PMT #	e Use Only	Attorney General LISA MADIGAN Star Charitable Trust Bureau, 100 West R	te of Illinois andolph	Form AG990-II Revised 3/0: # 01060047
AMT		11th Floor, Chicago, Illinois 606	ion CO	Check all items attached:
		Report for the Fiscal Period:		Copy of IRS Return
NIT		Beginning 01 / 01 / 2012	Payable to	Audited Financial Statements Copy of Form IFC
INIT				\$15.00 Annual Report Filing Fee \$100.00 Late Report Filing Fee
Fede	eral ID # 27-3799311	& Ending 12 / 31 / 2012 MO DAY YR		MO DAY YR
Are	contributions to the orga	nization tax deductible?	Date Organization	was created: 10 / 20 / 201
	LEGAL FOX CHASE	BOULEVARD MEDIAN FOUNDATION, INC	Year-end amounts	
	MAII		A) ASSETS	A) \$ 18325
	ADDRESS 2010 Bridle Ct		B) LIABILITIES	B) \$
CITY	STATE St Charles, IL	60174	C) NET ASSETS	C) \$ 18325
I.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
	D) PUBLIC SUPPORT, C	CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	%	D) \$
	E) GOVERNMENT GRA	NTS & MEMBERSHIP DUES	%	E) \$
	F) OTHER REVENUES		%	F) \$
	G) TOTAL REVENUE, IN	COME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G) \$ 16259
H.	SUMMARY OF ALL	EXPENDITURES DURING THE YEAR:		
	H) OPERATING CHARITA	ABLE PROGRAM EXPENSE	%	H) \$
:	I) EDUCATION PROGRA	AM SERVICE EXPENSE	%	1) \$
	J) TOTAL CHARITABLE	PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$			
	K) GRANTS TO OTHER	CHARITABLE ORGANIZATIONS	%	K) \$
	L) TOTAL CHARITABL	E PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) \$
	M) MANAGEMENT AND	GENERAL EXPENSE	%	M) \$
	N) FUNDRAISING EXPE	ENSE	%	N) \$
	O) TOTAL EXPENDIT	URES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 11020
HI.	SUMMARY OF ALL (Attach Attorney General R			
	P) TOTAL AMOUNT RAI	SED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
	Q) TOTAL FUNDRAISER	S FEES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY 1	THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRA			S) \$
IV.	COMPENSATION T	O THE (3) HIGHEST PAID PERSONS DURING THE YE	EAR:	
	T) NAME, TITLE:			T) \$
	U) NAME, TITLE:			U) \$
	V) NAME, TITLE:			V) \$
V.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			
	W) DESCRIPTION: Neighborhood and Community Development			W) # 112
	X) DESCRIPTION:			X) #

IF '	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	NC			
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?		1			
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?		1			
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.		1			
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		1			
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.		1			
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION					
	SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?9.		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?10.		1			
1.	IST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS ITREE LARGEST ACCOUNTS:					
	JP Morgan Chase Bank 520 Dunham Rd St Charles, IL 60174					
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Todd Henning 630-430-4517					

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

DDEDADED (DDINT NAME)

SIGNATURE

RE

DATE

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AN WATER 2/29/13

2/24/12

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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: 2012

Submission ID: 7800582013016co26321 e-File Postmark: 1/16/2013 12:48:10 PM

Accepted Date: 1/16/2013

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

Thank you for filing.

a Pactoard, tachnical support

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

trade and Addition

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