                    | N/A                                                                                | <u> </u>                       | <del>                                     </del> | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                        |        |
|                   |                                |                                                                                    |                                |                                                  | - <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                        |        |
|                   |                                |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   |                                |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   |                                |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   |                                |                                                                                    | . <u></u>                      |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   | <del></del>                    |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
| $\longrightarrow$ |                                |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   | <del></del>                    |                                                                                    |                                |                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                        |        |
| $\longrightarrow$ |                                |                                                                                    | <b>,</b>                       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   |                                |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
| +                 |                                |                                                                                    | _                              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   |                                |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
| <del></del>       |                                |                                                                                    |                                |                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                        |        |
| -                 |                                | -                                                                                  |                                | <del>                                     </del> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
| ın secti          |                                | tly affiliated with, or related to, one r than section 501(c)(3)) or in secential. |                                | zations described                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                          | X                      | ] No   |
|                   | (a) Name of org                |                                                                                    | (b) Type of organization       |                                                  | (c) Description of relationsh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ıp                           |                        |        |
|                   | N/A                            |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   |                                |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   |                                | <del></del> .                                                                      |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   |                                |                                                                                    |                                |                                                  | · · <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                        |        |
| Lun               | day appointed of approximately | that I have a command they are used and                                            |                                |                                                  | to a to the second of the seco |                              |                        |        |
| Sign<br>Here      |                                | that I have examined this return, including the Deglaration of preparer (other the |                                |                                                  | has any knowledge return show                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | the IRS on with the vn below | e prepare<br>(see inst | Br     |
|                   | Print/Type preparer's na       | ame Preparer's s                                                                   | signature                      | Date                                             | Check if PTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                        |        |
|                   |                                | <i>→</i>                                                                           |                                | ŀ                                                | self- employed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                        |        |
| Paid              |                                |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
| Prepare           |                                |                                                                                    |                                |                                                  | Fırm's EIN ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                        |        |
| Use Onl           | ·                              |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                        |        |
|                   | Firm's address                 |                                                                                    |                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | _                      |        |
|                   | <u> </u>                       | <del></del>                                                                        |                                |                                                  | Phone no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                        |        |
|                   |                                |                                                                                    |                                |                                                  | For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | m <b>990</b>                 | )-PF (                 | 2012)  |

36-4198123 PAGE OF Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a BMO HARRIS - DODGE & COX FUND 667.2230SH 07/16/02|09/27/12 b KTC LARGE VALUE P VARIOUS VARIOUS c KTC LARGE VALUE P VARIOUS VARIOUS d KTC DEVELOPED INT'L P VARIOUS VARIOUS e KTC DEVELOPED INT'L P VARIOUS VARIOUS f KTC STRATEGIC OPPS P VARIOUS VARIOUS g KTC SMALL CAP P VARIOUS VARIOUS h KTC SMALL CAP P VARIOUS VARIOUS ı KTC HEDGE PRODUCTS P VARIOUS VARIOUS | KTC HEDGE PRODUCTS P VARIOUS VARIOUS k KTC HEDGE PRODUCTS S1231 VARIOUS VARIOUS KTC HEDGE PRODUCTS S1256 VARIOUS VARIOUS m KTC HEDGE PRODUCTS S1256 VARIOUS VARIOUS n KTC DEVELOPED INT'L S1256 VARIOUS VARIOUS o CAPITAL GAINS DIVIDENDS (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 80,000. 62,564. 17,436. 466. b 466. 563. C 563. d 52.  $\sqrt{52.}$ 6,162. <6,162.> е 10,942. 10,942. 8,096. 8,096. g 20,024. h 20,024. 6,816. 131. 6,685. 15,192. 907. 14,285. 114. <114.> 52. <u><52.</u>> <del><79.</del>> m 79. <del><1.</del>> n 3,346. 3,346. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 17,436. а 466. b 563. C d <u><52.</u>> е <6,162.>10,942. 8,096. g 20,024. h 6,685. 14,285. k <del><114.</del>> Ī <del><52.</del>> m <del><</del>79.> П <1.> 0 3,346. { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 75,383. 3 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

3

N/A

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or contribution status of Amount Name and address (home or business) recipient LEWA WILDLIFE CONSERVANCY USA OTHER PUBLIC LEWA SECURITY & 38 MILLER AVE #507 CHARITY ANTI-POACHING/WILDLIFE MILL VALLEY, CA 94941 PROGRAM SUPPORT INITIATIVE 50,000. Total from continuation sheets 50,000.

| FORM 990-PF                                    | GAIN OR (LOSS)                | FROM SALE              | OF A | ASSETS                 |         | STA  | TEMENT         | 1      |
|------------------------------------------------|-------------------------------|------------------------|------|------------------------|---------|------|----------------|--------|
| (A) DESCRIPTION OF PROPER BMO HARRIS - DODGE & | <del></del>                   | 30sh                   | AC   | MANNER EQUIRED ECHASED | DA'ACQU | IRED | DATE SO<br>    |        |
| (B)<br>GROSS<br>SALES PRICE                    | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE |      | (E)                    |         |      | (F) OR LOSS    |        |
| 80,000                                         | 62,564                        | •                      | 0.   |                        | 0.      |      | 17,43          | 6.     |
| (A) DESCRIPTION OF PROPER                      | RTY                           |                        |      | IANNER<br>QUIRED       | DA'     |      | DATE SO        | LD     |
| KTC LARGE VALUE                                |                               |                        | PUR  | CHASED                 | VARI    | ous  | VARIOU         | s      |
| (B)<br>GROSS<br>SALES PRICE                    | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF   | (E)<br>DEPRE           | c.      |      | (F)<br>OR LOSS |        |
| 466                                            | 0                             | •                      | 0.   |                        | 0.      |      | 46             | 6.     |
| (A)<br>DESCRIPTION OF PROPER                   | RTY                           |                        |      | IANNER<br>QUIRED       | DA'     |      | DATE SO        | LD     |
| KTC LARGE VALUE                                | <del></del>                   |                        | PUR  | CHASED                 | VARIO   | ous  | VARIOU         | s      |
| (B)<br>GROSS<br>SALES PRICE                    | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF   | (E)<br>DEPRE           | c.      |      | (F)<br>OR LOSS |        |
| 563                                            | 0                             | •                      | 0.   |                        | 0.      |      | 56:            | <br>3. |

| (A) DESCRIPTION OF PROPERTY |                               |                        |     | ANNER<br>QUIRED | DATE<br>ACQUIRED | DATE SOLD        |
|-----------------------------|-------------------------------|------------------------|-----|-----------------|------------------|------------------|
| KTC DEVELOPED INT'L         | _                             |                        | PUR | CHASED          | VARIOUS          | VARIOUS          |
| (B)<br>GROSS<br>SALES PRICE | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF  | (E)<br>DEPRE    |                  | (F)<br>N OR LOSS |
| 0.                          | 52.                           | -                      | 0.  | -               | 0.               | <52.>            |
| (A) DESCRIPTION OF PROPERTY |                               |                        |     | ANNER<br>QUIRED | DATE<br>ACQUIRED | DATE SOLD        |
| KTC DEVELOPED INT'L         | _                             |                        | PUR | CHASED          | VARIOUS          | VARIOUS          |
| (B)<br>GROSS<br>SALES PRICE | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF  | (E)<br>DEPRE    | C. GAIN          | (F)<br>N OR LOSS |
| 0.                          | 6,162.                        |                        | 0.  |                 | 0.               | <6,162.>         |
| (A) DESCRIPTION OF PROPERTY |                               |                        |     | ANNER<br>QUIRED | DATE<br>ACQUIRED | DATE SOLD        |
| KTC STRATEGIC OPPS          | _                             |                        | PUR | CHASED          | VARIOUS          | VARIOUS          |
| (B)<br>GROSS<br>SALES PRICE | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF  | (E)<br>DEPRE    | C. GAIN          | (F)              |
| 10,942.                     | 0.                            |                        | 0.  |                 | 0.               | 10,942.          |
| (A) DESCRIPTION OF PROPERTY |                               |                        |     | ANNER<br>QUIRED | DATE<br>ACQUIRED | DATE SOLD        |
| KTC SMALL CAP               | <del>-</del>                  |                        | PUR | CHASED          | VARIOUS          | VARIOUS          |
| (B)<br>GROSS<br>SALES PRICE | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF  | (E)<br>DEPRE    |                  | (F)<br>I OR LOSS |
| 8,096.                      | 0.                            |                        | 0.  |                 | 0.               | 8,096.           |

| (A) DESCRIPTION OF PROPERTY |                               |                        |     | MANNER<br>CQUIRED | DATE<br>ACQUIRED | DATE SOLD        |
|-----------------------------|-------------------------------|------------------------|-----|-------------------|------------------|------------------|
| KTC SMALL CAP               | <del>_</del>                  |                        | PUI | RCHASED           | VARIOUS          | VARIOUS          |
| (B)<br>GROSS<br>SALES PRICE | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF  | (E)<br>DEPRE      | C. GAI           | (F)<br>N OR LOSS |
| 20,024.                     | 0.                            |                        | 0.  |                   | 0.               | 20,024.          |
| (A) DESCRIPTION OF PROPERTY | _                             |                        |     | MANNER<br>CQUIRED | DATE<br>ACQUIRED | DATE SOLD        |
| KTC HEDGE PRODUCTS          | _                             |                        | PUI | RCHASED           | VARIOUS          | VARIOUS          |
| (B)<br>GROSS<br>SALES PRICE | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF  | (E)<br>DEPRE      | C. GAI           | (F)<br>N OR LOSS |
| 6,816.                      | 0.                            |                        | 0.  |                   | 0.               | 6,816.           |
| (A) DESCRIPTION OF PROPERTY |                               |                        |     | MANNER<br>CQUIRED | DATE<br>ACQUIRED | DATE SOLD        |
| KTC HEDGE PRODUCTS          | _                             |                        | PUI | RCHASED           | VARIOUS          | VARIOUS          |
| (B)<br>GROSS<br>SALES PRICE | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF  | (E)<br>DEPRE      | C. GAI           | (F)<br>N OR LOSS |
| 15,192.                     | 0.                            |                        | 0.  |                   | 0.               | 15,192.          |
| (A) DESCRIPTION OF PROPERTY |                               |                        |     | MANNER<br>CQUIRED | DATE<br>ACQUIRED | DATE SOLD        |
| KTC HEDGE PRODUCTS S123     | _<br>1                        |                        | PUF | RCHASED           | VARIOUS          | VARIOUS          |
| (B)<br>GROSS<br>SALES PRICE | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF  |                   | C. GAI           | (F)<br>N OR LOSS |
| 0.                          | 98.                           |                        | 0.  |                   | 0.               | <98.>            |

| DESCRIF | (A)<br>PTION OF PROPERTY                                | ·<br>-                        |                        |      | MANNER<br>CQUIRED |            | TE         | DAT  | E SOLD                     |
|---------|---------------------------------------------------------|-------------------------------|------------------------|------|-------------------|------------|------------|------|----------------------------|
| KTC HED | GE PRODUCTS S125                                        | 6                             |                        | PUI  | RCHASED           | VARI       | ous        | VA   | RIOUS                      |
|         | (B)<br>GROSS<br>SALES PRICE                             | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE         | OF   | (E)               | 0          | CA TN      | (F)  | T 0.0.0                    |
|         |                                                         | <del></del>                   | SALE                   |      | DEPRE             |            | GAIN       | UR   |                            |
|         | 0.                                                      | 53.                           |                        | 0.   |                   | 0.         |            |      | <53 <b>.</b> >             |
| DESCRIP | (A)<br>TION OF PROPERTY                                 |                               |                        |      | MANNER<br>CQUIRED | DA<br>ACQU | TE<br>IRED | DAT  | E SOLD                     |
| KTC HED | GE PRODUCTS S125                                        | 6                             |                        | PUF  | RCHASED           | VARI       | ous        | VA   | RIOUS                      |
|         | (B)<br>GROSS<br>SALES PRICE                             | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF   | (E)<br>DEPRE      | c.         |            | (F)  | LOSS                       |
|         | 0.                                                      | 80.                           |                        | 0.   |                   | 0.         |            |      | <80.>                      |
|         |                                                         |                               | <del></del>            |      |                   |            |            |      |                            |
| DESCRIP | (A)<br>TION OF PROPERTY                                 | _                             |                        |      | MANNER<br>CQUIRED |            | TE<br>IRED | DAT: | E SOLD                     |
| KTC DEV | ELOPED INT'L S12                                        | 56                            |                        | PUF  | RCHASED           | VARI       | ous        | VA   | RIOUS                      |
|         | (B)<br>GROSS<br>SALES PRICE                             | (C)<br>COST OR<br>OTHER BASIS | (D)<br>EXPENSE<br>SALE | OF   | (E)<br>DEPRE      | <b>:</b>   | GAIN       | (F)  | LOSS                       |
|         | 0.                                                      | 1.                            |                        | 0.   |                   | 0.         |            |      | <1.>                       |
|         |                                                         |                               | <del> </del>           |      |                   |            |            |      |                            |
| CAPITAL | GAINS DIVIDENDS                                         | FROM PART IV                  |                        |      |                   |            |            |      | 3,346.                     |
| TOTAL T | O FORM 990-PF, P.                                       | ART I, LINE 6A                |                        |      |                   | :          |            | 7    | 6,435.                     |
| FORM 99 | 0-PF INTEREST O                                         | N SAVINGS AND T               | EMPORARY               | CASH | H INVEST          | MENTS      | STA        | TEME | NT 2                       |
| SOURCE  |                                                         |                               |                        |      |                   |            |            | AMOU | NT                         |
| KTC HED | ELOPED INT'L<br>GE PRODUCTS<br>GE PRODUCTS - T/<br>F IL | E INTEREST                    |                        |      |                   |            |            | 1:   | 1.<br>1,391.<br>264.<br>6. |
| TOTAL T | O FORM 990-PF, P                                        | ART I, LINE 3,                | COLUMN A               |      |                   |            |            | 1    | 1,662.                     |
|         |                                                         |                               |                        |      |                   |            |            |      |                            |

|                                                         |                      | •                |               |                        |                     |          |
|---------------------------------------------------------|----------------------|------------------|---------------|------------------------|---------------------|----------|
| FORM 990-PF DIVIDEN                                     | DS AND INT           | EREST FROM       | 4 SECU        | RITIES                 | STATEMENT           | 3        |
| SOURCE                                                  | GRO                  | SS AMOUNT        |               | ITAL GAINS<br>IVIDENDS | COLUMN (A<br>AMOUNT | .)       |
| HARRIS TRUST & SAVINGS                                  |                      | 18,268.          |               | 3,346.                 | 14,9                |          |
| KTC DEVELOPED INTERNATIONAL                             |                      | 19,657           |               | 0.                     | 19,6                |          |
| KTC HEDGE PRODUCTS                                      | mm                   | 5,817.           |               | 0.                     | 5,8                 |          |
| KTC INTERNATIONAL EMERGING FOR KTC LARGE GROWTH         | עמט                  | 7,531.<br>3,560. |               | 0.<br>0.               | 7,5<br>3,5          |          |
| KTC LARGE VALUE                                         |                      | 1,672            |               | 0.                     | 1,6                 |          |
| KTC SMALL CAP FUND                                      |                      | 2,846.           |               | 0.                     | 2,8                 |          |
| KTC STRATEGIC OPPS                                      |                      | 20,324.          | •             | 0.                     | 20,3                | 24.      |
| TOTAL TO FM 990-PF, PART I,                             | LN 4                 | 79,675.          |               | 3,346.                 | 76,3                | 29.      |
| FORM 990-PF                                             | OTHER                | INCOME           |               |                        | STATEMENT           | 4        |
|                                                         | <del>-</del>         | <u>-</u>         |               |                        |                     |          |
|                                                         |                      | (A)              |               | (B)                    | (C)                 |          |
|                                                         |                      | REVENUE          |               | NET INVEST-            | ADJUSTE             |          |
| DESCRIPTION                                             | _                    | PER BOOF         | KS            | MENT INCOME            | NET INCO            | ME       |
| ROYALTY INCOME VIA KTC HEDGE                            |                      |                  | 4.            | 4                      | •                   |          |
| ORDINARY INC VIA KTC HEDGE                              |                      |                  | 845.          | 845                    | •                   |          |
| PFIC ORD INCOME VIA KTC DEVE                            | LOPED                |                  | 9.            | 9                      |                     |          |
| SEC 988/987 VIA KTC HEDGE                               | a Henan              | .0               | 719.          | 719                    |                     |          |
| ORD INCOME FROM SWAPS VIA KTO SEC 475F VIA KTC HEDGE    | C HEDGE              |                  | 583.><br>550. | <2,583<br>16,550       |                     |          |
| OTHER NON-PASSIVE VIA KTC HE                            | DGE                  | 10,              | 440.          | 440                    |                     |          |
| SEC 988 VIA KTC INT'L EMERGI                            |                      |                  | <3.>          |                        |                     |          |
| SEC 988 VIA KTC DEVELOPED IN                            | ΓL                   |                  | <85.>         | <85                    | •>                  |          |
| STATE TAX REFUNDS                                       |                      |                  | 415.          | 0                      | •                   |          |
| TOTAL TO FORM 990-PF, PART I                            | , LINE 11            | 16,              | 311.          | 15,896                 | •                   |          |
| FORM 990-PF                                             |                      | 3 7 7 7          |               |                        |                     | <u> </u> |
| FORM 990-PF                                             | T.                   | AXES             |               |                        | STATEMENT           |          |
|                                                         | (A)                  | (B)              |               | (C)                    | (D)                 |          |
| DESCRIPTION                                             | EXPENSES<br>PER BOOK |                  |               | ADJUSTED<br>NET INCOM  |                     |          |
| FOREIGN TAX VIA KTC DEVELOPED INT'L FOREIGN TAX VIA KTC | 1,94                 | 3. 1             | .,943.        |                        |                     | 0.       |
| INTERNATIONAL EMERGING MARKETS                          | 1,00                 | 7. 1             | .,007.        |                        |                     | 0.       |
|                                                         |                      |                  |               |                        |                     |          |

| TRICORD FOUNDATION                                 |        |        | 36-4198123  |
|----------------------------------------------------|--------|--------|-------------|
| FOREIGN TAX VIA KTC HEDGE                          | •      | •      | <del></del> |
| PRODUCTS                                           | 139.   | 139.   | 0.          |
| STATE TAXES EXPENSE                                | 503.   | 0.     | 0.          |
| FEDERAL TAXES EXPENSE<br>FOREIGN TAX VIA KTC LARGE | 509.   | 0.     | 0.          |
| VALUE                                              | 11.    | 11.    | 0.          |
| TO FORM 990-PF, PG 1, LN 18                        | 4,112. | 3,100. | 0.          |
| _                                                  |        |        |             |

| FORM 990-PF                                                               | OTHER E                      | XPENSES                           | STATEMENT 6                   |                               |  |  |
|---------------------------------------------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|--|
| DESCRIPTION                                                               | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |  |  |
| ANNUAL FILING FEE HARRIS BANK CUSTODIAN FEES PORTFOLIO DEDUCTIONS VIA KTC | 15.<br>500.                  | 0.<br>500.                        |                               | 15.                           |  |  |
| SMALL CAP FUND PORTFOLIO DEDUCTIONS VIA KTC                               | 2,141.                       | 2,141.                            |                               | 0.                            |  |  |
| DEVELOPED INTERNATIONAL PORTFOLIO DEDUCTIONS VIA KTC                      | 178.                         | 178.                              |                               | 0.                            |  |  |
| STRATEGIC OPPS FUND<br>PORTFOLIO DEDUCTIONS VIA KTC                       | 187.                         | 187.                              |                               | 0.                            |  |  |
| INTERNATIONAL EMERGING FUNDS PORTFOLIO DEDUCTIONS VIA KTC                 | 1,866.                       | 1,866.                            |                               | 0.                            |  |  |
| HEDGE PRODUCTS PORTFOLIO DEDUCTIONS VIA KTC                               | 1,645.                       | 1,645.                            |                               | 0.                            |  |  |
| LARGE GROWTH INVESTMENT INTEREST VIA KTC                                  | 603.                         | 603.                              |                               | 0.                            |  |  |
| HEDGE PORTFOLIO DEDUCTIONS VIA KTC LARGE VALUE                            | 16,491.<br>412.              | 16, <b>4</b> 91.                  |                               | 0.                            |  |  |
| OTHER DEDUCTIONS VIA KTC HEDGE                                            | 12,866.                      |                                   |                               | 0.                            |  |  |
| OTHER DEDUCTIONS EXP KTC DEV                                              | 1,943.                       | 1,943.                            |                               | 0.                            |  |  |
| UBTI ADJUSTMENT RECORDING FEES                                            | 0.                           | 4,807.                            |                               | 0.<br>10.                     |  |  |
| NONDEDUCTIBLE EXPENSES                                                    | 10.                          | 0.                                |                               | 0.                            |  |  |
| TO FORM 990-PF, PG 1, LN 23                                               | 38,867.                      | 43,639.                           |                               | 25.                           |  |  |

| FORM 990-PF                                                                                                                                 | CORPORATE STOCK                    |                                                                                 | STATEMENT 7                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| DESCRIPTION                                                                                                                                 |                                    | BOOK VALUE                                                                      | FAIR MARKET<br>VALUE                                                            |
| HARRIS EQUITY FUNDS                                                                                                                         | •                                  | 756,864.                                                                        | 889,093.                                                                        |
| TOTAL TO FORM 990-PF, PART II,                                                                                                              | LINE 10B                           | 756,864.                                                                        | 889,093.                                                                        |
| FORM 990-PF                                                                                                                                 | OTHER INVESTMENTS                  |                                                                                 | STATEMENT 8                                                                     |
| DESCRIPTION                                                                                                                                 | VALUATION<br>METHOD                | BOOK VALUE                                                                      | FAIR MARKET<br>VALUE                                                            |
| KTC DEVELOPED INTERNATIONAL KTC SMALL CAP KTC LARGE GROWTH KTC STRATEGIC OPPS KTC INTERNATIONAL EMERGING KTC HEDGE PRODUCTS KTC LARGE VALUE | COST COST COST COST COST COST COST | 614,867.<br>116,897.<br>810,464.<br>754,135.<br>404,822.<br>488,622.<br>55,147. | 697,831.<br>127,837.<br>912,308.<br>585,485.<br>398,549.<br>484,419.<br>66,161. |
| TOTAL TO FORM 990-PF, PART II,                                                                                                              | LINE 13                            | 3,244,954.                                                                      | 3,272,590.                                                                      |

|                                                                        | T OF OFFICERS, DID FOUNDATION MANAGE |    | STAT                            | EMENT 9 |
|------------------------------------------------------------------------|--------------------------------------|----|---------------------------------|---------|
| NAME AND ADDRESS                                                       | TITLE AND<br>AVRG HRS/WK             |    | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE |
| MARION S. SEARLE<br>303 W. MADISON, SUITE 1800<br>CHICAGO, IL 60606    | PRESIDENT 7.50                       | 0. | 0.                              | 0.      |
| ELIZABETH B. SEARLE<br>303 W. MADISON, SUITE 1800<br>CHICAGO, IL 60606 | VICE PRESIDENT 7.50                  | 0. | 0.                              | 0.      |
| LOUISE S. KLARR<br>303 W. MADISON, SUITE 1800<br>CHICAGO, IL 60606     | VICE PRESIDENT 7.50                  | 0. | 0.                              | 0.      |
| RON BAILITZ<br>303 W. MADISON, SUITE 1800<br>CHICAGO, IL 60606         | SECRETARY<br>2.50                    | 0. | 0.                              | 0.      |
| RON BAILITZ<br>303 W. MADISON, SUITE 1800<br>CHICAGO, IL 60606         | TREASURER<br>2.50                    | 0. | 0.                              | 0.      |
| MICHAEL W. BRANHAM<br>303 W. MADISON, SUITE 1800<br>CHICAGO, IL 60606  | DIRECTOR<br>1.00                     | 0. | 0.                              | 0.      |
| S. GUNNAR KLARR<br>303 W. MADISON, SUITE 1800<br>CHICAGO, IL 60606     | DIRECTOR<br>1.00                     | 0. | 0.                              | 0.      |
| TOTALS INCLUDED ON 990-PF, PAGE 6                                      | , PART VIII                          | 0. | 0.                              | 0.      |