Form 990-PF

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

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2013 or tax year beginning and ending Name of foundation A Employer identification number 36-3246198 ABA HIGHLAND MEDICAL CENTER FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 630-954-6700 186 900 JORIE BLVD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here OAK BROOK, IL60521 Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Initial return Final return Amended return Foreign organizations meeting the 85% test check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: X Cash Accruai F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) ▶\$ 216,127. (d) Disbursements for charitable purposes Analysis of Revenue and Expenses Part I (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) N/A 110,200 Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all assets on line 6a þ 0. Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 0 110,200 Total, Add lines 1 through 11 12 0. 0 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees **b** Accounting fees c Other professional fees NED DEC 0 8 2 yand Administrative E 17 Interest Depreciation and depletion 1 2 6 2016
Occupancy 18 19 20 12,847 0 12,847. 21 Travel, confered Printing and publications 0 13,204 13,204 STMT 1 23 Other expenses Total operating and administrative 0 26,051 26,051. expenses. Add lines 13 through 23 <u>85,966</u> <u>85,966.</u> 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 112,017. 112,017 0 Add lines 24 and 25 Subtract line 26 from line 12: <1,817. & Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

Cash-normetes-blasting 342. 643. 643.	For	m 99	O-PF (2013) ABA HIGHLAND MEDICAL CE			3246198 Page
Cash - non-indexest-bearing 3.42. 6.43.	Б	art		Beginning of year		
2 Sowings and temporary cash investments A Accounts receivable ▶ Less allowance for doubtful accounts ▶ Less allowance for doubtful accounts ▶ Case allowance for doubtful accounts ▶ Less allowance for doubtful accounts ▶ Case allowance for doubtful accounts ▶ Less allowance for doubtful accounts ▶ Case allowance for doubtful accounts ▶ Case allowance for doubtful accounts ▶ Case and the case and the case and the case and the doubtful accounts ▶ Case allowance for doubtful accounts ₱ Case allowance for doubtful accounts ₱ Case allowance for doubtful account	드	art	column should be for end-of-year amounts only		<u> </u>	
Security receivable Less allowance for doubtful accounts Less allowance for doubtful acco		1	Cash - non-interest-bearing	342.	643.	643.
Less: allowance for doubtful accounts		2	Savings and temporary cash investments			
4 Photops receivable Less allowance for doubtful accounts 5 Grants receivable 6 Receivable due from officers, directors, trustees, and other dequalitied persons 7 Owners estate internets Less: allowance for doubtful accounts 10s Investments - Corporate south 11s Investments - Corporate south 12s Inve		3	Accounts receivable ►			
4 Photops receivable Less allowance for doubtful accounts 5 Grants receivable 6 Receivable due from officers, directors, trustees, and other dequalitied persons 7 Owners estate internets Less: allowance for doubtful accounts 10s Investments - Corporate south 11s Investments - Corporate south 12s Inve		İ	Less: allowance for doubtful accounts			
8 Receivables due from officers, directors, trustees, and other disparalled persons 7 Comments are treatment by the state of the state		4				
Sequencialised persons Sequencial control Se			Less: allowance for doubtful accounts ▶			
The control accounts are secondary to the control accounts Description Descrip		5	Grants receivable			
The control accounts are secondary to the control accounts Description Descrip		6	Receivables due from officers, directors, trustees, and other			
The enterant bass restorate Less: allowance for doubtful accounts Restoration						
Reventories for sale or use Prepared expenses and deferred charges Prepared expenses Prepared e		7	· · · · · · · · · · · · · · · · · · ·			
b Investments - corporate bonds 1 Investments - corporate bonds 1 Investments - ordinary and subjects and expenses as the search of the sear			Less: allowance for doubtful accounts ▶]		
b Investments - corporate bonds 1 Investments - corporate bonds 1 Investments - ordinary and subjects and expenses as the search of the sear	Ŋ	8	Inventories for sale or use			
b Investments - corporate bonds 1 Investments - corporate bonds 1 Investments - ordinary and subjects and expenses as the search of the sear	set	_				
b Investments - corporate stock c Investments - corporate bonds 11 winstments - mortgage loans 13 Investments - ording eloans 13 Investments - ording eloans 14 Land, buildings, and equipment basis > 215, 484. 215, 48	Ą		· · · ·			
Comparison to the comparison bounds 11 Investments - inch 1 steering and equipment basis 215 , 484 . 215						
1 Investments - Investments - mortragegle loans 13 Investments - mortragegle loans 14 Land, buildings, and equipment basis			·			
Test accombibility deprecations Test			·			
12 investments - mortgage loans 13 investments - mortgage loans 14 Land, buildings, and equipment basis ► 215,484. 215,484.		• •				
13 Investments - other 14 Land, buildings, and equipment basis		12	-			· ·
14 Land, buildings, and equipment basis						
Less accumiente dependance 215,484. 216,127. 21						
15 Other assets (describe ► 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deterrad revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ► STATEMENT 2) 23 Total Habilities (add lines 17 through 22) 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Temporarily restricted 28 Permanently restricted 29 Pard-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 20 Total net assets or fund balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 20 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► 3 Decreases not included in line 2 (itemize) ► 5 Decreases not fund balances at end of vear (line 4 minus line 5) - Part III, column (b), line 30 6 Total linet assets or fund balances at end of vear (line 4 minus line 5) - Part III, column (b), line 30 6 Total net assets or fund balances at end of vear (line 4 minus line 5) - Part II, column (b), line 30 7 Total lines 1, 2, and 3 8 Column (a), line 30 8 Column (a), line 30 9 Column (a), line 30 1 Total net assets or fund balances at end of vear (line 4 minus line 5) - Part II, column (b), line 30 1 Total lines 1, 2, and 3 1 Total lines 3 to fund balances at end of vear (line 4 minus line 5) - Part II, column (b), line 30 1 Total lines 3 to fund balances at end of vear (line 4 minus line 5) - Part II, column (b), line 30 1 Total lines 3 to fund balances at end of vear (line 4 minus line 5) - Part II, column (b), line 30 1 Total lines 3 to fund balances at end of vear (line 4 minus line 5) - Part II, column (b), line 30 1 Total lines 3 to fund balances at end of vear (line 4 minus line 5) - Part II,		17			215 484	215 484
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 20 Leaves from officers, dectora, fruidlese, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ► STATEMENT 2) 23 Total liabilities (describe ► STATEMENT 2) 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, fust principal, or current funds 28 Paid-nor capital surplus, or land, blidg,, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 21 Total liabilities and net assets/fund balances 1 Total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Total net assets or fund balances at elements of the fund of the column (b), line 30 2 Cherr amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► 5 Decreases not included in line 2 (itemize) ► 5 Decreases not included in line 2 (itemize) ► 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at den of year (itine 4 minus line 5) - Part III, column (b), line 30 6 214,009.		4.5		213,404.	213, 101.	213,404
Instructions. Also, see page 1, item 1) 215,826. 216,127. 216,127.			•			
17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ► STATEMENT 2) 0. 2,118. 23 Total liabilities (add lines 17 through 22) 0. 2,118. Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 46 Foundations that do not follow SFAS 117, check here ★ X and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Pad-in-or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 1 Total liabilities and net assets/fund balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 20 Total net assets on tincluded in line 2 (itemize) ► 3 0. 4 Add lines 1, 2, and 3 4 214,009. 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 III, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 7 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30		ם ו	•	215 826	216 127	216 127
18 Grants payable 19 Deferred revenue 20 Leans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe STATEMENT 2		47	· · · · · · · · · · · · · · · · · · ·	213,820.	210,127.	210,121
19 Deferred revenue		ı				
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ► STATEMENT 2) 23 Total liabilities (add lines 17 through 22) 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Torgania stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bidg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total ret assets or fund balances 31 Total liabilities and net assets/fund balances 4 Deart III Analysis of Changes in Net Assets or Fund Balances 5 Decreases not included in line 2 (itemize) ► 7 Decreases not included in line 2 (itemize) ► 7 Decreases not included in line 2 (itemize) ► 7 Decreases not included in line 2 (itemize) ► 7 Decreases not included in line 2 (itemize) ► 7 Decreases not included in line 2 (itemize) ► 7 Decreases not includ		1	•			
23 Total liabilities (add lines 17 through 22) Poundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 215,826. 214,009. 215,826. 216,127. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total ret 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Decreases not included in line 2 (itemize) 5 Co. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 214,009.	ties	' -				
23 Total liabilities (add lines 17 through 22) Poundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 215,826. 214,009. 215,826. 216,127. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total ret 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Decreases not included in line 2 (itemize) 5 Co. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 214,009.	Ē	1				
23 Total liabilities (add lines 17 through 22) Poundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 215,826. 214,009. 215,826. 216,127. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total ret 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Decreases not included in line 2 (itemize) 5 Co. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 214,009.	Ē			0	2 110	
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 215,826. 214,009. 216,127. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3 Oceasses not included in line 2 (itemize) 5 Oceasses not included in line 2 (itemize) 5 Oceasses not included in line 2 (itemize) 5 Oceasses not fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 214,009.		22	Other liabilities (describe STATEMENT 2)	0.	4,110.	
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 215,826. 214,009. 216,127. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3 Oceasses not included in line 2 (itemize) 5 Oceasses not included in line 2 (itemize) 5 Oceasses not included in line 2 (itemize) 5 Oceasses not fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30 6 214,009.			# 4 10 4 100	۱ ۵۱	2 110	
and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 215,826. 214,009. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O. 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 214,009.	_	23			4,110.	
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Temporarily restricted 28 Parlament for the follow SFAS 117, check here and complete lines 27 through 31. 29 Capital stock, trust principal, or current funds 29 Retained earnings, accumulated income, endowment, or other funds 29 Retained earnings, accumulated income, endowment, or other funds 20 Total net assets or fund balances 215,826. 214,009. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 20 Enter amount from Part I, line 27a 30 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Occasion of the following of the following in the 4 minus line 5) - Part III, column (b), line 30 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 30						
27 Capital stock, this principal, of current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 31 Total net assets or fund balances in Net Assets or Fund Balances 31 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) 30 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 214,009.	Ś	١	•			
27 Capital stock, this principal, of current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 31 Total net assets or fund balances in Net Assets or Fund Balances 31 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) 30 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 214,009.	ဦ	I				
27 Capital stock, this principal, of current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 31 Total net assets or fund balances in Net Assets or Fund Balances 31 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) 30 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 214,009.	a	I				
27 Capital stock, this principal, of current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 31 Total net assets or fund balances in Net Assets or Fund Balances 31 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) 30 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 214,009.	9 P	26	The state of the s	<u> </u>		
27 Capital stock, this principal, of current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 31 Total net assets or fund balances in Net Assets or Fund Balances 31 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) 30 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 214,009.	Ē		•			
27 Capital stock, this principal, of current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 31 Total net assets or fund balances in Net Assets or Fund Balances 31 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) 30 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 214,009.	<u> </u>	ŀ	•		_	
31 Total liabilities and net assets/fund balances 215,826. 216,127. Part III Analysis of Changes in Net Assets or Fund Balances 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						
31 Total liabilities and net assets/fund balances 215,826. 216,127. Part III Analysis of Changes in Net Assets or Fund Balances 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	SSe	28				
31 Total liabilities and net assets/fund balances 215,826. 216,127. Part III Analysis of Changes in Net Assets or Fund Balances 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	Ę	29				
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2 15, 826. 2 2 1, 817.> 3 0. 4 214,009.	Ž	30	Total net assets or fund balances	215,826.	214,009.	
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2 15, 826. 2 2 1, 817.> 3 0. 4 214,009.				045 005	046 405	
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Oo. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30		31	Total liabilities and net assets/fund balances	215,826.	216,127.	
(must agree with end-of-year figure reported on prior year's return)1215,826.2Enter amount from Part I, line 27a2<1,817.>3Other increases not included in line 2 (itemize)30.4Add lines 1, 2, and 34214,009.5Decreases not included in line 2 (itemize)50.6Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 306214,009.	P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
(must agree with end-of-year figure reported on prior year's return)1215,826.2Enter amount from Part I, line 27a2<1,817.>3Other increases not included in line 2 (itemize)30.4Add lines 1, 2, and 34214,009.5Decreases not included in line 2 (itemize)50.6Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 306214,009.	_	Tota	net assets or fund halances at heginning of year - Part II, column (a) line	30		
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 O. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2 <1,817.> 3 0. 4 214,009. 5 0.	ī					215 826
3 0ther increases not included in line 2 (itemize) ► 3 0. 4 Add lines 1, 2, and 3 4 214,009. 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 6 214,009.	2				 	
4 Add lines 1, 2, and 3 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 6 214,009.						
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 6 214,009.	-		· · · · · · · · · · · · · · · · · · ·			
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 214,009.						
				olumn (h) line 30		
	0	ıota	i net assets of fund balances at end of year (line 4 minus line 3) - Part II, C	סימיווו לח"ל ווווא סֹת		Form 990-PF (2013

Form **990-PF** (2013)

See the Part VI instructions.

		BA HIGHLAND N					0.40()		<u> 3246:</u>			Page 4
		Based on Investme					1940(e), or 4	1948 -	see in	stru	ictio	ns)
1a	Exempt operating foundation]					
	Date of ruling or determinati											_
b	Domestic foundations that n	neet the section 4940(e) re	quirements in Pa	art V, check her	e 🕨 📖	and enter 1%	, P	1				0.
	of Part I, line 27b											
	All other domestic foundation						l. (b). ノ					_
	•	nestic section 4947(a)(1) tr	usts and taxable	foundations or	ıly. Others e	nter -0-)		2				<u> 0 </u>
-	Add lines 1 and 2							3				<u>0.</u>
	Subtitle A (income) tax (don					enter -0-)		4	-			<u>0.</u>
	Tax based on investment in	ncome. Subtract line 4 from	n line 3. If zero o	r less, enter -0-				5				0.
	Credits/Payments:				1	1						
	2013 estimated tax payment		credited to 2013		6a			-				
	Exempt foreign organization		2220		6b			-				
	Tax paid with application for		orm 8868)		6c		-	-				
	Backup withholding erroned				<u>6d</u>	_		┨ . │				^
	Total credits and payments.	•	Sh	45 0000				7				0.
8	Enter any penalty for under			ाf Form 2220।	s attached			8				
								9				0.
	Overpayment. If line 7 is mo			amount overpa	lia		l Dofundad	10				
	Enter the amount of line 10 art VII-A Statemen					····	Refunded	1				
	During the tax year, did the			I state or local	lenislation (or did it nartici	nate or intervene				Yes	No
ıa	any political campaign?	ioditation attempt to innut	snoc any nationa	i, Stato, Or 100ai	iogisiation (or alla it partio	pate of intervent	, ,,,		1a		X
h	Did it spend more than \$100	O during the year (either dir	ectly or indirectly	/) for political n	urnoses (se	e instructions	for the definition	1)?		1b		X
Ī	If the answer is "Yes" to											
	distributed by the founda	-			·	•	·					
c	Did the foundation file Form									1c		X
	Enter the amount (if any) of		s (section 4955)	ımposed durır	g the year:							
	(1) On the foundation.					}	0.					
е	Enter the reimbursement (if						foundation	-				
	managers. > \$	0.										
2	Has the foundation engaged	I in any activities that have i	not previously be	en reported to	the IRS?					2		_X_
	If "Yes," attach a detailed	description of the activ	rities.									
3	Has the foundation made an					ent, articles o	f incorporation, (or				
	bylaws, or other similar inst								L	3		_ X _
	a Did the foundation have unr			more during th	e year?					4a		<u>X</u>
	f "Yes," has it filed a tax retu				_			N,	/A	4b		
5	Was there a liquidation, term				year?				-	5		_X_
_	If "Yes," attach the stater	· ·										
6	Are the requirements of sec		tions 4941 throu	gh 4945) satist	ied either:							
	By language in the govern			+	datam. dwa.a	that ann						
	By state legislation that ef		ning instrument	so man no man	datory direc	tions that con	lict with the state	e iaw			х	
7	remain in the governing inst Did the foundation have at le		time during the	voor2 If "Yes	" complete	Part II col I	(c) and Part XI.	,	-	<u>6</u> 7	X	
′	Did the logituation have at it	sast \$5,000 iii assets at any	y time during the	year n res,	Complete	, art 11, 001.	o, and rank.	•	-		Λ	
٩s	Enter the states to which the	e foundation reports or with	which it is renis	tered (see insti	uctions) 🕨	•						
Ja	IL	s to a traduction to porte or with	un it io rogio	000 (000 111011	23							
h	If the answer is "Yes" to line	7. has the foundation furni	shed a copy of Fe	orm 990-PF to	the Attorney	General (or d	esignate)					
-	of each state as required by								ľ	8b	х	
9	is the foundation claiming s				of section 4	942(j)(3) or 4	942(j)(5) for cale	endar	[
_	year 2013 or the taxable year						W.V. 7		ļ	9		X
10	Did any persons become su						d addresses			10		X
										000	-DE	

	990-PF (2013) ABA HIGHLAND MEDICAL CENTER FOUNDATION 36-324	<u> 5198</u>	P	age 5
	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1		
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X	
	Website address ► N/A		700	
14	The books are in care of ► DR. U.O. ASONYE Telephone no. ► 630-9		700	
	Located at ▶ 900 JORIE BLVD, OAK BROOK, IL ZIP+4 ▶6	<u> </u>		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year 15	NT.	/A	
40	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,			No
10	securities, or other financial account in a foreign country?	16	.00	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	1.0		<u></u>
	country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly):		ĺ	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		İ	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No Yes X No			
	(4) Pay compensation to, or pay or reinflutise the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1 . !		
	if the foundation agreed to make a grant to or to employ the official for a period after	*		
	termination of government service, if terminating within 90 days.)		İ	
t	f any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			•
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	1.	
	Organizations relying on a current notice regarding disaster assistance check here			
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			v
	before the first day of the tax year beginning in 2013?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
•	defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		İ	
١	before 2013?			
	If "Yes," list the years ▶			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_				
31	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
	during the year? L Yes LX No b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after		ĺ	
•	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013.) N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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?	4b		<u> </u>
	F	orm 990)-PF (:	2013)

orm 990-PF (2013) ABA HIGHLAND MEDICAL CE Part VII-B Statements Regarding Activities for Which	NTER FOUNDATIO		36-32461	98 Page 6
	Form 4/20 May be i	Required (contin	ueu)	
5a During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	on 4045(a)\2		s X No	
(2) Influence the outcome of any specific public election (see section 4955);			140	
any voter registration drive?	, or to carry on, uncomy or man		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposi			s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		,		
509(a)(1), (2), or (3), or section 4940(d)(2)?	ion described in section	X Ye	s 🗆 No	
(5) Provide for any purpose other than religious, charitable, scientific, literar	v or educational nurnoses or			
the prevention of cruelty to children or animals?	y, or cancational purposes, or		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	inder the excentions described		.5 [22] 110	
section 53.4945 or in a current notice regarding disaster assistance (see inst		iii itogalationo		5b X
Organizations relying on a current notice regarding disaster assistance check	· ·			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		uned		
expenditure responsibility for the grant?	THOM the tax booksoon mame	X Ye	s 🗔 No	
If "Yes," attach the statement required by Regulations section 53.49	45-5(d).	١٠ تعميا		
6a Did the foundation, during the year, receive any funds, directly or indirectly, t				
a personal benefit contract?	o pay promisino on		es 🗶 No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nerconal henefit contract?			6b X
If "Yes" to 6b. file Form 8870.	porsonal benefit contract:			22
7a At any time during the tax year, was the foundation a party to a prohibited tax	chalter transaction?		s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attri		۰۰ ـــــ	. –	7b
Part VIII Information About Officers, Directors, Trus		anagers, Highly		
Paid Employees, and Contractors			•	
1 List all officers, directors, trustees, foundation managers and the	ir compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
UDOCHUKWU O. ASONYE, MD	PRESIDENT			
25 DEVONSHIRE DRIVE				
OAK BROOK, IL 60523	10.00	0.	0.	0.
CHRISTIAN E. OKEZIE, MD	SECRETARY			
900 JORIE BLVD #186		İ		
OAK BROOK, IL 60521	10.00	0.	0.	0.
GERMAINE NYLEN	TREASURER			
900 JORIE BLVD #186				
OAK BROOK, IL 60521	10.00	0.	0.	0.
		1		
2 Compensation of five highest-paid employees (other than those in		, enter "NONE." □	(d) Contributions to	(-) Evpappa
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	,,,	compensation	allowances
NONE				
				.
	\dashv			
		 	-	
	4			
			-	
	\dashv			
	 	 		
	-			
Total number of other employees paid over \$50,000		1	<u> </u>	0
I offer the transfer of other embloyees hair over \$00,000			Form	990-PF (2013)

Form 990-PF (2013) ABA HIGHLAND MEDICAL CENTER FOUNDATION		<u> 246198</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, I Paid Employees, and Contractors (continued)	lighly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type	of service	(c) Com	pensation
NONE			·
	.		
			_
Total number of others receiving over \$50,000 for professional services		>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	the	Expenses	6
1			
SEE STATEMENT 3		112	,017.
2			, 0 1 / •
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 <u>N/A</u>			
2			
All other program-related investments. See instructions.			-
3			
Total. Add lines 1 through 3		- 000	0.
		Form 990-l	ピト (2013)

For	rm 990-PF (2013) ABA HIGHLAND MEDICAL CENTER FOUNDATION	36-	32 46198 Page 8
	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations		
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	0
b	Average of monthly cash balances	1b	1,689
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,689
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	<u>. </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,689
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,664
6	Minimum investment return. Enter 5% of line 5	6	83
Р	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	83
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	83
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	83
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	83
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		140.045
8		1a	112,017
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	440 047
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	112,017
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	

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

Form **990-PF** (2013)

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

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Page 9

Undistributed Income (see instructions) (c) (d) (a) (b) 2012 2013 Corpus Years prior to 2012 1 Distributable amount for 2013 from Part XI, 83. 2 Undistributed income, if any, as of the end of 2013 0 a Enter amount for 2012 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2013: 125,320. a From 2008 138,103. **b** From 2009 106,306. c From 2010 83,947. d From 2011 211,841 e From 2012 665,517 f Total of lines 3a through e 4 Qualifying distributions for 2013 from 112,017 Part XII, line 4: ► \$ 0 a Applied to 2012, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0. (Election required - see instructions) 83. d Applied to 2013 distributable amount 111,934 e Remaining amount distributed out of corpus 0. Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 777,451 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2012. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2014 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0 section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2008 125,320 not applied on line 5 or line 7 9 Excess distributions carryover to 2014. 652,131 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2009 138,103. 106,306. b Excess from 2010 83,947. c Excess from 2011 211,841 d Excess from 2012

Form **990-PF** (2013)

e Excess from 2013

Form 990-PF (2013) ABA HIGH	LAND MEDI	CAL CENTER 1	FOUNDATION		46198 Page 1
Part XIV Private Operating For			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or d					
foundation, and the ruling is effective for 2			▶ ∟		
b Check box to indicate whether the foundation		ting foundation described		4942(j)(3)_or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,0040	Prior 3 years	10000	(a) Takal
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed		<u> </u>			 -
b 85% of line 2a			 		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					·
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inforr	nation (Comp	lete this part only	if the foundatio	n had \$5,000 or mo	ore in assets
at any time during the	e year-see ins	tructions.)			
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who I year (but only if they have contributed mo			tributions received by th	ne foundation before the clo	se of any tax
UDOCHUKWU O. ASONYE,		, 5555 557 (4)(2)			
b List any managers of the foundation who		the stock of a corporation	(or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation has a					
NONE					
2 Information Regarding Contribution	n. Grant. Gift. Loa	n, Scholarship, etc., F	Programs:		
Check here X if the foundation only				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc. (se					
a The name, address, and telephone numbe	r or e-mail address o	f the person to whom app	lications should be addr	essed:	<u></u>
b The form in which applications should be	submitted and inform	nation and materials they	should include;	<u> </u>	
c Any submission deadlines:					
					
d Any restrictions or limitations on awards,	such as by geograph	icai areas, charitable fields	s, kinas of institutions, o	r other factors:	

Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
LOO IGBOS USA INC	NONE	PC	GENERAL CHARITY	
7158 BODEIN CT				
RIVERSIDE, CA 92506				396
HERITAGE MEDICAL, CULTURAL,	NONE	PC	GENERAL CHARITY	45.050
EDUCATIONAL FOUNDATION				45,050
LIFE PLAN HEALTH PROJECT NIGERIA	NONE	PC	GENERAL CHARITY	
DIFE FURN MEADIN FROUECI NIGERIA	NONE			31,000
NEOPED FOUNDATION	NONE	PF	GENERAL CHARITY	
				7,520
OTHER ORGANIZATIONS	NONE	PC	GENERAL CHARITY	2,000
Total			▶ 3a	85,966
b Approved for future payment				
NONE				
			-	

Part XVI-A Analysis of Income-Prod	-	d business income	Eveline	ded by section 512, 513, or 514	(-)
inter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	731104711	code	Allount	121101101111001110
8	_		+		
b			1		
<u> </u>			1 1		
d	l l	*			
f					
g Fees and contracts from government agencies			1 1		
Membership dues and assessments					
Interest on savings and temporary cash investments	-				
Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events			ļ		
Gross profit or (loss) from sales of inventory			1		
1 Other revenue:					
a	_				· · · · · · · · · · · · · · · · · · ·
b	_			<u> </u>	
c					
d	_		1		
e2 Subtotal. Add columns (b), (d), and (e)		0.		0.	
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		· I		·
See worksheet in line 13 instructions to verify calculations.)				
Part XVI-B Relationship of Activities		mplishment of E	xemp	t Purposes	
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the	ncome is reported ii an by providing fur	n column (e) of Part XVI-Ands for such purposes).	A contrib	uted importantly to the accom	plishment of
		 ,			
		-			· · ·
					
	<u></u> ,				
					
		<u> </u>			
		<u> </u>			
		 .			
				·	
	<u> </u>			 	 .
					

Form **990-PF** (2013)

Part XV	Exempt Organ			nd Relationships With Nonch			
	-		ne following with any other organization			Yes	No
	•		section 527, relating to political organiz	zations?			
	ers from the reporting found	ation to a noncharitable	exempt organization of:				
(1) Ca					1a(1)	-	X
• •	ther assets				1a(2)		X
	transactions:	ble evenuet ergenization			45/41		v
	ales of assets to a noncharita urchases of assets from a no				1b(1) 1b(2)	<u> </u>	X
	ental of facilities, equipment,		meation		1b(3)		X
	eimbursement arrangements				1b(4)		X
	oans or loan guarantees				1b(5)		X
	erformance of services or me	embership or fundraising	solicitations		1b(6)		X
c Sharin	ig of facilities, equipment, ma	ailing lists, other assets,	or paid employees		1c		X
colum	n (d) the value of the goods,	other assets, or services	received.	in any transaction or sharing arrangemen			
1) Line no	(b) Amount involved	(c) Name of no	ncharitable exempt organization	(d) Description of transfers, transactions, a	ind sharing ar	rangem	ınts
			N/A				
							
	·						
	<u> </u>	 					
		·					
	- X						
ın sec	tion 501(c) of the Code (other	er than section 501(c)(3)	ted to, one or more tax-exempt organization or in section 527?	ations described	Yes	X	ON C
b it Yes	s," complete the following sch (a) Name of or		(b) Type of organization	(c) Description of relation	nehin		
	N/A	garnzation	(b) Type of organization	(e) Description of relation	попр		
	IV/A	<u></u>					
			-				
			urn, including accompanying schedules and s				

323622 10-10-13

Schedule B

(For €1 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990

OMB No 1545-0047

Name of the organization

Employer identification number

	ABA HIGHLAND MEDICAL CENTER FOUNDATION	36-3246198					
Organization type (chec	ck one)·						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
¢	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
General Rule X For an organiz	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in nomplete Parts I and II.						
Special Rules							
509(a)(1) and 1	io1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
total contribut	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributions f If this box is cl purpose. Do n	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Schedule " on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its I neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

ABA HIGHLAND MEDICAL CENTER FOUNDATION

36-3246198

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEOPED FOUNDATION 900 JORIE BLVD STE 186 OAK BROOK, IL 60523	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UDOCHUKWU O. ASONYE, M.D. 25 DEVONSHIRE DRIVE OAK BROOK, IL 60523	\$20,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ABA HIGHLAND MEDICAL CENTER FOUNDATION

36-3246198

Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	, , , , , , , , , , , , , , , , , , , ,	
	_{\$}	
-13		 990, 990-EZ, or 990-PF)
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given (c) FMV (or estimate) (see instructions) S (d) FMV (or estimate) (see instructions) S (e) FMV (or estimate) (see instructions) S (e) FMV (or estimate) (see instructions) S (c) FMV (or estimate) (see instructions) S (c) FMV (or estimate) (see instructions) S (c) FMV (or estimate) (see instructions) S (c) FMV (or estimate) (see instructions) S (c) FMV (or estimate) (see instructions) S (c) FMV (or estimate) (see instructions) S (c) FMV (or estimate) (see instructions) FMV (or estimate) (see instructions) S (c) FMV (or estimate) (see instructions) S (c) FMV (or estimate) (see instructions)

Employer identification number

	GHLAND MEDICAL CENTER	FOUNDATION	36-3246198
Part III	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, ed. Use duplicate copies of Part III if addition	ividual contributions to section 501(c) the following line entry. For organization of \$1,000 or less for nal space is needed.	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this Information once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee
	Transieree's name, address,	allo ZIF + 4	netationship of variate of to variate ee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee

ABA HIGHLAND MEDICAL CENTER FOUNDATION 36-3246198 Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO. 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
LIFE PLAN NIGERIAN MEDICAL PROJECT					
NIGERIA NIGERIA		31,000.	08/29/13	31,000.	12/15/13
Purpose of Grant					
SUPPORT OF SICKLE CELL ANEMIA FOUND	ATION OF NIGERIA AND OT	HER MEDICAL			
CHARITIES AND PURPOSES IN NIGERIA.					
Bata of Baranta bu Crantas	Duversions by Or				
Date of Reports by Grantee	Diversions by Gr				
DECEMBER 2013	NONE NOTED				
	į.				
Results of Verification	!				
Hesuits of Verification					
Į.					
	<u> </u>				
Recipient's Name and Address		Grant Amount	Date of Grant	Amount Expended	Verification Date
				•	
					-
Purpose of Grant					
·					
}					
Date of Reports by Grantee	Diversions by Gr	antee			
Results of Verification					
1					

FORM 990-PF	OTHER E	XPENSES	<u> </u>	s	PATEMENT	1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			(D) CHARITA PURPOS	
MEDICAL SUPPLIES BANK CHARGES MISCELLANEOUS EXPENSES SHIPPING EXPENSE TELEPHONE FURNITURE EXPENSE	10,668. 475. 292. 406. 63. 1,300.	0 0 0 0	•		2 4	75. 92. 06. 63.
TO FORM 990-PF, PG 1, LN 23	13,204.	0			13,2	04.
FORM 990-PF	OTHER LIA				PATEMENT	2
DESCRIPTION		B	OY AMOUNT		TRUUOMA YO	
CREDIT CARD PAYABLE TOTAL TO FORM 990-PF, PART I	I, LINE 22). 	2,1	
FORM 990-PF SUMMARY O	F DIRECT CHA	RITABLE ACTI	VITIES	Si	PATEMENT	3
ACTIVITY ONE		·				
PROVIDING ACCESSIBLE, STATE OF THE CITIZENS OF NIGERIA, THROWORKSHOPS, SCHOLARSHIPS, MEDICAL CARE.	UGH FUNDING	OF RESEARCH,				
					EXPENSES	ı
TO FORM 990-PF, PART IX-A, L	INE 1				112,0	17.

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

	orando carrios principal de la composición dela composición de la composición de la composición dela composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la c	O 0			1	
• If yo	u are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box		, .,	. > X
• If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of t	his form).		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	y filed For	m 8868.	
Electro	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	e to file (6	months for a	corporation
require	d to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	ion of time. You can electronically fil	e Form 88	68 to request	an extension
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers A	Associated Wi	th Certain
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of	this form,
	ww.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part						
	oration required to file Form 990 T and requesting an autor	natic 6-mo	inth extension - check this box and c	complete		. —
Part I c	,					. 🏲 ـــا
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ics, and ti	rusts must use Form 7004 to reques			
		otiono			r's identifying	
Type o	Name of exempt organization or other filer, see instru	cuons.		Employer	IDENTIFICATION	number (EIN) or
print	ABA HIGHLAND MEDICAL CENTER	गातम इ	MDATTON		36-324	6198
File by th	Number street and room or suite as Ma D.O. how a			Social se	curity number	
due date filing you	900 TORTE BLVD. NO. 186	00 1101100		000101 30	ounty number	(0014)
return. Si instructio	56	oreign add	ress, see instructions			
	OAK BROOK, IL 60521		•			
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)			0 4
	· · · · · · · · · · · · · · · · · · ·	·				
Applic	ation	Return	Application			Return
Is For		Code	is For			Code
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)	÷		07
Form 9	990-BL	02	Form 1041-A			08
Form 4	1720 (indıvıdual)	03	Form 4720 (other than individual)			09
Form 9	990-PF	04	Form 5227			10
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	990-T (trust other than above)	06	Form 8870			12
	DR. U.O. ASONY					
	books are in the care of > 900 JORIE BLVD	- OA				
	ephone No. ► <u>630-954-6700</u>		Fax No.			. —
	ne organization does not have an office or place of busines					▶ └─
_	nis is for a Group Return, enter the organization's four digit	-	——————————————————————————————————————		-	-
box 🕨			ich a list with the names and EINs of		ers the extens	sion is for.
1	I request an automatic 3-month (6 months for a corporation AUGUST 15, 2014 , to file the exemp	•	•		The autocoror	_
	is for the organization's return for:	it organiza	tion return for the organization name	d above.	THE EXCENSION	1
	► X calendar year 2013 or					
,	tax year beginning	an	nd ending			
	tax your boginning	, , 411			<u> </u>	
2	If the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	'n	
	Change in accounting period					
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
	nonrefundable credits. See instructions.		.	За	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			
	estimated tax payments made. Include any prior year over			3b	\$	0.
	Balance due. Subtract line 3b from line 3a Include your pa					
	by using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
	on. If you are going to make an electronic funds withdrawa ctions.	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879	-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 88	368 (Rev. 1-2014)

323841 12-31-13

Form 8868 (Rev. 1-2014)			a hav		▶ X
• If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check the	S DOX		
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously	iled Form	8868.	
• If you are filing for an Automatic 3-Month Extension, comple	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	opies ne	eded).
		Enter filer's	identifyii	ng number	, see instructions
Type or Name of exempt organization or other filer, see instru	ictions.				tion number (EIN) or
print			' '		, (2, 0
File by the ABA HIGHLAND MEDICAL CENTER	FOUN	DATION		36-3	246198
due date for Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	cunty num	ber (SSN)
filing your return Soc 900 JORIE BLVD, NO. 186					,
City, town or post office, state, and ZIP code. For a fi	oreign add	fress see instructions.			
OAK BROOK, IL 60521	J. J. J. J. J. J. J. J. J. J. J. J. J. J				
					
Enter the Return code for the return that this application is for (file	e a cenara	te application for each return)			0 4
the retain bose for the retain that the application is for	c a separe	the application for each return		· · · · · · ·	٠٠٠٠٠ ا
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01			;	Code
Form 990-BL	02	Form 1041-A	<u> </u>	-	08
Form 4720 (Individual)	03	Form 4720 (other than individual)			09
Form 990-PF	03	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
ronn 990-1 (Sec 401(a) of 400(a) (tost)	1 05	FUITH 0009			11
	OG	Form 9970			40
Form 990-T (trust other than above)	06	Form 8870		d F 00	12
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted	an autor		viously file	ed Form 88	
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR. U.O. ASONY:	i an autor E	natic 3-month extension on a prev	riously file	ed Form 88	
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR. U.O. ASONY The books are in the care of 900 JORIE BLVD	i an autor E	natic 3-month extension on a prev K BROOK, IL 60521	riously file	ed Form 88	
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR. U.O. ASONY: The books are in the care of \$\infty\$ 900 JORIE BLVD Telephone No. \$\infty\$ 630-954-6700	d an autor E - OA	natic 3-month extension on a prev K BROOK, IL 60521 Fax No. ▶			368.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR. U.O. ASONY: The books are in the care of 900 JORIE BLVD Telephone No. 630-954-6700 If the organization does not have an office or place of busines	an autor E - OA	Matic 3-month extension on a pres K BROOK, IL 60521 Fax No. ► Intended States, check this box			368.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR. U.O. ASONY: The books are in the care of 900 JORIE BLVD Telephone No. 630-954-6700 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	d an autor E OA s in the Ui	REPORT IL 60521 Fax No. mitted States, check this box	f this is fo	· · · · · · · · · · · · · · · · · · ·	368. ▶ □ group, check this
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR. U.O. ASONY: The books are in the care of 900 JORIE BLVD Telephone No. 630-954-6700 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	an autor E - OA s in the Ui Group Exi	REPORT IL 60521 Fax No. Fax N	f this is fo	· · · · · · · · · · · · · · · · · · ·	368. ▶ □ group, check this
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR. U.O. ASONY: The books are in the care of 900 JORIE BLVD Telephone No. 630-954-6700 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 I if it is for part of the group, check this box	an autor E - OA s in the Ui Group Exi	Fax No. matric 3-month extension on a previous REROOK, IL 60521 Fax No. matric Branch States, check this box matriced States, check this box memption Number (GEN) matriced States, check this box matriced States, check this box matriced States, check this box matriced States, check this box matriced States, check this box matriced States, check this box matriced States and ElNs of BER 15, 2014.	if this is fo	· · · · · · · · · · · · · · · · · · ·	368. ▶ □ group, check this
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR. U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630-954-6700 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 ▶ ☐ I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning	d an autor E - OA s in the Ui Group Exi and atta	ratic 3-month extension on a previous REROOK , IL 60521 Fax No. Implementation of the following provided States, check this box are prepared in the following provided States, check this box are provided States, check this box are provided in the following provided States of the following provide	If this is fo	r the whole ers the ext	368. ▶ □ group, check this
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR . U.O. ASONY: The books are in the care of 900 JORIE BLVD Telephone No. 630-954-6700 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 I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, or	d an autor E - OA s in the Ui Group Exi and atta	ratic 3-month extension on a previous REROOK , IL 60521 Fax No. Implementation of the following provided States, check this box are provided States, check this box are provided States, check this box are provided States, check this box are provided States, check this box are provided States, check this box are provided States, check this box are provided States and ElNs of the states are provided States and ElNs of the states are provided St	if this is fo	r the whole ers the ext	368. ▶ □ group, check this
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR · U·O· ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630-954-6700 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 ▶ I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, or Change in accounting period	d an autor E - OA s in the Ui Group Exi and atta	ratic 3-month extension on a previous REROOK , IL 60521 Fax No. Implementation of the following provided States, check this box are provided States, check this box are provided States, check this box are provided States, check this box are provided States, check this box are provided States, check this box are provided States, check this box are provided States and ElNs of the states are provided States and ElNs of the states are provided St	If this is fo	r the whole ers the ext	368. ▶ □ group, check this
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR . U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630-954-6700 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 ▶ I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, or Change in accounting period State in detail why you need the extension	d an autor E - OA s in the Ui Group Exc and atta NOVEM	matic 3-month extension on a previous REROOK , IL 60521 Fax No. ► Interest States, check this box	if this is fo f all memb g Final r	r the whole ers the ext	e group, check this tension is for.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR . U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630-954-6700 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 ▶ □ I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, or change in accounting period State in detail why you need the extension THE INFORMATION NECESSARY TO	d an autor E - OA s in the Ui Group Exc and atta NOVEM	matic 3-month extension on a previous REROOK , IL 60521 Fax No. ► Interest States, check this box	if this is fo f all memb g Final r	r the whole ers the ext	e group, check this tension is for.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR . U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630-954-6700 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 ▶ I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, or Change in accounting period State in detail why you need the extension	d an autor E - OA s in the Ui Group Exc and atta NOVEM	matic 3-month extension on a previous REROOK , IL 60521 Fax No. ► Interest States, check this box	if this is fo f all memb g Final r	r the whole ers the ext	e group, check this tension is for.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted. DR. U.O. ASONY: The books are in the care of 900 JORIE BLVD. Telephone No. 630-954-6700 If the organization does not have an office or place of business. 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. I request an additional 3-month extension of time until. For calendar year 2013, or other tax year beginning. If the tax year entered in line 5 is for less than 12 months, or Change in accounting period. State in detail why you need the extension. THE INFORMATION NECESSARY TO YET AVAILABLE.	d an autor E - OA s in the Ui Group Exi and atta NOVEM	Tax No. ► Fax No. ► Inted States, check this box emption Number (GEN) ach a list with the names and EINs of BER 15, 2014. and endir ion. Initial return A COMPLETE AND ACC	if this is fo f all memb g Final r	r the whole ers the ext	e group, check this tension is for.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR . U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630-954-6700 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 ▶ I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, or Change in accounting period State in detail why you need the extension THE INFORMATION NECESSARY TO YET AVAILABLE.	d an autor E - OA s in the Ui Group Exi and atta NOVEM check reas	Tax No. ► Fax No. ► Inted States, check this box emption Number (GEN) ach a list with the names and EINs of BER 15, 2014. and endir con. Initial return A COMPLETE AND ACC	of this is for fall memb	r the whole ers the ext eturn	e group, check this tension is for.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR . U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630-954-6700 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 ▶ I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, or Change in accounting period State in detail why you need the extension THE INFORMATION NECESSARY TO YET AVAILABLE.	an autor E - OA s in the Ui Group Exc and atta NOVEM Check reas	matic 3-month extension on a previous REROOK , IL 60521 Fax No. ▶ Inted States, check this box emption Number (GEN) Inch a list with the names and EINs on BER 15 , 2014. Initial return A COMPLETE AND ACCORD	if this is fo f all memb g Final r	r the whole ers the ext	e group, check this tension is for.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR . U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630-954-6700 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 ▶ . I request an additional 3-month extension of time until 5 For calendar year 2013, or other tax year beginning 6 If the tax year entered in line 5 is for less than 12 months, or . Change in accounting period State in detail why you need the extension THE INFORMATION NECESSARY TO YET AVAILABLE. Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6066	an autor E OA s in the Ui Group Exi and atta NOVEM check reas FILE , or 6069,	matic 3-month extension on a previous REROOK , IL 60521 Fax No. ▶ Interest States, check this box	of this is for fall memb	r the whole ers the ext eturn	e group, check this tension is for.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted DR . U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630-954-6700 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 ▶ . I request an additional 3-month extension of time until 5 For calendar year 2013, or other tax year beginning 6 If the tax year entered in line 5 is for less than 12 months, or . Change in accounting period State in detail why you need the extension THE INFORMATION NECESSARY TO YET AVAILABLE. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069 tax payments made Include any prior year overpayment at	an autor E OA s in the Ui Group Exi and atta NOVEM check reas FILE , or 6069,	matic 3-month extension on a previous REROOK , IL 60521 Fax No. ▶ Interest States, check this box	f this is fo f all memb G Final r URATE	eturn	e group, check this tension is for.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted. DR. U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD. Telephone No. ▶ 630-954-6700 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 ▶	an autor E OA s in the Ui Group Exi and atta NOVEM check reas FILE , or 6069, enter an allowed as	REPORT IN A COMPLETE AND ACCE The tred tentative tax, less any yrefundable credits and estimated a credit and any amount paid	of this is for fall memb	r the whole ers the ext eturn	e group, check this tension is for.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted. DR. U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD. Telephone No. ▶ 630-954-6700 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 ▶	an autor E OA s in the Ui Group Exi and atte NOVEM check reas FILE o, or 6069, e, enter an llowed as ayment wi	REPORT IN A COMPLETE AND ACC enter the tentative tax, less any y refundable credits and estimated a credit and any amount paid	f this is fo f all memb g Final r URATE	eturn RETU	e group, check this tension is for. RN 1S NOT
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted. DR. U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD. Telephone No. ▶ 630-954-6700 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 ▶	d an autor E OA s in the Ui Group Exi and atte NOVEM check reas FILE , or 6069, e, enter an allowed as ayment wire autons.	matic 3-month extension on a previous REROOK , IL 60521 Fax No. ▶ Inted States, check this box Interpretation Number (GEN) Inch a list with the names and EINs of BER 15 , 2014. Initial return A COMPLETE AND ACC The enter the tentative tax, less any any of the predict of the pred	f this is fo f all memb g Final r URATE	eturn	e group, check this tension is for.
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted. DR. U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD. Telephone No. ▶ 630-954-6700 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 ▶	d an autor E - OA s in the Ui Group Exi and atte NOVEM check reas FILE d, or 6069, e, enter an llowed as ayment wi uctions. tion mu	REPORTION IN THE PROPERTY OF T	f this is for fall members Grant Final r URATE 8a 8b 8c 8c	the whole ers the extern RETU	e group, check this tension is for. RN 1S NOT 0.
STOP! Do not complete Part II if you were not already granted. DR. U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630-954-6700 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 ▶	an autor E OA s in the Ui Group Exi and atte NOVEM check reas FILE , or 6069, e, enter an llowed as ayment wi uctions. tion mu	REPORTION IN THE PROPERTY OF T	f this is for fall members Grant Final r URATE 8a 8b 8c 8c	the whole ers the extern RETU	e group, check this tension is for. RN 1S NOT 0.
STOP! Do not complete Part II if you were not already granted. DR. U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630 - 954 - 6700 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 ▶ If the tax year entered in line 5 is for less than 12 months, or Change in accounting period. State in detail why you need the extension THE INFORMATION NECESSARY TO YET AVAILABLE. Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6065 tax payments made Include any prior year overpayment at previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your page EFTPS (Electronic Federal Tax Payment System). See instructions if its true, correct, and complete, and that I am authorized to prepare this form.	d an autor E OA s in the Ui Group Exi and atta NOVEM check reas FILE o, or 6069, o, enter an allowed as ayment wi uctions. tion mu ding accomporm.	REPARENT SOLUTION AND ACCOMPLETE AND	f this is for fall members Grant Final r URATE 8a 8b 8c Sorly. The best of the best	the whole ers the extern RETU \$ f my knowle	e group, check this tension is for. RN 1S NOT 0.
STOP! Do not complete Part II if you were not already granted. DR. U.O. ASONY: The books are in the care of ▶ 900 JORIE BLVD Telephone No. ▶ 630 - 954 - 6700 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 ▶ If the tax year entered in line 5 is for less than 12 months, or change in accounting period The Information Necessary To Yet AVAILABLE. Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6065 tax payments made Include any prior year overpayment at previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your page EFTPS (Electronic Federal Tax Payment System). See instructions if its form, including the penalties of perjury, I declare that I have examined this form, including the complete, and that I am authorized to prepare this form.	d an autor E OA s in the Ui Group Exi and atta NOVEM check reas FILE o, or 6069, o, enter an allowed as ayment wi uctions. tion mu ding accomporm.	REPORTION IN THE PROPERTY OF T	f this is for fall members Grant Final r URATE 8a 8b 8c Sorly. The best of the best	the whole ers the extern RETU	e group, check this tension is for. RN 1S NOT 0.