46-0610844
FAMILIAL ADENOMATOUS POLYPOsis FOUNDATION

INSTRUCTIONS FOR FILING 2012 FEDERAL FORM 990-EZ

The trustee/officer representing the organization must sign the return. Mail your return on or before 05-15-2013 to:
DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

INSTRUCTIONS FOR FILING 2012 ILLINOIS FORM 990-T

Your tax obligation is exactly met. No additional tax is due. The trustee/officer representing the organization must sign the return. Mail your return on or before 05-15-2013 to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19009
SPRINGFIELD, IL 62794-9009
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I  Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<table>
<thead>
<tr>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILIAL ADENOMATOUS POLYPOSIS FOUNDATION</td>
<td>46-0610844</td>
</tr>
</tbody>
</table>

Number, street, and room or suite no. If a P.O. box, see instructions.

901 W DIVERSEY PKWY UNIT 3

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Chicago IL 60614

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For

<table>
<thead>
<tr>
<th>Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 of Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 8609</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

- The books are in the care of See attachment 3

Telephone No. FAX No.

- If the organization does not have an office or place of business in the United States, check this box.

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 13, 20xx, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

   - X calendar year 2012 or
   - tax year beginning , 20xx, and ending , 20xx.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

   - 3a $ 0

3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

   - 3b $ 0

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

   - 3c $ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.
## Short Form

### Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**

(except black lung benefit trust or private foundation)

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

**2012**

**Open to Public Inspection**

**A** For the 2012 calendar year, or tax year beginning 2012, and ending 20

**B** Check if applicable:
- **Address change**
- **Name change**
- **Initial return**
- **Terminated**
- **Amended return**

**C** Name of organization

**FAMILIAL ADENOMATOUS POLYPOSIS FOUNDATION**

**Number & street (or P.O. box, if mail is not delivered to street addr.)**

**901 W DIVERSEY PKWY UNIT 3**

**City or town, state or country, and ZIP + 4**

**CHICAGO IL 60614**

**D** Employer identification number

**46-0610844**

**E** Telephone number

**(334) 740-8657**

**F** Group Exemption Number

**G** Accounting Method:
- **Cash**
- **Accrual**
- **Other (specify)**

**H** Check if the organization is not required to attach Schedule B

- **☐** (Form 990, 990-EZ, or 990-PF).

**I** Website:

**WWW.FAPFOUNDATION.ORG**

**J** Tax-exempt status (check only one):
- **501(c)(3)**
- **501(c)(4)**
- **501(c)(5)**
- **501(c)(6)**
- **501(c)(7)**
- **501(c)(8)**
- **501(c)(9)**
- **4947(a)(1)**
- **527**

**K** Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions).

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

**REVENUE**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>9,867</td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Investment income</td>
<td>4</td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td>5a</td>
</tr>
<tr>
<td>5b</td>
<td>Less: cost or other basis and sales expenses</td>
<td>5b</td>
</tr>
<tr>
<td>6</td>
<td>Gaming and fundraising events</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>6a</td>
</tr>
<tr>
<td>6b</td>
<td>Gross income from fundraising events (not including $1,440 of contributions)</td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Less: direct expenses from gaming and fundraising events</td>
<td>6c</td>
</tr>
<tr>
<td>6d</td>
<td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td>6d</td>
</tr>
<tr>
<td>7a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td>7a</td>
</tr>
<tr>
<td>7b</td>
<td>Less: cost of goods sold</td>
<td>7b</td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (describe in Schedule O)</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Total revenue. Add lines 1 through 8</td>
<td>9</td>
</tr>
</tbody>
</table>

**EXPENSES**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Benefits paid to or for members</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Salaries, other compensation, and employee benefits</td>
<td>3,200</td>
</tr>
<tr>
<td>13</td>
<td>Professional fees and other payments to independent contractors</td>
<td>332</td>
</tr>
<tr>
<td>14</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>124</td>
</tr>
<tr>
<td>15</td>
<td>Printing, publications, postage, and shipping</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Other expenses (describe in Schedule O)</td>
<td>489</td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 10 through 16</td>
<td>4,145</td>
</tr>
</tbody>
</table>

**NETS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>21</td>
</tr>
</tbody>
</table>
Part II  Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>0</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>0</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>0</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>0</td>
</tr>
</tbody>
</table>

Part III  Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<table>
<thead>
<tr>
<th></th>
<th>(Grants $ ) If this amount includes foreign grants, check here</th>
<th>28a</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>(Grants $ ) If this amount includes foreign grants, check here</td>
<td>29a</td>
</tr>
<tr>
<td>30</td>
<td>(Grants $ ) If this amount includes foreign grants, check here</td>
<td>30a</td>
</tr>
<tr>
<td>31</td>
<td>Other program services (describe in Schedule O)</td>
<td>31a</td>
</tr>
<tr>
<td>32</td>
<td>Total program service expenses (add lines 28a through 31a)</td>
<td>32</td>
</tr>
</tbody>
</table>

Part IV  List of Officers, Directors, Trustees, and Key Employees
List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title

(b) Average hours per week devoted to position

(c) Reportable compensation (if not paid, enter -0-)

(d) Health benefits, contributions to employee benefit plans, & deferred compensation

(e) Estimated amount of other compensation

See attachment #2

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JVA  12 990EZ2  TWF 990  Copyright Forms (Software Only) – 2012 TW
Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V. Check if the organization used Schedule O to respond to any question in this Part V) □

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. □ 33 Yes □ No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). □ 34 Yes □ No

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? □ 35a Yes □ No

   b If "Yes," to line 35a, has the organization filed a Form 990–T for the year? If "No," provide an explanation in Schedule O. □ 35b Yes □ No

   c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III. □ 35c Yes □ No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. □ 36 Yes □ No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions □ 37a

   b Did the organization file Form 1120-POL for this year? □ 37b Yes □ No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? □ 38a Yes □ No

   b If "Yes," complete Schedule L, Part II and enter the total amount involved □ 38b

39 Section 501(c)(7) organizations. Enter:

   a Initial fees and capital contributions included on line 9 □ 39a

   b Gross receipts, included on line 9, for public use of club facilities □ 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

   section 4911 □ ; section 4912 □ ; section 4955 □

   b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990–EZ? If "Yes,” complete Schedule L, Part I □ 40b Yes □ No

   c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. □

   d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. □

   e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes,” complete Form 8886–T. □ 40e Yes □ No

41 List the states with which a copy of this return is filed □ 41

42a The organization’s books are in care of □ See attachment #3 Telephone no. □

   Located at □

   ZIP + 4 □

   b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? □ 42b Yes □ No

       If "Yes," enter the name of the foreign country. □

       See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

   c At any time during the calendar year, did the organization maintain an office outside the U.S.? □ 42c Yes □ No

       If "Yes," enter the name of the foreign country. □

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990–EZ in lieu of Form 1041 -- Check here □ 43

        and enter the amount of tax-exempt interest received or accrued during the tax year □

   Yes □ No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990–EZ □ 44a Yes □ No

   b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990–EZ □ 44b Yes □ No

   c Did the organization receive any payments for indoor tanning services during the year? □ 44c Yes □ No

   d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. □ 44d Yes □ No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? □ 45a Yes □ No

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? □ 45b Yes □ No
FAMILIAL ADENOMATOUS POLYP 46-0610844

Form 990-EZ (2012)  Page 4

46. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  

   Yes ☐ No ☒

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.  

   Yes ☐ No ☒

47. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  

   Yes ☐ No ☒

48. Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E.  

   Yes ☐ No ☒

49a. Did the organization make any transfers to an exempt non-charitable related organization?  

   Yes ☐ No ☒

49b. If "Yes," was the related organization a section 527 organization?  

   Yes ☐ No ☒

50. Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

   (a) Name and title of each employee paid more than $100,000  

   (b) Average hours per week devoted to position  

   (c) Reportable compensation (Forms W-2/1099-MISC)  

   (d) Health benefits, contributions to employee benefit plans and deferred compensation  

   (e) Estimated amount of other compensation

   NONE

   NONE

   NONE

   NONE

   NONE

   NONE

   f. Total number of other employees paid over $100,000. 

51. Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

   (a) Name and address of each independent contractor paid more than $100,000  

   (b) Type of service  

   (c) Compensation

   NONE

   NONE

   NONE

   NONE

   NONE

   d. Total number of other independent contractors each receiving over $100,000.

52. Did the organization complete Schedule A?  

   Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  

   Yes ☐ No ☒

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

TRAVIS H. BRAY

DIRECTOR

Type or print name and title

Paid Preparer's name: Lee Mandel

Preparer's signature: ____________________________

Date: ____________________________

Check if self-employed: ☐

PTIN: P01220179

Preparer Firm's EIN: 36-3766160

Use Only

Phone number: 630-778-0200

May the IRS discuss this return with the preparer shown above? See instructions.  

Yes ☐ No ☒

JVA 12 990EZ4 TWF 860 Copyright Forms (Software Only) – 2012 TW
**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Name of the organization**
FAMILIAL ADENOMATOUS POLYPOSIS FOUNDATION

**Employer identification number**
46-0610844

### Part I  Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- Type I
- Type II
- Type III—Functionally integrated
- Type III—Non-functionally integrated
- By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - A family member of a person described in (i) above?
  - A 35% controlled entity of a person described in (i) or (ii) above?

- Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of monetary support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes  No</td>
<td>Yes  No</td>
<td>Yes  No</td>
<td>Yes  No</td>
</tr>
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</tr>
</tbody>
</table>

**Total**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

JVA  12 990A1  TWF 990  Copyright Forms (Software Only) - 2012 TW
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILIAL ADENOMATOUS POLYPOSIS FOUNDATION</td>
<td>46-0610844</td>
</tr>
</tbody>
</table>
990 PRIMARY EXEMPT PURPOSE

<table>
<thead>
<tr>
<th>Open to Public Inspection</th>
<th>For calendar year 2012 or tax period beginning</th>
<th>and ending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Organization</td>
<td>FAMILIAL ADENOMATOUS POLYPOSIS FOUNDATION</td>
<td>Employer Identification Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>46-0610844</td>
</tr>
</tbody>
</table>

**Primary Purpose**

TO CONNECT INDIVIDUALS LIVING WITH FAMILIAL ADENOMATOUS POLYPOSIS AND THEIR LOVED ONES WITH EDUCATION MATERIAL AND RESEARCH AND TO PROMOTE RESEARCH AND TO PROVIDE FINANCIAL ASSISTANCE FOR SCREENING TREATMENT COUNSELING AND FAMILY PLANNING
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week devoted to position</th>
<th>(C) Compensation (Form W-2/1099-MISC) (if not paid, enter 0)</th>
<th>(D) Cont. to employee ben. plans &amp; def. comp.</th>
<th>(E) Expense account &amp; other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Travis Bray President</td>
<td>20.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shawn Bray Vice President</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michelle Beem Secretary</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joel Glidden Treasurer</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brian Burke Board Member</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soledad Drago-Ferguson Board Member</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karla Gommel Board Member</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beth Houck Board Member</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elaine Hugar Board Member</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection

For calendar year 2012 or tax period beginning ___________ , and ending ___________.

Name of Organization
FAMILIAL ADENOMATOUS POLYPOSIS FOUNDATION

Employer Identification Number
46-0610844

Part V - Line 42a

Individual Name ____________________________________________

or

Business Name: ____________________________________________

Street Address ____________________________________________

U.S. Address:

Zip code __________ City ____________________________ State __

Foreign Address

City ____________________________

Province or State ________________

Country ________________________________

Postal code ________________________________

Phone Number ________________________________

Fax Number ________________________________
**Form 4562**

**Depreciation and Amortization**

**(Including Information on Listed Property)**

**Part I**

**Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1. Maximum amount (see instructions) ........................................ 1
2. Total cost of section 179 property placed in service (see instructions) ............................ 2
3. Threshold cost of section 179 property before reduction in limitation (see instructions) ....... 3
4. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter −0− .......................... 4
5. Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter −0−. If married filing separately, see instructions ............................................................... 5
6. (a) Description of property (b) Cost (busn. use only) (c) Elected cost ............................................ 6

7. Listed property. Enter the amount from line 29 ........................................ 7
8. Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 ............... 8
9. Tentative deduction. Enter the smaller of line 5 or line 8 .................................................. 9
10. Carryover of disallowed deduction from line 13 of your 2011 Form 4562 ............................. 10
11. Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) .......................................................... 11
12. Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 ........... 12
13. Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ........................... 13

**Part II**

**Special Depreciation Allowance and Other Depreciation**

(Do not include listed property.) (See instructions.)

14. Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) ........................................... 14
15. Property subject to section 168(h)(1) election ........................................................... 15
16. Other depreciation (including ACRS) ................................................................. 16

**Part III**

**MACRS Depreciation**

(Do not include listed property.) (See instructions.)

**Section A**

17. MACRS deductions for assets placed in service in tax years beginning before 2012 ................. 17
18. If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ........................................... 18

<table>
<thead>
<tr>
<th>(a) Classification of property</th>
<th>(b) Month and year placed in service</th>
<th>(c) Basis for depr. (business/investment use only -- see instructions)</th>
<th>(d) Recovery period</th>
<th>(e) Convention</th>
<th>(f) Method</th>
<th>(g) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>18a 3-year property</td>
<td>1,007 07 HY 200 DB</td>
<td>144</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 5-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c 7-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d 10-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e 15-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f 20-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g 25-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Residential rental property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Nonresidential real property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C -- Assets Placed In Service During 2012 Tax Year Using the Alternative Depreciation System**

20a Class life .......................... S/L
20b 12-year ................................ S/L
20c 40-year ............................ S/L

**Part IV**

**Summary**

(See instructions.)

21. Listed property. Enter amount from line 28 ........................................ 21
22. Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions ................................. 22
23. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ........................................ 23
# 2012 DETAIL STATEMENTS

**FAMILIAL ADENOMATOUS POLYPOSIS**  
46-0610844  
Page 1

## STMT #1 - Contributions and grants (990-EO PG 1 Line 8)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Contributions</td>
<td>2,985</td>
</tr>
<tr>
<td>Fundraising</td>
<td>1,440</td>
</tr>
<tr>
<td><strong>Total Carried</strong></td>
<td>4,425</td>
</tr>
</tbody>
</table>

## STMT #2 - Salaries, other comp., emp ben (990-EO PG 1 Line 15)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director Fees</td>
<td>3,200</td>
</tr>
<tr>
<td><strong>Total Carried</strong></td>
<td>3,200</td>
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</tbody>
</table>

## STMT #3 - Other expenses (990-EO PG 1 Line 17)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Fees</td>
<td>332</td>
</tr>
<tr>
<td>Meeting Expenses</td>
<td>162</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>21</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>293</td>
</tr>
<tr>
<td>Telephone</td>
<td>124</td>
</tr>
<tr>
<td><strong>Total Carried</strong></td>
<td>932</td>
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</tbody>
</table>

## STMT #4 - Contributions, gifts, grants (EZ1 Line 1)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraiser Income</td>
<td>1,440</td>
</tr>
<tr>
<td>Public Support</td>
<td>2,985</td>
</tr>
<tr>
<td>Other Contributions</td>
<td>5,442</td>
</tr>
<tr>
<td><strong>Total Carried</strong></td>
<td>9,867</td>
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</table>

## STMT #5 - Professional Fees (990-EZ PG 1 Line 13)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Services</td>
<td>332</td>
</tr>
<tr>
<td><strong>Total Carried</strong></td>
<td>332</td>
</tr>
</tbody>
</table>

## STMT #6 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>124</td>
</tr>
<tr>
<td><strong>Total Carried</strong></td>
<td>124</td>
</tr>
</tbody>
</table>

## STMT #7 - Other expenses (EOEZ Pg 1 Line 16)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees</td>
<td>13</td>
</tr>
</tbody>
</table>
# 2012 DETAIL STATEMENTS

**FAMILIAL ADENOMATOUS POLYPOSIS**

46-0610844

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting</td>
<td>162</td>
</tr>
<tr>
<td>Office Expense</td>
<td>21</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>293</td>
</tr>
</tbody>
</table>

**TOTAL CARRIED TO EOEZ Pg 1 Line 16**  

489

---

**STATEMENT #8 - Other assets end yr (EOEZ PG 2 Line 24)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Furniture</td>
<td>1,007</td>
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</table>

**TOTAL CARRIED TO EOEZ PG 2 Line 24**  

1,007
<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>Method</th>
<th>Cost</th>
<th>Prior 179</th>
<th>Current 179</th>
<th>Pr Spec Allow</th>
<th>Curr Spec Allow</th>
<th>Basis</th>
<th>Prior Depr</th>
<th>Current Depr</th>
<th>Accum Depr</th>
<th>Adj Basis</th>
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</thead>
<tbody>
<tr>
<td>FORM 990 Furniture</td>
<td>08-01-12</td>
<td>200DBHY-7</td>
<td>1007</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1007</td>
<td>0</td>
<td>144</td>
<td>144</td>
<td>863</td>
</tr>
<tr>
<td>1 Assets</td>
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<td>0</td>
<td>0</td>
<td>1007</td>
<td>0</td>
<td>144</td>
<td>144</td>
<td>863</td>
</tr>
<tr>
<td>1 Assets</td>
<td>Grand Totals:</td>
<td></td>
<td>1007</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1007</td>
<td>0</td>
<td>144</td>
<td>144</td>
<td>863</td>
</tr>
<tr>
<td>Description</td>
<td>Date</td>
<td>Method</td>
<td>Cost</td>
<td>Prior 179</td>
<td>Current 179</td>
<td>Pr Spec Allow</td>
<td>Curr Spec Allow</td>
<td>Basis</td>
<td>Prior Depr</td>
<td>Current Depr</td>
<td>Accum Depr</td>
<td>Adj Basis</td>
</tr>
<tr>
<td>-------------</td>
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<td>-------</td>
<td>------------</td>
<td>-------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>FORM 990 Furniture</td>
<td>08-31-12 20CD0HY-7</td>
<td>1007</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1007</td>
<td>0</td>
<td>108</td>
<td>108</td>
<td>899</td>
<td></td>
</tr>
<tr>
<td>1 Assets Totals:</td>
<td></td>
<td>1007</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1007</td>
<td>0</td>
<td>108</td>
<td>108</td>
<td>899</td>
<td></td>
</tr>
<tr>
<td>1 Assets Grand Totals:</td>
<td></td>
<td>1007</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1007</td>
<td>0</td>
<td>108</td>
<td>108</td>
<td>899</td>
<td></td>
</tr>
</tbody>
</table>
What is the purpose of Form IL-505-B?
Form IL-505-B, Automatic Extension Payment, provides taxpayers who are unable to file their business income tax return by the due date a means of calculating and remitting their tentative tax liability on or before the original due date of the return (see "When should I file and pay?").

Who must file Form IL-505-B?
You must file Form IL-505-B if all of the following apply to you:

- you are required to file Form IL-1120, IL-990-T, IL-1041, IL-1065, IL-1120-ST, or Form IL-1023-C, and
- you cannot file your annual tax return by the due date, and
- you complete the Tax Payment Worksheet in the instructions and determine that you will owe a tentative tax.

If Line 9 of the worksheet shows you owe tentative tax, pay the full amount due either by filing and paying with this form or by making your payment electronically. An extension of time to file does not extend the amount of time you have to make your payment.

Do not file Form IL-505-B if:

- after completing the Tax Payment Worksheet, you find that you do not owe additional tax, or
- you make your extension payment electronically.

Unitary group: If you are a member of a unitary business group that is filing a combined return, your designated agent must complete one Form IL-505-B for the entire group as though it is one taxpayer.

Federal consolidated group: If you are a member of a federal consolidated group, you must file a separate Form IL-505-B for each member that is required to file an Illinois tax return. We will not grant "blanket" or consolidated extensions.

Form IL-1023-C filers: If you are filing Form IL-505-B for an extension to file your Form IL-1023-C, you must enter "666" on the "SEQ" line on this form.

Note: Please be aware that if an unpaid liability is disclosed when you file your return, you may owe penalty and interest charges in addition to the tax. See "What are the penalties and interest?"

What are the extensions?
Automatic Illinois extension — We grant you an automatic six-month (seven-month for corporations) extension to file your annual return whether or not you request the automatic extension. You are not required to file Form IL-505-B to obtain this extension if no tentative tax is due.

Additional federal extension beyond six months — We will grant you an additional extension to file of more than six months (seven months for corporations) if the Internal Revenue Service (IRS) grants you an additional extension.

If you do not owe any tentative tax, you are not required to file Form IL-505-B. However, you must attach a copy of the approved federal extension to your annual return when you file it.

When should I file and pay?
You must file your completed Form IL-505-B, and pay any tentative tax amount you owe by the original due date of your tax return or as soon as you realize you owe tentative tax. This includes annual and short-year returns. The due date depends on the type of tax return that you file. Refer to the following list of return due dates.

All dates refer to the months following the close of the taxable year.

For

- corporations, subchapter S corporations
- partnerships, fiduciaries, composite or exempt organizations (employee trusts only)
- exempt organizations (all others)
- cooperatives

Due date

- the 15th day of the 3rd month
- the 15th day of the 4th month
- the 15th day of the 5th month
- the 15th day of the 9th month

Note: If you file federal Form 1120, U.S. Corporation Income Tax Return, and the original due date is later than the 15th day of the 3rd month, your Form IL-1120 and your payment will be due at the same time as your federal Form 1120.

Make your check or money order payable to "Illinois Department of Revenue." Be sure to write your FEIN, tax year, and "IL-505-B" on your payment. Mail your Form IL-505-B, with your payment, to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19045
SPRINGFIELD IL 62794-9045

Note: You may be required to make your payments electronically. For more information, see Information Bulletin FY 2011-01.

What are the penalties and interest?
Penalties — You will owe

- a late-filing penalty if you do not file a processable return by the extended due date;
- a late-payment penalty if you do not pay the tax you owe by the original due date of the return;
- a bad check penalty if your remittance is not honored by your financial institution.

Interest is calculated on tax from the day after the original due date of your return through the date you pay the tax.

Illinois Department of Revenue
IL-505-B (R-12/12)

Automatic Extension Payment for 2012

STOP If no payment is due or you make your payment electronically, do not file this form.

FEIN: 46-0610844
SEQ: ___________

Name of Organization: FAMILIAL ADENOMATOUS POLYPOSIS
C/O: ___________

Mailing address: 901 W DIVERSEY PKWY UNIT 3
C/O: Chicago
City: Chicago
State: IL
ZIP: 60614
Phone: 334-740-8657

Additional federal extension beyond six months — We will grant you an additional extension to file of more than six months (seven months for corporations) if the Internal Revenue Service (IRS) grants you an additional extension.

If you do not owe any tentative tax, you are not required to file Form IL-505-B. However, you must attach a copy of the approved federal extension to your annual return when you file it.

When should I file and pay?
You must file your completed Form IL-505-B, and pay any tentative tax amount you owe by the original due date of your tax return or as soon as you realize you owe tentative tax. This includes annual and short-year returns. The due date depends on the type of tax return that you file. Refer to the following list of return due dates.

All dates refer to the months following the close of the taxable year.

For

- corporations, subchapter S corporations
- partnerships, fiduciaries, composite or exempt organizations (employee trusts only)
- exempt organizations (all others)
- cooperatives

Due date

- the 15th day of the 3rd month
- the 15th day of the 4th month
- the 15th day of the 5th month
- the 15th day of the 9th month

Note: If you file federal Form 1120, U.S. Corporation Income Tax Return, and the original due date is later than the 15th day of the 3rd month, your Form IL-1120 and your payment will be due at the same time as your federal Form 1120.

Make your check or money order payable to "Illinois Department of Revenue." Be sure to write your FEIN, tax year, and "IL-505-B" on your payment. Mail your Form IL-505-B, with your payment, to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19045
SPRINGFIELD IL 62794-9045

Note: You may be required to make your payments electronically. For more information, see Information Bulletin FY 2011-01.

What are the penalties and interest?
Penalties — You will owe

- a late-filing penalty if you do not file a processable return by the extended due date;
- a late-payment penalty if you do not pay the tax you owe by the original due date of the return;
- a bad check penalty if your remittance is not honored by your financial institution.

Interest is calculated on tax from the day after the original due date of your return through the date you pay the tax.

Illinois Department of Revenue
IL-505-B (R-12/12)

Automatic Extension Payment for 2012

STOP If no payment is due or you make your payment electronically, do not file this form.

FEIN: 46-0610844
SEQ: ___________

Name of Organization: FAMILIAL ADENOMATOUS POLYPOSIS
C/O: ___________

Mailing address: 901 W DIVERSEY PKWY UNIT 3
C/O: Chicago
City: Chicago
State: IL
ZIP: 60614
Phone: 334-740-8657

$ Enter your payment amount on this line. Make your check or money order payable to "Illinois Department of Revenue" and return the voucher and payment to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19045
SPRINGFIELD IL 62794-9045

Official use only

ID# 2C8 12 IL50SB1 TWF 1041 Copyright Forms (Software Only) — 2012 TW