PMT #	Attorney General LISA MADIGAN Sta Charitable Trust Bureau, 100 West R	te of Illinois andolph	Revised 3/05
AMT	11th Floor, Chicago, Illinois 606	601 CC	# 01060047 Check all items attached:
	Report for the Fiscal Period:		Copy of IRS Return
INIT	Beginning 01 , 01 , 2011	Payable to the Illinois	Audited Financial Statements Copy of Form IFC \$15.00 Annual Report Filing Fee
	& Ending 12 / 31 / 2011		\$100.00 Late Report Filing Fee
Federal ID # 27-3799311	MO DAY YR	2-4-	MO DAY YR was created: 10 / 20 / 2010
Are contributions to the or	ganization tax deductible?	Date Organization	was created: 10 / 20 / 2010
LEGAL FOX CHAS	SE BOULEVARD MEDIAN FOUNDATION, INC	Year-end amounts	
MAIL 2010 Bridle	Ct	A) ASSETS	A) \$ 13086
ADDRESS (B)		B) LIABILITIES	B) \$
CITY, STATE ZIP CODE St Charles, IL 60174		C) NET ASSETS	C) \$ 13086
I CUMMARY OF AL	L REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	ANAOLINIT
	, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		AMOUNT
1			D) \$
'	RANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUE		%	F) \$
1	INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G) \$ 16477
	L EXPENDITURES DURING THE YEAR:	%	H) \$
H) OPERATING CHAR	ITABLE PROGRAM EXPENSE		A CONTRACTOR OF THE CONTRACTOR
I) EDUCATION PROG	GRAM SERVICE EXPENSE	%	1) \$
J) TOTAL CHARITAB	LE PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$
1	OCATED TO PROGRAM SERVICES (INCLUDED IN J):	T	
K) GRANTS TO OTHE	ER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITA	BLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) \$
M) MANAGEMENT AN	ND GENERAL EXPENSE	%	M) \$
N) FUNDRAISING EX	PENSE	%	N) \$
O) TOTAL EXPEND	TURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 15249
1	L PAID FUNDRAISER AND CONSULTANT ACTIVITIES: Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) AISERS:		
	AISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
Q) TOTAL FUNDRAISE	ERS FEES AND EXPENSES	%	Q) \$
1	THE CHARITY (P MINUS Q=R)	%	R) \$
	RAISING CONSULTANTS: AID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
·	TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:	
T) NAME, TITLE:			T) \$
U) NAME, TITLE:			U) \$
V) NAME, TITLE:			V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			List on back side of instructions CODE
W) DESCRIPTION: Neighborhood and Community Development			W) # 112
X) DESCRIPTION:			X) #
Y) DESCRIPTION:			Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:			NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?1.		1
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MIDSDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		✓
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		4
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		1
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5.		1
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC.) 6.		/
7 a .	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		/
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$;(ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? 8.		✓
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		1
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		*
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
	JP Morgan Chase Bank 520 Dunham Rd St Charles, IL 60174		
	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Todd Henning 630-430-4517 ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS		

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.

2.) FOR FEES DUE SEE INSTRUCTIONS.

3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Constance Thullen

PRESIDENT or TRUSTEE (PRINT NAME) Robert Walters

TREASURER or TRUSTEE (PRINT NAME)

Todd Henning

PREPARER (PRINT NAME)

SIGNATURE

DATE

SIGNATURE

SIGNATURE

Form 990-N Explanation

Form 990-N (electronic postcard) has been filed, as required, with the IRS for this organization.

Organization: FOX CHASE BOULEVARD MEDIAN FOUNDATION INC

EIN: 27-3799311

Submission Type: Form 990-N

Year: 2011

Submission ID: 7800582012027bi60993 e-File Postmark: 1/27/2012 10:14:35 AM

Accepted Date: 1/27/2012

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

e-Postcard technical support Phone: 866-255-0654 (toll free) email:ePostcard@urban.org

FOX CHASE BOULEVARD MEDIAN FOUNDATION INC % Todd Henning 2010 Bridle Ct St Charles, IL 60174