

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.

, and ending

Department of the Treasury Internal Revenue Service

For calendar year 2013 or tax year beginning

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Nam	e of	foundation				A Employer identification	number
771	. 7	EE EANTLY EOINDAMION				61-1480716	
		FF FAMILY FOUNDATION nd street (or P O box number if mail is not delivered to street	address)		Room/suite		
		N. MICHIGAN AVENUE, SU			1100mb Suite	B Telephone number (312) 360-	1234
		own, state or province, country, and ZIP or foreign p				C If exemption application is p	· · · · · · · · · · · · · · · · · · ·
		CAGO, IL 60601	ostar couc			o ii exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	ormer public o	harity	D 1. Foreign organizations	check here
		Final return	Amended return	,,,,,,	,	-	
		Address change	Name change			Foreign organizations me check here and attach co	eting the 85% test,
H C	neck	type of organization: X Section 501(c)(3) ex	empt private foundation	- *		E If private foundation stat	
	-		Other taxable private founda	ation		under section 507(b)(1)	
l Fai	r ma	arket value of all assets at end of year J Accounti	ng method: X Cash	Accr	ual	F If the foundation is in a (60-month termination
(fro	m i		her (specify)			under section 507(b)(1)	
		6 , 193 , 589 . (Part I, colu	mn (d) must be on cash i	basis.)			<u>-</u>
Pa	rt"l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements for charitable purposes
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	inco		income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	8.46 88 67888			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Survey, S.
	2	Check I if the foundation is not required to attach Sch. B	10100	-	0 100		,, %, ,
.	3	Interest on savings and temporary cash investments	10,102.		0,102.		STATEMENT 1
\$107	4	Dividends and interest from securities	55,916.	5	5,916.		STATEMENT 2
- 1		Gross rents	~ * *		. " " vrteb	9565 4 88 No. 200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ൈ	_	Net rental income or (loss)	328,424.	*		All and the second seco	2 2 3 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5
- 4 g	ба	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 947, 137.	340,444.	** *** *** ** ** ** ** ** ** ** ** ** *	4 -3 % Gasylii	THE PERSON OF THE PROPERTY OF	12.00
≥ૄૄૄ	7		- 1		8,424.		AND ACCOMING THE TOTAL OF THE PARTY OF THE P
	,	Capital gain net income (from Part IV, line 2)		74	0,444.	N/A	- 347 1 200 a 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	٥	Net short-term capital gain Income modifications			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	N/A	
삨	10a	Gross sales less returns				, , , , , , , , , , , , , , , , , , ,	m Yanga Cara Cara Cara Cara Cara Cara Cara Ca
SCANNED NOV	_	and allowances Less Cost of goods sold		\$ 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5 •		· · · · · · · · · · · · · · · · · · ·
4		Gross profit or (loss)	# 17-48 AAN -525 BL 4-1950	"	,	14 14 14 14 14 14 14 14 14 14 14 14 14 1	1,, 0,-4,1
6	11	Other income	209,087.	20	9,087.	0.	STATEMENT 3
	12	Total. Add lines 1 through 11	603,529.		3,529.	0.	, , ,
\neg	13	Compensation of officers, directors, trustees, etc	0.		0.	0.	0.
,	14 =	Other employee salaries and wages					
1	15	Pension plans, employee benefits					
ses	† 8 a	tegal fees					
səsuədx	þ	Accounting Jees Other professional fees STMT 5	18,600.	1	8,600.	0.	0.
ŭ	C	Other professional fees STMT 5	3,489.		3,489.	0.	0.
∯.	17"	Gales DEN, UT STMT 6	15,219.	1	5,219.	0.	0.
Operating and Administrative			22,800.		0.	0.	0.
inis	19	Depreciation and depletion					
틍	20	Occupancy					
Υþ	21	Travel, conferences, and meetings					
a	22	Printing and publications Other expenses STMT 7	20 906	2	0 006	0.	
ij	23	•	30,806.	3	0,806.		0.
er a	24	Total operating and administrative	00 014	6	8,114.	0.	0.
ĕ	25	expenses. Add lines 13 through 23	90,914. 573,582.		0,114.	0.	573,582.
- 1		Contributions, gifts, grants paid Total expenses and disbursements.	3/3,302+	<u> </u>			373,302.
	20	Add lines 24 and 25	664,496.	۶ ا	8,114.	0.	573,582.
\rightarrow	27	Subtract line 26 from line 12:	001,100		- / <u>- </u>		3,3,302.
		Excess of revenue over expenses and disbursements	<60,967.	>			
	_	Net investment income (if negative, enter -0-)	1007507.		5,415.		
		Adjusted net income (if negative, enter -0-)			_,	0.	
32350		I HA For Panerwork Reduction Act Notice see	inetructions				Form 990-PF (2013)

	Amaluaia at	Change in	Not Assets	F	Dalamasa
Part III	Anaivsis of	Changes in	Net Assets	or Fung	Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	5,718,351.
2	Enter amount from Part I, line 27a	2	<60,967.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	5,657,384.
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	5,657,384.

Form **990-PF** (2013)

Part IV Capital Gains and Los	sses for Tax on Investment Income	······································		
	describe the kind(s) of property solution warehouse; or common stock, 20		(b) How acquire P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a BOXCAR COMMODI	TIES, LP		P	VARIOUS 03/15/13
b AURORA GLOBAL	OPPORTUNITIES AS	P FUND	P	VARIOUS 12/31/13
c AURORA GLOBAL	OPPORTUNITIES AS	P FUND	P	VARIOUS 12/31/13
	VESTORS I, LP		P	VARIOUS 12/31/13
e WELLS FARGO AD	VISORS CAPITAL G	AIN DISTRIBUTIONS	S P	VARIOUS 12/31/13
f WELLS FARGO AD	VISORS ST (SEE A	TTACHMENT 1)	P	VARIOUS 12/31/13
g WELLS FARGO AD	VISORS LT (SEE A	TTACHMENT 1)	P	VARIOUS 12/31/13
h FIDELITY - ENB	RIDGE ENERGY PAR	TNERS	P	03/28/1201/08/13
FIDELITY - PLA	INS ALL AMERICAN	PIPELINE	P	03/14/1202/19/13
FIDELITY - PRO	SHARES ULTRA DOW	30 PROSHARES	P	05/17/1202/19/13
	PINE CORP COM NE		P	02/07/1202/19/13
	O E GAS PARTICIP	ACOES	P	06/05/12/12/26/13
m FIDELITY - UNI	ON PACIFIC CORP		P	02/15/1202/19/13
n				
_ 0_				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		h) Gain or (loss) plus (f) minus (g)
a 21,499.				21,499.
b 13,358.				13,358.
c 18,382.				18,382.
d 239,799.				239,799.
e 3,654.				3,654.
f 22,058.		21,403.		655.
g 287,252.		281,091.		6,161.
h 29,451.		28,483.	- 	968.
107,670.		79,146.		28,524.
40,371.		31,608.		8,763.
k 93,840.		73,966.		19,874.
1,092.	·	48,008.		<46,916.>
m 68,711.		55,008.		13,703.
n			-	
0				
Complete only for assets showing	ig gain in column (h) and owned by t	the foundation on 12/31/69	(I) Lo	osses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess but	s of col. (h) gain òver col. (k), not less than "-0-")
a			**	21,499.
b			**	13,358.
С				18,382.
d				239,799.
e				3,654.
f			**	655.
g				6,161.
h			**	968.
I			**	28,524.
J			* *	8,763.
k				19,874.
				<46,916.>
m				13,703.
n				
0				
2 Capital gain net income or (net cap	pital loss) { If gain, also enter "-0	in Part I, line 7	2	328,424.
3 Net short-term capital gain or (los		5		
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c).	}	3	73,767.

Part V Capital Gains a	and Lo	sses for Tax on In	vestmen	t Income						
		nd(s) of property sold (e.g. or common stock, 200 shs			I, Ē	How aco - Purch - Donat	ase	(c) Date a (mo., d		(d) Date sold (mo., day, yr.)
1a										
b SEE ATTACHED	STA	TEMENT								
C d				-	-		-		-	
e					-		-			
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale	-				ain or (loss (f) minus	
a										
b										
C										
d e 947,137.				618,71	7					328,424.
e 947,137.	n naın in	column (h) and owned by t	he foundation		٠.		(1)	Caine (C	ol. (h) gain	
Complete only for assets showing		(j) Adjusted basis		cess of col. (i)				(k), but n	iot less tha	n -0-) or
(i) F.M.V. as of 12/31/69		as of 12/31/69		col. (j), if any				Losses	(from col. ((h))
a										
b			-		_					
С				_						
d								·		
е										328,424.
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7						328,424.				
3 Net short-term capital gain or (loss	s) as defi	ined in sections 1222(5) and	d (6):		`					
If gain, also enter in Part I, line 8, o	column (c).	. ,		•					72 767
If (loss), enter -0- in Part I, line 8 Rant V Qualification U	adau C	Cootion 4040/o) tox	Doduced	Toy on Not		3	ont Inc	2000		73,767.
							ent inc	Jille		
(For optional use by domestic private	toundati	ons subject to the section 4	194U(a) tax on	net investment in	come	e.)				
If section 4940(d)(2) applies, leave th	ıs part bl	ank.								
Was the foundation liable for the secti	on 4942	tax on the distributable am	ount of any ve	ar in the hase ner	nd?					Yes X No
If "Yes," the foundation does not quali				•	iou-					
1 Enter the appropriate amount in e					ntries	S.				
(a) Base period years Calendar year (or tax year beginnin	ıg ın)	(b) Adjusted qualifying dist		Net value of no		rıtable-u		- 1	Dıstrıl (col. (b) dıv	(d) bution ratio vided by col. (c))
2012		84.	9,898.				2,164			.142549
2011			2,374.		6	,808	3,762	•		.078190
2010			6,293.				,909			.020294
2009			5,650.				,425			.040183
2008		1,29	2,169.		4	,707	7,311	•		.274503
2 Total of line 1, column (d)					_			2		.555719
3 Average distribution ratio for the 5 the foundation has been in existen	-	•	n line 2 by 5,	or by the number	of ye	ars		3		.111144
4 Enter the net value of noncharitable	e-use as:	sets for 2013 from Part X, I	ine 5					4		6,399,437.
5 Multiply line 4 by line 3								5		711,259.
6 Enter 1% of net investment incom	e (1% of	Part I, line 27b)						6		5,354.
7 Add lines 5 and 6								7		716,613.
8 Enter qualifying distributions from	Part XII,	line 4						8		573,582.
If line 8 is equal to or greater than See the Part VI instructions.			1b, and comp	lete that part usin	g a 1'	% tax ra	te.			
323521 10-10-13										Form 990-PF (2013

323541

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

Form **990-PF** (2013)

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

Total. Add lines 1 through 3

Part X: Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 815,722. a Average monthly fair market value of securities 1a 392,289. b Average of monthly cash balances 16 5,288,879. c Fair market value of all other assets 10 6,496,890. d Total (add lines 1a, b, and c) 1đ e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d 97,453 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 399,437. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 319,972. Minimum investment return. Enter 5% of line 5 PartXIII Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 319.972. Minimum investment return from Part X, line 6 10,708. Tax on investment income for 2013 from Part VI, line 5 2a 5,176. b Income tax for 2013. (This does not include the tax from Part VI.) 15,884 c Add lines 2a and 2b 2c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 304.088. 5 Add lines 3 and 4 5 Ō. 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 304,088. Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 573,582. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 16 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) За b Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 573,582. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 income. Enter 1% of Part I, line 27b 573.582 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2013)

Form 990-PF (2013)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				304,088.
2 Undistributed income, if any, as of the end of 2013	,			; ; ; *
a Enter amount for 2012 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:	\$ c a > peak		·	· ~ >>, >,
a From 2008 1,057,935.			*	v 3+ x 2
b From 2009			× .	
c From 2010	,			*: *
dFrom 2011 197,623.	* ,		; " " " · " ·	
eFrom 2012 560,520.				
f Total of lines 3a through e	1,816,078.			
4 Qualifying distributions for 2013 from	* * * * * * * * * * * * * * * * * * * *		, },	
Part XII, line 4: ►\$ 573,582.			* * * * * * * * * * * * * * * * * * * *	
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior	* { }, ,			
years (Election required - see instructions)	\$.	0.		
c Treated as distributions out of corpus			* *	
(Election required - see instructions)	0.		,	
d Applied to 2013 distributable amount			, ,, ,, ,,	304,088.
e Remaining amount distributed out of corpus	269,494.			· · · · · · · · · · · · · · · · · · ·
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount	0.		., "> ^ ' * ' ;	0.
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	2,085,572.		· · ·	
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			8	
amount - see instructions		0.	· , ,	
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract			***	
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_		t	
section 170(b)(1)(F) or 4942(g)(3)	0.		·	
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	1,057,935.			· / : ×@
9 Excess distributions carryover to 2014.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Subtract lines 7 and 8 from line 6a	1,027,637.			<u> </u>
O Analysis of line 9:				·
a Excess from 2009				
b Excess from 2010				
c Excess from 2011 197, 623.				
dExcess from 2012 560,520.				
e Excess from 2013 269, 494.				Form QQD_DE (2012)

of his a to Minute 4				
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	_
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
•				
FROM ENBRIDGE ENERGY PARTNERS, LP K-1	none			
1100 LOUISIANA, SUITE 3300				
HOUSTON, TX 77002				1.
CER AMMACINITIM O	NO.			
SEE ATTACHMENT 2	NONE			E73 E00
				573,580.
FROM AURORA GLOBAL OPPORTUNITIES ASP	NONE			
FUND K-1]	i	
401 S TRYON STREET, TH3				
CHARLOTTE, NC 28288-1157				1.
		ľ		
Total	<u> </u>	1	▶ 3a	573,582.
b Approved for future payment			7 44	<u>, , , , , , , , , , , , , , , , , , , </u>
- · + p. · · · · · · · · · · · · · · · · · ·				
NONE				
		!		
Total			D 2h	0

Form 990-PF (2013) KLAFF FAMILY I	FOUNDATIO	N		61-1	480716 Page 12
Part XVI A Analysis of Income-Prod	ucing Activiti	es			
Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
C					
d				-	
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	10,102.	
4 Dividends and interest from securities			14	10,102. 55,916.	
5 Net rental income or (loss) from real estate:	X 4 4	11.11.14.10.11.11			
a Debt-financed property					
b Not debt-financed property					··· · · · · · · · · · · · · · · · · ·
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	209,087.	
8 Gain or (loss) from sales of assets other					
than inventory			18	328,424.	_
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		•			
11 Other revenue:					
a	_				
b					
c					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)		0.	•	603,529.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	603,529
(See worksheet in line 13 instructions to verify calculations.)	ı				
Part XVI-B Relationship of Activities	to the Accor	nolishment of E	xempt F	Purposes	
		•			
Line No. Explain below how each activity for which inc			A contribute	d importantly to the accomp	lishment of
the foundation's exempt purposes (other that	in by providing fund	is for such purposes).			
					_
				· ·	
					··
		<u> </u>			
1					

Form **990-PF** (2013)

323621 10-10-13

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1 Did t	he organization directly or indu	rectly engage in any of the following	no with any other organization	described in section 501(c) of	Yes	No
					1 , 100	**
)(3) organizations) or in section 52		auons?		*
		ation to a noncharitable exempt or	ganization of.		مَنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُنْ مُ	
(1) (1a(1)	X
	Other assets				1a(2)	X
	r transactions:					ا. الأي
(1)	Sales of assets to a noncharital	ble exempt organization			1b(1)	X
(2)	Purchases of assets from a nor	ncharitable exempt organization			1b(2)	Х
(3) 1	Rental of facilities, equipment,	or other assets			1b(3)	X
(4) 1	Reimbursement arrangements				1b(4)	X_
(5) l	Loans or loan guarantees				1b(5)	X
(6)	Performance of services or me	embership or fundraising solicitation	ons		1b(6)	X
c Shar	ing of facilities, equipment, ma	uling lists, other assets, or paid em	nployees		1c	X
d if the	answer to any of the above is	"Yes," complete the following sche	edule. Column (b) should alwa	ays show the fair market value of the god	ds, other assets,	
				in any transaction or sharing arrangement		
		other assets, or services received.		,	•	
a)Line no	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers, transactions	, and sharing arrangeme	ents
		N/A	1			
_			· · · · · · · · · · · · · · · · · · ·			
		<u> </u>				
					-	
			W			
					_	
					· -	
2a Is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiza	tions described		
		r than section 501(c)(3)) or in sec	· -		Yes X	□No
	s," complete the following sche					
	(a) Name of org		(b) Type of organization	(c) Description of relat	ionship	
	N/A		1,,,,		·	
	,			······································		
	·-·		+			
			 	· - · · · · · · · · · · · · · · · · · ·		
			+			
	Inder penalties of periury I declare t	that I have examined this return, include	ng accompanying schedules and st	atements, and to the best of my knowledge		
l.				tion of which preparer has any knowledge	May the IHS discuss return with the prepar	
Sign ° Here		,	1 While	PDEGEDEN	shown below (see ins	Str)?
10.0			11/11/14	PRESIDENT	X Yes	J No I
	Signature of officer or Fustee		Date / '	Title		
	Print/Type prepare/'s na	nme Preparer's s	ignafyre [TIN	
			- HI. 101 /	1111/K self- employed		
Paid	RITA SAWYE	TALLY.	PUUN		P0019 <u>434</u> 5	<u> </u>
Prepar		Z MHM, LLC	7 //	Firm's EIN ► 34	-1853929	
Use Oı	nly [ļ) ()	1		
	Firm's address ▶ 22	5 WEST WACKER D	R., STE. 2500	1"		
		ICAGO, IL 60606		Phone no. 312	-602-6800	
		 			Form 990-PF	
					•	/

323622 10-10-13

TAX EXEMPT INTEREST 56. 56. 00 TOTAL TO PART I, LINE 3 10,102. 10,102. 00 FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT CAPITAL (A) (B) (C) ADJUSTED (C) AD	FORM 990-PF INTERE	EST ON SAVINGS	AND TE	MPORARY	CASH	INVESTMENTS	ST	ATEMENT	1
TAX EXEMPT INTEREST 56. 56. 00 TOTAL TO PART I, LINE 3 10,102. 10,102. 00 FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT CAPITAL (A) (B) (C) ADJUSTED (C) AD	SOURCE		REV	ENUE	NET	INVESTMENT		ADJUSTED	
FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT CAPITAL (A) (B) (C)		י	:						0.
CAPITAL (A) (B) (C)	TOTAL TO PART I, LI	INE 3	;	10,102.		10,102.			0.
SOURCE GROSS GAINS REVENUE NET INVEST- ADJUSTED NET INCOME NET INC	FORM 990-PF	DIVIDENDS A	AND INTE	REST FR	OM SEC	URITIES	ST	ATEMENT	2
TAX EXEMPT DIVIDENDS 4. 0. 4. 4. 0. TO PART I, LINE 4 55,916. 0. 55,916. 55,916. 0. 0. 55,916. 55,916. 0. 0. 55,916. 55,916. 0. 0. 55,916. 55,916. 0. 0. 55,916. 55,916. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	SOURCE		GAINS	R	EVENUE	NET INVE		ADJUST	
CA (B) (C) REVENUE NET INVEST- ADJUSTED NET INCOME NET I					55,91	_			0.
(A) (B) (C) REVENUE NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME NE	TO PART I, LINE 4	55,916.		0.	55,91	55,9	16.		0.
DESCRIPTION REVENUE NET INVEST- ADJUSTED NET INCOME NET INCOM	FORM 990-PF		OTHER :	INCOME			ST	ATEMENT	3
ORDINARY BUSINESS INCOME (FROM K-1) 101,283. 101,283. 0 INTEREST ON LONG TERM LOANS 93,801. 93,801. 0 SECTION 1231 (FROM K-1) 93. 93. 0 RENTAL REAL ESTATE (FROM K-1) 7. 7. 0 ORDINARY GAIN (FROM PTPS) 10,241. 10,241. 0 SECTION 1256 (FROM K1) 2,997. 2,997. 0	DESCRIPTION			REVEN	UE	NET INVEST		ADJUSTE	
	ORDINARY BUSINESS I INTEREST ON LONG TE SECTION 1231 (FROM RENTAL REAL ESTATE ORDINARY GAIN (FROM	INCOME (FROM K ERM LOANS K-1) (FROM K-1) I PTPS)	 (-1)	9	1,283. 3,801. 93. 7. 0,241.	101,28 93,80 9	3. 1. 3. 7.		0. 0. 0. 0.
			 NE 11						0.

FORM 990-PF	ACCOUNTI	NG FEES	S	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	18,600.	18,600.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	18,600.	18,600.	0.	0.
FORM 990-PF (THER PROFES	SIONAL FEES	Sī	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISORY FEES	3,489.	3,489.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	3,489.	3,489.	0.	0.
FORM 990-PF	TAX	ES	ទា	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	22,800.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	22,800.	0.	0.	0.
FORM 990-PF	OTHER E	XPENSES	Sī	ATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEES BANK FEES PORTFOLIO DEDUCTIONS (FROM	30. 490.	30. 490.	0.	0.
FORTFOLIO DEDUCTIONS (FROM K1) FOREIGN TAX PAID (FROM K1) OTHER CREDITS (FROM K1) MISCELLANEOUS	29,655. 505. 6. 119.	29,655. 505. 6. 119.	0. 0. 0.	0. 0. 0.

KLAFF FAMILY FOUNDATION					6	1-148	0716
SECTION 179 (FROM K1)	1.		1.		0.		0.
TO FORM 990-PF, PG 1, LN 23	0,806.	30	,806.	=	0.		0.
FORM 990-PF OTHER NOTES	AND LO	ANS REC	EIVABLE		STAT	EMENT	٠ {
DESCRIPTION	BALAN	CE DUE		UL ACCT	FMV	OF L	OAN
DK FINANCE GROUP DK FINANCE GROUP THE ELSTON FUND, LLC EO 75 N WALNUT APARTMENTS, LLC THE ELSTON FUND, LLC	2 1	50,000. 50,000. 50,000. 0. 50,000.		0. 0. 0. 0.			0.
TOTAL TO FM 990-PF, PART II, LN 7	8	00,000.	:	0.			0.
FORM 990-PF CO	RPORATE	STOCK			STAT	EMENT	9
DESCRIPTION			воок	VALUE		MARK ALUE	ET
FIDELITY INVESTMENTS WELLS FARGO ADVISORS AURORA OFFSHORE FUND LTD. II GOLUB CAPITAL PARTNERS INTERNATION MEEGENIUS STOCK GOLUB CAPITAL PARTNERS INTERNATION.			1,	93,757. 563,154. 250,000. 297,500. 27,154. 140,000.	1	219, 607, ,616, 297, 27, 140,	246. 098. 500. 154.
TOTAL TO FORM 990-PF, PART II, LIN	E 10B		2,	371,565.	2	,907,	770.
FORM 990-PF OTH	ER INVE	STMENTS			STAT	EMENT	10
	VAL	UATION				MARK ALUE	ET

2013 ENHANCED SUMMARY

As of Date: 2/07/14

Your Financial Advisor:
BARSELLA/SHANNON/KRAPF/
HASBROUCK/SHANNON/WHITACRE
1891 GEORGETOWN ROAD
HUDSON OH 44236
(330) 653-8161

KLAFF FAMILY FOUNDATION 150 RAVINE GLADE GLENCOE IL 60022-1712

Page 5 of 14

Account Number: 3198-4056

WELLS

Year-End Account Summary

This information is NOT provided to the internal Revenue Service, but is being provided to you for courtesy purposes. Please consult with your Financial Advisor or Tax Advisor regarding specific questions. For noncovered transactions, we provide supplemental cost basis information, when it is available, to assist you with completing your tax return, however, THIS INFORMATION IS NOT PROVIDED TO THE INTERNAL REVENUE SERVICE.

SHORT TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013

					Supplemental Information	Information	
8-Description / CUSIP		1b-Date of		3-Cost or Other	Gain or Loss		
1a-Date of Sale or Exchange	1e-Quantity Sold	Acquisition	2a-Sales Price*	Basis	Amount	Additional Information	***************************************
TEMPLETON INCOME TR / 880208400	444						
	88.6490	01/18/12	1,194.99	1,116.98	78.01		
	85.4910	02/16/12	1,152.42	1,121.64	30.78	•	
	85.8330	03/16/12	1,157.03	1,130.42	26.61		
	87.6100	04/17/12	1,180.98	1,132.80	48.18		
	90.5150	05/16/12	1,220.14	1,139.58	80.56		
	90,7380	06/18/12	1,223.15	1,137.85	85.30		
	89,1200	07/17/12	1,201.34	1,146.97	54.37		
	87.6790	08/16/12	1,181.91	1,153.85	28.06		
	70,2840	09/18/12	947.43	936.88	10.55		
	70.4160	10/16/12	949.21	944.28	4.93		
	70.5820	11/16/12	951.45	945.09	6.36		
	431,4650	12/18/12	5,816.19	5,695.34	120.85		
	285.1260	12/18/12	3,843.53	3,763.66	79.87		
	2.8530	12/18/12	38.46	37.66	0.80		
01/14/13	1,636.3610	Various	22,058.23	21,403.00	655.23	SALE TO	TOTAL 14 LOTS
TOTAL SHORT TERM GAINS OR LOSSES FOR	OSSES FOR					70 A	

655.23

21,403.00

22,058.23

COVERED SECURITIES

2013 ENHANCED SUMMARY

Page 6 of 14

Your Financial Advisor:
BARSELLA/SHANNON/KRAPF/
HASBROUCK/SHANNON/WHITACRE
1891 GEORGETOWN ROAD
HUDSON OH 44236
(330) 653-8161

KLAFF FAMILY FOUNDATION 150 RAVINE GLADE GLENCOE IL 60022-1712

As of Date: 2/07/14

Account Number: 3198-4056

Year-End Account Summary

This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes. Please consult with your Financial Advisor or Tax Advisor regarding specific questions.

LONG TERM GAINS OR LOSSES (Box 1c) FOR NONCOVERED SECURITIES (Box 6)

Proceeds from Broker and Barter Exchange Transactions for 2013

				•	Supplemental Information	information
4-Description / COSIP		1b-Date of		3-Cost or Other	Gain or Loss	
1a-Date of Sale or Exchange	1e-Quantity Sold	Acquisition	2a-Sales Price*	Basis	Amount	Additional Information
PIMCO / 72200Q182	· ·			J		
ALL ASSET ALL AUTHORITY						
FDCLI						
01/14/13	89 5260	03/25/10	1,000.00	922.12	77.88	SALE
TEMPLETON INCOME TR / 880208400 GLOBAL BD FD ADVISOR CL					200	
	18,939.3940	03/25/10	255,303.03	250,000.00	5,303.03	
	66.9110	04/19/10	901.96	905.30	-3.34	
	75.9960	05/19/10	1,024.42	1,005.43	18.99	
	77 2690	06/17/10	1,041.58	1,003.73	37.85	
	77.6980	07/19/10	1,047.36	1,011.63	35.73	
	76.0850	08/20/10	1,025.62	1,015.73	9.89	
	75.6800	.09/17/10	1,020.16	1,021.68	-1.52	
	74.4330	10/19/10	1,003.35	1,025.68	-22.33	
	75.8430	11/17/10	1,022.36	1,027.67	-5.31	
	269.8700	12/20/10	3,637.85	3,610.86	26.99	
	77.5660	01/19/11	1,045.59	1,047.91	-2.32	
	77.4840	02/17/11	1,044.48	1,046.04	-1.56	
	78.9910	03/17/11	1,064.79	1,056.11	8.68	
	76.4100	04/18/11	1,030.00	1,058.28	-28.28	
	77.5520	05/17/11	1,045.40	1,066.34	-20.94	
	77.4790	06/16/11	1,044.41	1,068.43	-24.02	
	77.6420	07/18/11	1,046.61	1,074.56	-27.95	
	78.6440	08/16/11	1,060.12	1,076.64	- 16.52	
	81.2920	09/16/11	1,095.81	1,078.75	17.06	
	83.5390	10/18/11	1,126.10	1,080.99	45.11	
	84.7310	11/16/11	1,142.17	1,085.40	56.77	
	421.5380	12/16/11	5,682.34	5,168.06	514.28	
	100 0500	10/16/61	4 706 99	1 600 76	463 63	

3RM"990-PF ATTACHMENT 1 2/3

.

45.11 56.77 514.28 162.57

1,078.75 1,080.99 1,085.40 5,168.06 1,633.76

1,095.81 1,126.10 1,142.17 5,682.34 1,796.33

09/16/11 10/18/11 11/16/11 12/16/11 12/16/11

133.2590

,

SR / SRNK 99.

왕

2013 ENHANCED SUMMARY

Page 7 of 14

As of Date: 2/07/14

KLAFF FAMILY FOUNDATION 150 RAVINE GLADE GLENCOE IL 60022-1712

Your Financial Advisor:
BARSELLASHANNON/KRAPF/
HASBROUCK/SHANNON/WHITACRE
1891 GEORGETOWN ROAD
HUDSON OH 44236
(330) 653-8161

Account Number: 3198-4056

ADVISORS

PARCE.

Year-End Account Summary

This information is NOT provided to the Internal Revenue Service, but is being provided to you for courtesy purposes. Please consult with your Financial Advisor or Tax Advisor regarding specific questions.

LONG TERM GAINS OR LOSSES (Box 1c) FOR NONCOVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013

Additional Information Supplemental Information Gain or Loss SALE 6,082.86 Amount 3-Cost or Other 280,168.98 286,251.84 2a-Sales Price* 1b-Date of Acquisition Various 1e-Quantity Sold 21,235.3060

6,160.74

281,091.10

287,251.84

TOTAL 23 LOTS

continued

*Box 2a. Sales pnce less commissions and option premiums

TOTAL LONG TERM GAINS OR LOSSES FOR

8-Description / CUSIP 18-Date of Sale or Exchange NONCOVERED SECURITIES

KLAFF FAMILY FOUNDATION TOTAL CHARITABLE DONATIONS FORM 990-PF ATTACHMENT 2 2013

DATE	CHARITY	ADDRESS	CITY, STATE, ZIP CODE	AMOUNT
1/18/13	JEWISH WAR VETERANS	1811 R STREET NW	WASHINGTON, DC 20009	1,000 00
1/18/13	THE ARK	6450 N CALIFORNIA AVE	CHICAGO, IL 60645	1,000 00
2/13/13	RESPIRATORY HEALTH ASSOCIATION	1440 W WASHINGTON BLVD	CHICAGO, IL 60607	1,000 00
2/14/13	CENTER FOR CONFLICT RESOLUTION	11 E ADAMS ST, STE 500	CHICAGO, IL 60603	1,500 00
2/14/13	CHICAGO LOOP SYNAGOGUE	16 S CLARK ST	CHICAGO, IL 60603	500 00
3/20/13	JDC	PO BOX 4124	NEW YORK, NY 10163	25,000 00
3/25/13	RAVINIA FESTIVAL ANNUAL FUND	200 RAVINIA PARK RD	HIGHLAND PARK, IL 60035	10,000 00
4/15/13	ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION	225 E CHICAGO AVE	CHICAGO, IL 60611	1,000 00
	ST LOUIS CHILDREN'S HOSPITAL FOUNDATION	1 CHILDRENS PL	ST LOUIS, MO 63110	500 00
4/23/13	LYRIC OPERA	20 N WACKER DR	CHICAGO, IL 60606	1,500 00
4/24/13	THE FRESH AIR FUND	633 THIRD AVE, 14TH FLOOR	NEW YORK, NY 10017	10,000 00
5/14/13	CHICAGO SHAKESPEARE THEATER	800 E GRAND AVE	CHICAGO, IL 60611	3,000 00
5/14/13	JEWISH PRISONERS ASST FOUNDATION-LUBAVITCH CHABAD OF NILES	9401 MARGAIL AVENUE	DES PLAINES, IL 60016	10,000 00
5/17/13	CHAI SA - OUR PARENT HOME	4950 MURPHY CANYON RD	SAN DIEGO, CA 92123	2,500 00
	REMBRANDT CHAMBER PLAYERS	PO BOX 811406	CHICAGO, IL 60681	1,000 00
	AMERICAN JEWISH COMMITTEE (AJC)	165 E 56TH ST	NEW YORK, NY 10022	100,000 00
	CHICAGO BOTANIC GARDEN	1000 LAKE COOK RD	GLENCOE, IL 60022	1,100 00
6/7/13	CHICAGO BOTANIC GARDEN	1000 LAKE COOK RD	GLENCOE, IL 60022	400 00
6/13/13	FRIENDS OF YAD LAKASHISH/LIFELINE FOR THE OLD	PO BOX 494	ENGLEWOOD, NJ 07631	10,000 00
7/2/13	RUSSELL SIMMONS' RUSH PHILANTHROPIC ART FOUNDATION	334 GRAND AVE	BROOKLYN, NY 11238	1,500 00
7/17/13	GLOBAL BRIGADES, INC	1099 E CHAMPLAIN DRIVE, STE A17	76FRESNO, CA 93720	5,000 00
7/29/13	PAWS	1997 N CLYBOURN AVE	CHICAGO, IL 60614	16,000 00
7/30/13	ERIKA'S LIGHTHOUSE	897 1/2A GREEN BAY RD	WINNETKA, IL 60093	26,000 00
7/30/13	GLOBEMED	601 UNIVERSITY PLACE	EVANSTON, IL 60208	19,000 00
7/30/13	THE HADLEY SCHOOL FOR THE BLIND	700 ELM STREET	WINNETKA, IL 60093	16,500 00
8/5/13	THE ARK	6450 N CALIFORNIA AVE	CHICAGO, IL 60645	1,000 00
8/6/13	BIG BROTHERS BIG SISTERS/RIDE FOR KIDS	3908 WASHINGTON ST	KANSAS CITY, MO 64111	1,000 00
8/6/13	JEWISH PRISONERS ASST FOUNDATION/HINDA INSTITUTE	9401 MARGAIL AVENUE	DES PLAINES, IL 60016	10,000 00
8/9/13	REMBRANDT CHAMBER PLAYERS	PO BOX 811406	CHICAGO, IL 60681	2,500 00
8/23/13	PENN HILLEL (UNIVERSITY OF PA)	215 S 39TH ST	PHILADELPHIA, PA 19104	2,500 00
8/29/13	THE JOHANNESBURG HOLOCAUST & GENOCIDE PROJECT	88 HATFIELD ST	CAPE TOWN, SOUTH AFRICA	25,480 25
8/30/13	CHICAGO LOOP SYNAGOGUE	16 S CLARK ST	CHICAGO, IL 60603	5,000 00
9/6/13	CHICAGO A CAPPELLA	2936 N SOUTHPORT AVE, 2ND FL	CHICAGO, IL 60657	25,000 00
9/11/13	RAVINIA WOMEN'S BOARD	418 SHERIDAN ROAD	HIGHLAND PARK, IL 60035	100 00
9/17/13	HEALTHNETWORK FOUNDATION GOLD	33 RIVER STREET	CHAGRIN FALLS, OH 44022	500 00
9/17/13	LUBAVITCH CHABAD OF NORTHBROOK	2095 LANDWEHR RD	NORTHBROOK, IL 60062	18,000 00
9/27/13	ONE-TO-ONE LEARNING	778 FRONTAGE RD #108	NORTHFIELD, IL 60093	3,000 00
	AMERICAN FRIENDS OF THE HEBREW UNIVERSARY	1 BATTERY PARK PLAZA	NEW YORK, NY 10004	10,000 00
10/14/13	LARGER THAN LIFE	54-15 35TH STREET	LONG ISLAND CITY, NY 11101	10,000 00
	AMERICAN JEWISH COMMITTEE (AJC)	165 E 56TH ST	NEW YORK, NY 10022	50,000 00
10/15/13	JEWISH FEDERATION OF METROPOLITAN CHICAGO	30 S WELLS ST	CHICAGO, IL 60606	25,000 00
	THE SURVIVOR MITZVAH PROJECT	2658 GRIFFITH PARK BLVD, #299	LOS ANGELES, CA 90039	10,000 00
	NEW ORLEANS JAZZ ORCHESTRA	2020 ST CHARLES AVENUE	NEW ORLEANS, LA 70130	2,500 00
	ART INSTITUTE OF CHICAGO	111 S MICHIGAN AVE	CHICAGO, IL 60603	5,000 00
	ILLINOIS HOLOCAUST MUSEUM & EDUCATION CENTER	9603 WOODS DR	SKOKIE, IL 60077	2,000 00
	JEWISH UNITED FUND	30 S WELLS ST	CHICAGO, IL 60606	50,000 00
12/27/13	NORTHWESTERN UNIVERSITY	633 CLARK ST	EVANSTON, IL 60208	50,000 00
TOTAL	CHARITABLE DONATIONS			573,580 25

Form **8868** (Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Rev	chue Servico	Information about Form 886	se and its	instructions is at www.irs.gov/form	18868 •			
• If you	are filing for an Aut	omatic 3-Month Extension, comple	te only Pa	art I and check this box)	X	
		litional (Not Automatic) 3-Month Ex					-	
		ss you have already been granted a				m 8868.		
		u can electronically file Form 8868 if y					poration	
		or an additional (not automatic) 3-mo						
		is listed in Part I or Part II with the ex						
	•	which must be sent to the IRS in pap	•	·				
	-	lick on e-file for Charities & Nonprofits		,				
Part I		c 3-Month Extension of Time		submit original (no copies nee	eded).	<u> </u>		
		Form 990-T and requesting an autor						
Part I on					-		•	
	•	ling 1120-C filers), partnerships, REM						
	ome tax returns.					r's identifying nu	mber	
Type or	Name of exemp	t organization or other filer, see instru	ctions.			identification nun		
print								
	KLAFF FA	MILY FOUNDATION				61-14807	16	
File by the	File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)							
filing your	Ming you 180 N. MICHIGAN AVENUE, SUITE 300							
instructions								
	CHICAGO, IL 60601							
Enter the	Return code for th	e return that this application is for (file	a separa	te application for each return)			0 4	
							• ——	
Applicat	ion		Return	Application			Return	
Is For			Code	ls For			Code	
	or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 99			02	Form 1041-A			08	
	20 (individual)		03	Form 4720 (other than individual)			09	
Form 99			04	Form 5227			10	
	D-T (sec. 401(a) or 4	OR(a) trust)	05	Form 6069			11	
	D-T (trust other than		06	Form 8870			12	
10,,,,,	VI (IIOOL OIIIOI IIAA	ELISA SANTANDE						
• The h	onke ere in the care	of > 180 N. MICHIGAN		NUE. SUITE 300 - C	HICAG	O. IL 606	01	
	hone No. ► 312			Fax No.		•		
		ot have an office or place of business	in the Lir	· —				
		m, enter the organization's four digit					chack this	
box 🕨	If it is for part	of the group, check this box	and atta	ch a list with the names and FINs of	i ali memb	ere the extension i	ie for	
		: 3-month (6 months for a corporation				CIS THE GATERISION	15 101.	
, 116		, 2014 , to file the exemp				The extension		
io f	or the organization	·	t viganza	non retenir to the organization name	oo abovo.	IIIO OXIGIISIOII		
	calendar year							
	tax year begin		20	d ending				
	Lax year begin	9		5 6/10.11g		- '		
2 If t	ha tay yaar entered	in line 1 is for less than 12 months, c	hock ress	on: Initial return	Final retur	•		
ר "ר	Change in accor		IIGON IOGG		i iiia iotaii	•		
3a If t		Forms 990-BL, 990-PF, 990-T, 4720,	or 6060	enter the tentative tax less any				
	nrefundable credits		01 0009,	Briter tile terrative tax, 1033 arry	38	s 2	1,727.	
		Forms 990-PF, 990-T, 4720, or 6069	ontor co	refundable andite and	- 30			
		• • • •			Зъ	S	7,227.	
-		ts made. Include any prior year overp			 -		.,	
		t line 3b from line 3a. Include your pa	-		3c	s 1	4,500.	
		ronic Federal Tax Payment System). 5 make an electronic funds withdrawal						
instruction	ns.							
LHA F 323841 12-31-13	or Privacy Act and	Paperwork Reduction Act Notice,	see instru	uctions.		Form 8868 (F	Rev. 1-2014)	

Form 886	68 (Rev. 1·2014)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box		▶ X
-	ly complete Part II if you have already been granted an a				8868.	•
• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	art I (on page 1).			
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies ne	eded).
	· · · · · · · · · · · · · · · · · · ·					r, see instructions
Type or	Name of exempt organization or other filer, see instru	ctions.	2.007			ation number (EIN) or
print	l l l l l l l l l l l l l l l l l l l	· · · · · · · · · · · · · · · · · · ·				,
File by the	KLAFF FAMILY FOUNDATION				61-1	480716
due date for	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions	Social se		nber (SSN)
filing your return See	180 N. MICHIGAN AVENUE, SUIT				outily than	
instructions	City, town or post office, state, and ZIP code. For a for CHICAGO, IL 60601	oreign add	lress, see instructions.	_		
Enter the	Return code for the return that this application is for (file	a senara	te application for each return)			014
Lintor tine	rictari code for the retain that this application is for the	o di ocpaia	te application for each return,			<u> </u>
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01		`		1
Form 990		02	Form 1041-A	" · 		08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	PT (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
	o not complete Part II if you were not already granted			iously file	d Form 8	
	ELISA SANTANDE					
• The b	ooks are in the care of > 180 N. MICHIGAN		NUE. SUITE 300 - C	HICAG	O. IL	60601
	none No. ► 312-360-3144		Fax No.			
•	organization does not have an office or place of business	s in the l lr	· -			. ▶ □
	is for a Group Return, enter the organization's four digit (this is fo	r the whol	e group, check this
box ▶	. If it is for part of the group, check this box	1 1	ich a list with the names and EINs of			• • •
			BER 15, 2014	an mome	0.0 10 0.	to to to to
	calendar year 2013, or other tax year beginning			7		
	For calendar year 2013 , or other tax year beginning, and ending, and ending If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return					
, , , , , , , , , , , , , , , , , , ,	Change in accounting period	noon rous	on mida rotan		O.C.III	
7 Sta	te in detail why you need the extension					
		ORDER	TO GATHER THE INF	RMAT	ION N	IECESSARY
	PREPARE A COMPLETE AND ACCU		RETURN.			
8a If t	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax, less any	T		
	nrefundable credits. See instructions.	, 0, 0000,	one are termente tod, rece arry	8a	s	21,727.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and estimated	 	<u> </u>	
	payments made. Include any prior year overpayment all					
	eviously with Form 8868.	onca as c	a orean and any amount paid	8b	\$	21,727.
	ance due. Subtract line 8b from line 8a. Include your pa	vment wit	h this form if required by using		-	
	IPS (Electronic Federal Tax Payment System). See instru	-	ir the form, ir required, by doing	8c	\$	0.
			st be completed for Part II o		<u> </u>	
Under pen	alties of perjury, I declare that I have examined this form, includi orrect, and complete, and that I am authorized to prepare this fo	ing accomp	<u>-</u>	-	f my knowl	edge and belief,
Signature		PRESII	DENT	Date	•	
, ,	·					n 9969 /Pay 1 2014)

Form **8868** (Rev. 1-2014)

Form 8868 (Rev. 1-2014)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check this	box		▶ X
Note. Only complete Part II if you have already been granted an				8868.	ŕ
If you are filing for an Automatic 3-Month Extension, comple		•			
Part II Additional (Not Automatic) 3-Month I			al (no c	opies n	eeded).
					er, see instructions
Type or Name of exempt organization or other filer, see instr	uctions	Litter ther 3			cation number (EIN) or
	uctions.		Ciribioae	i inetitilic	ation number (Eliv) or
print File by the KLAFF FAMILY FOUNDATION				61_	1480716
			0 1		
Number, street, and room or suite no. If a P.O. box, return. See 180 N. MICHIGAN AVENUE, SUI			Social se	curity nu	ımber (SSN)
City, town or post office, state, and ZIP code. For a CHICAGO , IL 60601	foreign add	dress, see instructions.			
Chicago, 11 00001		**************************************			
Enter the Return code for the return that this application is for (fi	ile a cenara	ite application for each return)			04
the the neturn code for the return that this application is for the	ile a separa	tte application for each return)	• ••		[]
Application	Return	Application			Return
is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
	05	Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust)	06	Form 8870			12
Form 990-T (trust other than above)					
STOP! Do not complete Part II if you were not already grante ELISA SANTANDE		natic 3-month extension on a previ	ously file	ed Form	8868.
		NITE CITTUR 200 CI	17030	A T	. 60601
• The books are in the care of \triangleright 180 N. MICHIGA	TA WAD		IICAG	O, I	<u>n 60001</u>
Telephone No. ► 312-360-3144		Fax No.			—
 If the organization does not have an office or place of busines 					▶
 If this is for a Group Return, enter the organization's four digit 					
box ▶ . If it is for part of the group, check this box ▶ .			all memb	ers the e	xtension is for.
	NOVEM	BER 15, 2014			
5 For calendar year 2013, or other tax year beginning		, and ending			·
6 If the tax year entered in line 5 is for less than 12 months,	check reas	on: L Initial return L	با Final ا	eturn	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED IN	ORDER	TO GATHER THE INFO	RMAT	ION 1	NECESSARY
TO PREPARE A COMPLETE AND ACC	URATE	RETURN.			
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	D. or 6069.	enter the tentative tax, less any			
nonrefundable credits. See Instructions.	,,	,	8a	\$	21,727.
b If this application is for Forms 990-PF, 990-T, 4720, or 606	9 enter an	y refundable credits and estimated		_	
tax payments made. Include any prior year overpayment a			r		
· ·	ulowed as	credit and any amount paid	8b	\$	21,727.
previously with Form 8868.		th this form if required by union	- 00	Ψ	
Balance due. Subtract line 8b from line 8a. Include your p		in this form, it required, by using		•	0.
EFTPS (Electronic Federal Tax Payment System). See inst		at he completed for Dort II a	8c	\$	
		st be completed for Part II o		4 may 1 to 2 c	uladaa aad b-li-4
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this t	ding accomp form.	panying schedules and statements, and to	tne best c	T MY KNOV	/leage and belief,
Signature ▶ Title ▶	PRESI	DENT	Date	<u> </u>	
	···				m 8868 (Rev. 1-2014)

323842 12-31-13