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Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

1, 2008 DEC , and ending NOV 30. 2009 For calendar year 2008, or tax year beginning Final return Amended return Address change Name change G Check all that apply: Initial return A Employer identification number Name of foundation Use the IRS label. 36-3152002 HOCHBERG FAMILY FOUNDATION Otherwise. Number and street (or P O box number if mail is not delivered to street address) Room/suite print B Telephone number or type. 847-881-2006 800 400 SKOKIE BLVD. See Specific City or town, state, and ZIP code C if exemption application is pending, check here Instructions. NORTHBROOK, IL 60062 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: | X | Cash _ Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 5, 253, 787. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes expenses per books income income (cash basis only) 930,149 心流。 **医杜勒尔** right of Contributions, gifts, grants, etc., received · 入司を行っては熱 一個のない はないしょうかい Light to 1256 0 30 220 146 0 if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 39,353 39,353 STATEMENT 2 86,142 83,451 STATEMENT & 3 Dividends and interest from securities 5a Gross rents · A Managara 1. 25 The state of the state of 63 b Net rental income or (loss) <156,617STATEMENT 1 2. 52 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a <156,617.> いいかのない 水をなったー・ 4. 大阪田麓田河南市 Jen og ce A CONTRACTOR 4. 1000年 Capital gain net income (from Part IV, line 2) ·特多數數如下導。"你 職職 灌小 1 The State of Net short-term capital gain O AND WAR TO SEE Income modifications 10a Gross sales less returns and allowances SAN TO SAN THE ور برای と ないない *** 3-68 الله المرابطة - حد سيد المجاهرية المراجد المراجد THE WAR THE STATE OF THE STATE 以注:此一次海滨海海滨 MAN Y b Less Cost of goods sold c Gross profit or (loss) < 7,49613,223 0 STATEMENT 4 11 Other income 136,027 0 891,531 Total, Add lines 1 through 11 12 0 0 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages Pension plans, employee benefits 16a Legal fees CIVED 〇三NNVOS ig and Administrative-Expenses 14,925 14,925. STMT 5 0 0 .b.Accounting fees SO-S 0 Ō 55,149.STMT 6 55,149 c Other professional fees J7 indefest 1 3 2010 Ō. 7 0 STMT 17,369 4,161 18 Taxes Depreciation and depletion 20 21 Travel, conferences, and meetings 22 Printing and publications 104,209 104,324. 0 0. STMT 8 23 Other expenses 24 Total operating and administrative 191.767 108,370 0 70,074. expenses. Add lines 13 through 23 399,850 399,850. 25 Contributions, gifts, grants paid 0 26 Total expenses and disbursements. 1,591,617 108,370 0 469,924 Add lines 24 and 25 ومرونين ψź Subtract line 26 from line 12: 27 <700,086 8 Excess of revenue over expenses and disbursements 27,657 といいいはる教養 11 - 12 3 15 b Net investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

ip.	FIX	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
	I,L	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
T	1	Cash - non-interest-bearing	400.000	640 000	643 333
	2	Savings and temporary cash investments	193,832.	643,329.	643,329.
- 1	3	Accounts receivable ▶	Company of the control of the contro	AND THE PARTY NAMED IN	H. M. M. M. M.
- [Less; allowance for doubtful accounts			
- 1	4	Pledges receivable ►	٠ ٢٠ و١ .	, . S	\$1 1 1
- 1		Less: allowance for doubtful accounts			
- [-	Grants receivable			
- 1	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
ŀ	7	Other notes and loans receivable		the state of the s	h: - , 65
-		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use .	- -		
Assets		Prepaid expenses and deferred charges .			
۲	10a	Investments - U.S. and state government obligations	620 210	F12 001	712 001
- 1	b	Investments - corporate stock STMT 9	639,318.	713,821.	713,821.
	C	Investments - corporate bonds		, r	
- 1	11	Investments - land, buildings, and equipment basis		we will be the	
- 1		Less accumulated depreciation			<u> </u>
		Investments - mortgage loans			
- 1		Investments - other		de la	
	14	Land, buildings, and equipment basis	The state of the s	新文·安·沙勒	The same of the same
		Less accumulated depreciation	E 002 C02	3,896,637.	2 906 627
- 1	15	Other assets (describe STATEMENT 10)	5,992,603.	3,890,037	3,896,637.
			6 025 752	5,253,787	5,253,787.
$\overline{}$	16	Total assets (to be completed by all filers)	6,825,753.	3,233,101	3,233,707.
- 1	17			<u></u>	
l	18	Grants payable			-
.≌ I	19	Deferred revenue			-
≣	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			
ŀ	22	Other liabilities (describe			
	92	Total liabilities (add lines 17 through 22)	0.	l o.	
-	20	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ès	24	Unrestricted			
al	25	Temporarily restricted			1
Bal	26				
Fund Balanc		Foundations that do not follow SFAS 117, check here			1.
		and complete lines 27 through 31.		ļ	> , - \(\frac{1}{2} \)
ğ	27		0.	0	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0	
As	29	Retained earnings, accumulated income, endowment, or other funds	6,825,753.		
ğ	30	Total net assets or fund balances	6,825,753.	5,253,787	
_					
	31	Total liabilities and net assets/fund balances	6,825,753.	5,253,787	· rai s
<u></u>	art.	III Analysis of Changes in Net Assets or Fund E	Balances		
					
		l net assets or fund balances at beginning of year - Part II, column (a), line	30		6 005 750
	•	st agree with end-of-year figure reported on prior year's return)		. [1	
		er amount from Part I, line 27a		2	
		er increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3	, TOGG	. 4	<u> </u>
		reases not included in line 2 (itemize) NET UNREALIZED		5	- 0-0-0-
R '	Tota	it net assets or fund halances at end of year (line 4 minus line 5) - Part II, o	owma (b). line 30	1 6	,, J,4JJ,10/•

01-02-09

Partiv Capital Gains and Lo	sses for Tax on In	vestment	Income					<u> </u>
(a) List and describe the ki 2-story brick warehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	., real estate, s. MLC Co.)		(b) How P - Pu D - Do	acquired urchase onation	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a THROUGH GRESHAM FOI	REIGN MANAGE	RS QP I	.P.		P	VAR	OUS	VARIOUS
b THROUGH GRESHAM FOI					P	VAR]		VARIOUS
c THROUGH GRESHAM SE					P	VAR.		VARIOUS
d THROUGH GRESHAM SE	LECT ASSET M	ANANGEI	RS, LP		P	VAR	COUS	VARIOUS
е								l
(e) Gross sales price (f)	Depreciation allowed (or allowable)		or other basis opense of sale			(h) ((e) plu	Gain or (loss is (f) minus	(g)
a <100,787.>							_	<100,787.
b <135,433.>								<135,433.
c <33,699.>								<33,699.
d 113,302.								113,302.
e								
Complete only for assets showing gain in	column (h) and owned by	the foundation	on 12/31/69			(t) Gains (Col. (h) gair	n minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		C	ol. (k), but Losse	t not less that s (from col.	ın -U-) o r (h))
a							-	<100,787.
b								<135,433.
C								<33,699.
d								113,302.
е	-						·	
2 Capital gain net income or (net capital loss	If gain, also enter) { If (loss), enter -0	r in Part I, line 7 I- in Part I, line	, 7	} 2	2			<156,617.
3 Net short-term capital gain or (loss) as def	•			´ [
If gain, also enter in Part I, line 8, column (ia (0).)				
If (loss), enter -0- in Part I, line 8				ئــارُـــ	3		N/A	<u> </u>
Ranky Qualification Under S	Section 4940(e) for	Reduced	Tax on Net	Inves	tment li	ncome		
(For optional use by domestic private foundation	ions subject to the section	4940(a) tax on	net investment ir	ncome.)				
If section 4940(d)(2) applies, leave this part b	lank							
ii Section 4940(u)(2) applies, leave this part of	iain.							
Was the foundation liable for the section 4942	tax on the distributable an	nount of any ye	ar in the base pe	riod?				Yes X No
If "Yes," the foundation does not qualify under								***
1 Enter the appropriate amount in each colu		uctions before	making any entri					70)
(a) Base period years	(b) Adjusted qualifying dis	tributions	Net value of no	(C) ancharital	hle-use asse	ıte	Distr	(d) button ratio
Calendar year (or tax year beginning in)			Wet value of the				(coi. (b) a	vided by col. (c)) •193899
2007		6,190.			942,73			.240204
2006		6,239.			138,04			.142897
2005		8,372.			$\frac{397,38}{320,03}$.093198
2004		4,659.			020,03 384,59			.100669
2003	39	1,058.		3,0	004,55	13.	· T	•100003
						١.	-	.770867
2 Total of line 1, column (d)	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					2		• / / 000 /
3 Average distribution ratio for the 5-year ba		on line 2 by 5,	or by the number	r of years	i	١.		.154173
the foundation has been in existence if less	s than 5 years					3	 	.1341/3
						1.		6,182,510.
4 Enter the net value of noncharitable-use as	ssets for 2008 from Part X,	line 5				4		0,102,510.
						_		052 176
5 Multiply line 4 by line 3		••				5		953,176.
							i	277
6 Enter 1% of net investment income (1% o	f Part I, line 27b)	•				6		277.
								060 460
7 Add lines 5 and 6						7	 	953,453.
8 Enter qualifying distributions from Part XII						i	1	
4	l, line 4					8		1,469,924.

4b

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? 			\$c.	44. 4 T. A. A.	74 68
(2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive?					
any voter registration drive?			s 🗶 No 🌋		in.
· · · · · · · · · · · · · · · · · · ·	to carry on, directly or indire	ctly,	[3]	200	*
12) Droude a great to an industrial for traval children extender complex successes			s X No		
		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		s X No		
509(a)(1), (2), or (3), or section 4940(d)(2)?	· · ·		S LA INU		
(5) Provide for any purpose other than religious, charitable, scientific, literary, of the provide of avoidable and studies of avoidable of scientific and studies of scientific and scien	or educational purposes, or it	"	s X No		13.5
the prevention of cruelty to children or animals? b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und			S LA IIV 199		¥. ~ .
section 53.4945 or in a current notice regarding disaster assistance (see instruc		Trioguladoris	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check he	•	•	▶ □ \$	4.4	沙东
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from		ned		40	ا مو فضوع
expenditure responsibility for the grant?		/A Ye	es 🔲 No 🎉	4 44 9	١,٠٠٠
If "Yes," attach the statement required by Regulations section 53.4945	-5(d).		l-à	gr. A.	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p			1	100	-
a personal benefit contract?		Ye	es 🗶 No 📋		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?	•		6b	<u>X</u>
If you answered "Yes" to 6b, also file Form 8870.			, i		3/2
7a At any time during the tax year, was the foundation a party to a prohibited tax sl		Ye	es LXL No L	紫沙 拉	<i>**</i>
b If yes, did the foundation receive any proceeds or have any net income attributa			n-1 nn	7b	
Part VIII Information About Officers, Directors, Truster	es, Foundation Ma	nagers, Highly	У		
List all officers, directors, trustees, foundation managers and their of the second seco	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expe	enșe
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account,	otner
LARRY J. HOCHBERG	DIRECTOR				
400 SKOKIE BLVD, SUITE 800				Ì	
NORTHBROOK, IL 60062	0.25	0.	0.		0.
	DIRECTOR				
400 SKOKIE BLVD, SUITE 800					•
NORTHBROOK, IL 60062	0.25	0.	0.	1	0.
				 	
					-
					<u>_</u>
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
	(b) Title and average		(d) Contributions to employee benefit plans	(e) Exp	
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000		enter "NONE."	(d) Contributions to employee benefit plans and deferred compensation	(e) Expraccount,	ense other
	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expraccount,	ense other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expraccount, allowar	ense other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Exp account, allowar	ense other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expi account, allowar	ense other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expraccount, allowar	ense other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expraccount, allowar	ense other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Explaccount, allowar	ense other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expraccount, allowar	ense other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expraccount, alloward	ense other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Expraccount, allowar	ense other

Paid Employees, and Contractors (continued)	ation managers, righty	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	_	
	-	
	<u> </u>	
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 statis number of organizations and other beneficiaries served, conferences convened, research papers pro-	stical information such as the duced, etc.	Expenses
1 NONE		
		0.
2		•
3		
4		
<u> </u>		
Rart X 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 NONE		
		•
		0.
2		
All other program-related investments. See instructions.		
3 NONE		
Total Add lines 1 through 3	•	0.

<u> </u>	withinfully investment neturn (All domestic foundations must complete this part. Foreign foundations	nuations,	see instructions.)
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	658,721.
b	Average of monthly cash balances	1b	1,314,409.
C	Fair market value of all other assets	1c	4,303,530.
d	Total (add lines 1a, b, and c)	1d	6,276,660.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1977	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,276,660.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	94,150.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,182,510.
6	Minimum investment return. Enter 5% of line 5	6	309,126.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	309,126.
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	<u>277.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	308,849.
4	Recoveries of amounts treated as qualifying distributions .	4	0.
5	Add lines 3 and 4	5	308,849.
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	308,849.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		1,469,924.
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 1b	1,409,924.
þ	Program-related investments - total from Part IX-B	2	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
3	Amounts set aside for specific charitable projects that satisfy the:	200	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	1 460 024
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,469,924.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	277.
	Income. Enter 1% of Part I, line 27b	5	1,469,647.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualities fo	IT THE SECTION

Page 9

PartXIII Undistributed Income (see instructions)

HOCHBERG FAMILY FOUNDATION

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI, line 7		5 += +0		308,849.
2 Undistributed income, if any, as of the end of 2007			* -	
a Enter amount for 2007 only		Y Y	0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2008:		,	. ,	
a From 2003		The section of		
b From 2004 37,140.		, 40 mm v	,	
c From 2005 436,319.		- , ′		-
dFrom 2006 1,312,455.		the work for the second	" **	4/
eFrom 2007 1,349,672.		t.	- 4 1	`
f Total of lines 3a through e	3,135,586.		1 160	
4 Qualifying distributions for 2008 from	Bridge Control	š ,	•	
Part XII, line 4: ▶\$ 1,469,924.		 *	,	
a Applied to 2007, but not more than line 2a		,	0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	4 4	
c Treated as distributions out of corpus		1 		, <u>}</u> ,
. (Election required - see instructions)	1,469,924.	3,0		7.
d Applied to 2008 distributable amount		, 1 , 1 , 5 4 6.	175 a 1/4	0.
e Remaining amount distributed out of corpus	0.	,		
5 Excess distributions carryover applied to 2008	308,849.			308,849.
(If an amount appears in column (d), the same amount must be shown in column (a))		x	,	
6 Enter the net total of each column as indicated below:			, -,	, ,
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	4,296,661.	* * · · · · · · · · · · · · · · · · · ·	- + +	
b Prior years' undistributed income. Subtract			1 1 m 1 m 1	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.	,	·,
d Subtract line 6c from line 6b. Taxable	A.M.			
amount - see instructions		0.	- '	
e Undistributed income for 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must		£		
be distributed in 2009	₹ . 2'			0.
7 Amounts treated as distributions out of				İ
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.	1 206 661			
Subtract lines 7 and 8 from line 6a	4,296,661.			
10 Analysis of line 9:	100			
a Excess from 2004 b Excess from 2005 164,610.				
4 348 455				
4 242 552	12.			
d Excess from 2007 e Excess from 2008 1,469,924				
ELACESS II OII 2000 17 1 20 7 7 2 2 4	T8 / -		1_	Form 990-PF (2008)

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Pangava Supplementary information	(continuea)			
3 Grants and Contributions Paid During the Ye	ear or Approved for Future I	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		
a Paid during the year				
				,
	ļ	·		
				•
			1	
		Ì		
-	i			
SEE STATEMENT 12				
Total		····	<u>▶ 3a</u>	1,399,850.
b Approved for future payment				
			ļ	
			1	
NONE				
				}
	1			
`				
		<u></u> _		ļ
Total			▶ 3b	0.

823611 01-02-09

PartXXVIIA **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(e)
Enter gross amounts unless outer mac indicated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a TRADE OR BUSINESS INCOME	Code		1 3333		
b FROM GRESHAM PARTNERS	525990	<20,719.			
c ERROR GRADIMAT THETALING	323330	<u> </u>	_		
d					
<u> </u>			-		
<u></u>					
g Fees and contracts from government agencies			 		
2 Membership dues and assessments	-		╁		
3 Interest on savings and temporary cash	 		-		
investments			14	39,353.	
4 Dividends and interest from securities	 		$\frac{-1}{4}$		
5 Net rental income or (loss) from real estate:	3.4				
a Debt-financed property		Eventual Control of the Control of t			
b Not debt-financed property					
6 Net rental income or (loss) from personal			-		
property	j		İ		
7 Other investment income			14	13,223.	
8 Gain or (loss) from sales of assets other					
than inventory			18	<156,617.	>
9 Net income or (loss) from special events				· · · · · · · · · · · · · · · · · · ·	
10 Gross profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
11 Other revenue:					
a					
b					
c					
d					
e			†		
12 Subtotal. Add columns (b), (d), and (e)		<20,719.	≱ `	<17,899.	> 0.
13 Total. Add line 12, columns (b), (d), and (e)		· · · · · · · · · · · · · · · · · · ·		13	<38,618.
(See worksheet in line 13 instructions to verify calculations.)				_	
			-		

Relationship of Activities to the Accomplishment of Exempt Purposes Part XVIEB

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
	NOT APPLICABLE	
		<u>. </u>
		
823621 01-02 - 09	Form 99	0-PF (2008)

P	art X\	<u> </u>			actions an	d Relationships With Nonch	aritable	Fa	ye is
1	Did th			e following with any oth	ner organization	described in section 501(c) of	A diry. Y	'es	No
•		•)1(c)(3) organizations) or in s		-	· ·		, –	
a		-	undation to a noncharitable e		pondour or games	adono.		1.6	
·		ash		Actific organization of.			1a(1)		X
		Other assets	• •		• ••	· · · ·	1a(2)		$\overline{\mathbf{x}}$
h		transactions:	•				1.4.2/	٠,	 -
_			aritable exempt organization				1b(1)	وتنخد	X
	` '		a noncharitable exempt organ	· ·	•• ••		1b(2)	_	X
	٠.	tental of facilities, equipmi	, •	nzauon			1b(3)		<u>x</u>
	, ,	leimbursement arrangemi	·	•	٠	•	1b(4)	一十	<u>x</u>
		oans or loan guarantees	JII W			•	1b(5)	-	<u></u>
			r membership or fundraising	solicitations			1b(6)		<u>x</u>
c			, mailing lists, other assets, o		•		10	\dashv	<u>x</u>
		- · · · · · · · · · · · · · · · · · · ·			(h) should alwa	ys show the fair market value of the goods,			
·		-		-	• •	in any transaction or sharing arrangement,		۵,	
			ds, other assets, or services		an markot valuo	many demodesion or onering arrangement	S.1.0 11 111		
(a)	Line no	(b) Amount involved		charitable exempt orga	nızatıon	(d) Description of transfers, transactions, an	d sharing arrar	ngeme	nts
<u> </u>				N/A		,,,			
_									
									—
	_								
				·					
		·····		–					
		-							
									
_									
								_	
				· · · -			-		
				······································					
				·- <u>-</u>					
				· · · · · · · · · · · · · · · · · · ·					
2:	ls the	foundation directly or ind	lirectly affiliated with, or relate	ed to, one or more tax-	exempt organiza	tions described			
_			other than section 501(c)(3))				Yes	X] No
t		s," complete the following							
			f organization	(b) Type of	organization	(c) Description of relation	ship		
NC	NE								
									
Ĭ			•			nts, and to the best of my knowledge and belief, it	is true, correct	,	
	and con	nplete Declaration of preparer	(other than taxpayer or fiduciary) i	s based on all information of	of which preparer ha				
	•	If Horse	\sim	10	-5-10	PREJIONA			
a	Si	gnature of officer or truste	ee	Date		Title			
Sign Here		Preparer's	11/2		Da	1 - 12	arer's identifying	ng num	ber
ŝ	aid arer's Only	signature	1601		1/0	Self- employed ►			
	žaic Ogre	Firm's name (or yours RS	M MCGLADREY,	INC.		EIN ►			
Į	Paid Preparer's Use Only	1 '' ' '	N. MARTINGAL	E ROAD, SU	VITE 500				
			HAUMBURG, IL			Phone no			

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Employer identification number Name of the organization 36-3152002 HOCHBERG FAMILY FOUNDATION Organization type (check one): Section: Filers of: ____ 501(c)() (enter number) organization Form 990 or 990-EZ 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 Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III. J For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate 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) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Employer identification number

HOCHBERG FAMILY FOUNDATION

36-3152002

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LARRY HOCHBERG	Aggregate contributions	Person X Payroll
	275 N DEERE PARK EAST	\$905,149.	Noncash (Complete Part II if there
	HIGHLAND PARK, IL 60035		is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JOHN LOWENSTEIN		Person X Payroll
	9056 KARLOV AVE	\$ 25,000.	Noncash (Complete Part II if there
	SKOKIE, IL 60076		is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Moncash Complete Part II if there is a noncash contribution.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
823452 12-1	8-08	Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

SECTION 4942(h)(2) Election As to the Treatment of Qualifying Distributions

The Hochberg Family Foundation 400 Skokie Blvd. Suite 800 Northbrook, IL 60062 FEIN: 36-3152002

FYE: November 30, 2009

Pursuant to IRC Section 4942(h)(2) and Regulation 53.4942(a)-3(d)(2), the above referenced foundation hereby elects to treat current-year qualifying distributions in excess of the immediately preceding tax year's undistributed income as being made out of corpus.

(Signature)

LARRY J. HEHBERG Name)

President

FORM 990-PF G	AIN OR (LOSS)	FROM SALE	OF A	SSETS	STA	ATEMENT 1
(A) DESCRIPTION OF PROPERTY				ANNER QUIRED	DATE ACQUIRED	DATE SOLD
THROUGH GRESHAM FOREIGN	MANAGERS QP L	.P.	PUR	CHASED	VARIOUS	VARIOUS
(B)	(C)	(D)		(E)		(F)
GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF	DEPRE	C. GAIN	OR LOSS
<100,787.>	0.		0.		0.	<100,787.>
(A) DESCRIPTION OF PROPERTY	•			ANNER QUIRED	DATE ACQUIRED	DATE SOLD
THROUGH GRESHAM FOREIGN	— I MANAGERS QP L	.P.	PUR	CHASED	VARIOUS	VARIOUS
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE		(F) N OR LOSS
<135,433.>	0.		0.		0.	<135,433.
(A) DESCRIPTION OF PROPERTY	7			ANNER QUIRED	DATE ACQUIRED	DATE SOLD
THROUGH GRESHAM SELECT	— ASSET MANANGER	S, LP	PUR	CHASED	VARIOUS	VARIOUS
(B) GROSS	(C) COST OR	(D) EXPENSE	OF	(E)		(F)
SALES PRICE	OTHER BASIS	SALE		DEPRE	C. GAII	N OR LOSS
<33,699.>	0.		0.		0.	<33,699.

DESCRIP	(A) TION OF PROPERTY	<i>t</i>		MANNER ACQUIRED	DAT: ACQUI		OLD
THROUGH	GRESHAM SELECT	ASSET MANANGERS	, LP	PURCHASED	VARIO	US VARIO	US
	(B)	(C)	(D)	(E)		(F)	
	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE (OF DEPRE	EC.	GAIN OR LOS	S
	113,302.	0.		0.	0.	113,3	02.
CAPITAL	GAINS DIVIDENDS	FROM PART IV					0.
TOTAL T	O FORM 990-PF, I	PART I, LINE 6A			=	<156,6	17.
FORM 99	0-PF INTEREST (ON SAVINGS AND T	EMPORARY (CASH INVEST	MENTS	STATEMENT	2
SOURCE						AMOUNT	
BANK LE					•		6.
	N TRUST I GRESHAM FOREIGN	N MANACEDE OD I	D			1,2 15,8	
	GRESHAM SELECT					22,2	
TOTAL T	O FORM 990-PF, I	PART I, LINE 3,	COLUMN A		-	39,3	53.
FORM 99	00-PF D	IVIDENDS AND INT	EREST FROM	M SECURITIE	ES	STATEMENT	3
SOURCE		GRO	SS AMOUNT	CAPITAL DIVIDE		COLUMN (A	.)
FIDELIT	Y INVESTMENTS		1,038	•	0.	1,0	38.
	Y TAX EXEMPT DIV GRESHAM FOREIGN		1,379	•	0.	1,3	79.
QP LP			66,821	•	0.	66,8	21.
THROUGH QP LP	GRESHAM FOREIG	N MANAGERS	926	•	0.	9	26.
THROUGH	GRESHAM SELECT	ASSET					
MANAGER	RS, LP I GRESHAM SELECT	ASSET	15,592	•	0.	15,5	
THROUGH	CKEDIEE DELECT	110041					92.
MANAGER		110001	386	•	0.	3	92. 86.

FORM 990-PF	OTHER I	NCOME		STATEMENT	4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOI	
THROUGH GRESHAM FOREIGN MANAG LP THROUGH GRESHAM SELECT ASSET	ERS QP	10,300.	10,300.		0.
MANAGERS, LP	_	2,923.	2,923.		0.
TRADE OR BUSINESS INCOME FROM GRESHAM PARTNERS		<20,719.>	0.		0.
TOTAL TO FORM 990-PF, PART I,	LINE 11	<7,496.>	13,223.		0.
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C)		
ACCOUNTING FEES	14,925.	· 			
TO FORM 990-PF, PG 1, LN 16B	14,925.	0.	. 0	14,9	25.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITA PURPOS	
ASSET MANAGEMENT FEES	55,149.	0	. 0	. 55,1	49.
TO FORM 990-PF, PG 1, LN 16C	55,149.	0	. 0	. 55,1	49.

FORM 990-PF	TAX	ES		STATEMENT	NT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
STATE FEES & TAXES OTHER TAXES FOREIGN TAXES	4,391. 8,817. 4,161.).).	0. 0. 0.	0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	17,369.	4,161		0.	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
THROUGH GRESHAM SELECT ASSET MANAGERS, LP THROUGH GRESHAM FOREIGN MANAGERS QP LP MISCELLANEOUS	58,410. 45,799. 115.	45,799		0. 0. 0.	0.
TO FORM 990-PF, PG 1, LN 23	104,324.	104,209). 	0.	0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	9
DESCRIPTION		I	BOOK VALUE	FAIR MARKE VALUE	T
VANGUARD INFLATION PROTECTED	SECURITIES		713,821.	713,8	21.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B	-	713,821.	713,8	21.

FORM 990-PF	OTHER ASSETS		STATEMENT 1
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
INVESTMENT IN GRESHAM SELECT ASSET MANAGERS, LP INVESTMENT IN GRESHAM FOREIGN	1,588,609.	1,248,902.	1,248,902
MANAGERS QP, LP	2,053,994.	1,385,585.	1,385,585
INVESTMENT IN GRESHAM HEDGED STRATEGIES INVESTMENTS	2,350,000.	1,262,150.	1,262,150
TO FORM 990-PF, PART II, LINE 15	5,992,603.	3,896,637.	3,896,637
FORM 990-PF PART	XV - LINE 1A		STATEMENT 11
	XV - LINE 1A OUNDATION MANAGE	ERS	STATEMENT 11
		ERS	STATEMENT 11
NAME OF MANAGER LARRY J. HOCHBERG		ERS	STATEMENT 11
LIST OF F NAME OF MANAGER LARRY J. HOCHBERG ANDREW S. HOCHBERG FORM 990-PF GRANTS			STATEMENT 11

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
AMERICAN SOCIETY OF TECHNION 55 EAST 59TH STREET, NEW YORK, NY 10022	NONE CHARITABLE	PUBLIC	100.
BRONFMAN CENTER AT NYU 7 EAST 10TH STREET, NEW YORK, NY 10003	NONE CHARITABLE	PUBLIC	500.
CENTER FOR JEWISH PHILANTHROPY 30 S. WELLS STREET, CHICAGO, IL 60606	NONE CHARITABLE	PUBLIC	12,500.

HOCHBERG FAMILY FOUNDATION			36-3152002
CONGREGATION MICAH 2001 OLD HICKORY BLVD., BRENTWOOD, TN 37027	NONE CHARITABLE	PUBLIC	12,000.
DAVID HOROWITZ FREEDOM CENTER PO BOX 55089, SHERMAN OAKS, CA 91499-1964	NONE CHARITABLE	PUBLIC	500.
FACING HISTORY AND OURSELVES 16 HURD ROAD, BROOKLINE, MA 02445-6919	NONE CHARITABLE	PUBLIC	1,500.
FOUNDATION OF THE DEFENSE OF	NONE	PUBLIC	
DEMOCRACIES 1146 19TH STREET, NW SUITE 300, WASHINGTON, DC 20036	CHARITABLE		112,500.
FREEDOMWORKS FOUNDATION 601 PENNSYLVANIA AVE. NW, NORTH BUILDING, STE. 700, WASHINGTON, DC 20004	NONE CHARITABLE	PUBLIC	10,000.
FRIENDS OF THE ARAVA INSTITUTE 2041 HERR STREET, SUITE 18, HARRISBURG, PA 17103	NONE CHARITABLE	PUBLIC	2,500.
FRIENDS OF THE ISRAEL DEFENSE	NONE	PUBLIC	
FORCES 298 FIFTH AVENUE, 5TH FLOOR, NEW YORK, NY 10000	CHARITABLE		123,500.
HEBREW UNION COLLEGE 1 WEST 4TH STREET, NEW YORK, NY 10012	NONE CHARITABLE	PUBLIC	50,000.
HILLEL AT UCLA 574 HILGARD AVENUE, LOS ANGELES, CA 90024	NONE CHARITABLE	PUBLIC	500.
HONEST REPORTING 10024 SKOKIE BLVD., SUITE 201, SKOKIE, IL 60077-1025	NONE CHARITABLE	PUBLIC	15,000.

HOCHBERG FAMILY FOUNDATION			36-3152002
ILLINOIS EDUCATION FOUNDATION 226 W. JACKSON BLVD., SUITE 426, CHICAGO, IL 60606		PUBLIC	2,500.
JEWISH FUNDERS NETWORK 150 WEST 30TH STREET, SUITE 900, NEW YORK, NY 10001	NONE CHARITABLE	PUBLIC	3,400.
JOHN WAYNE CANCER INSTITUTE AUXILIARY 2200 SANTA MONICA BLVD., SANTA MONICA, CA 90404	NONE CHARITABLE	PUBLIC	2,500.
JNF 42 EAST 69TH STREET, NEW YORK, NY 10021	NONE CHARITABLE	PUBLIC	11,000.
MIDDLE EAST FORUM 1500 WALNUT STREET, SUITE 1050, PHILADELPHIA, PA 19102	NONE CHARITABLE	PUBLIC	30,000.
MOVING PICTURE INSTITUTE 375 GREENWICH STREET, NEW YORK, NY 10013	2.02.2	PUBLIC	10,000.
PROCLAIMING JUSTICE TO THE NATIONS, INC. PO BOX 682711, FRANKLIN, TN 37068-2711	NONE CHARITABLE	PUBLIC	25,000.
SCHOLARS FOR PEACE IN THE MIDDLE EAST PO BOX 48, GRANTHAM, PA 17027		PUBLIC	5,000.
STAND WITH US PO BOX 340169, LOS ANGELES, CA 90034	NONE CHARITABLE	PUBLIC	135,500.
TAUBE FOUNDATION FOR JEWISH LIFE AND CULTURE 1050 RALSTON AVENUE, BELMONT, CA 94002		PUBLIC	25,000.

HOCHBERG FAMILY FOUNDATION			36-3152002
UNIVERSITY OF WISCONSIN - HILLEL 401 N. LAKE STREET, MADISON, WI 53715	NONE CHARITABLE	PUBLIC	808,750.
VOLUNTEERS OF AMERICA-SACRAMENTO 1900 POINT WEST WAY, SUITE 270, SACRAMENTO, CA 95815-4700	NONE CHARITABLE	PUBLIC	100.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		1,399,850.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box			$\triangleright X$
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 fil	ed For	m 8868	
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 com	nlete		
Part I only	pioto		
·	ovton	van af tima	
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an to file income tax retums.	extern	SION OF UNIC	
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or color you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filewww.irs.gov/efile and click on e-file for Chanties & Nonprofits	cally if nsolida	(1) you want the ted Form 990-T	additional
Type or Name of Exempt Organization	Empl	oyer identificat	ion number
print		. 215000	•
HOCHBERG FAMILY FOUNDATION	3	6-315200	2
Number, street, and room or suite no. If a PO box, see instructions liling your 400 SKOKIE BLVD., NO. 800			
return See Instructions Crty, town or post office, state, and ZIP code For a foreign address, see instructions	37	2007	\ZZ
NORTHBROOK, IL 60062	اادر	リルピト	Ϋ́
Check three of return to be filed/file a congrete application for each return):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		'a!
Check type of return to be filed(file a separate application for each return)			
Form 990 Form 990-T (corporation)			
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52	_		
Form 990-EZ Form 990-T (trust other than above)			
X Form 990-PF	370		
LARRY J. HOCHBERG The books are in the care of > 275 N. DEERE PARK EAST - HIGHLAND PARK,	IL	60035	
Telephone No ▶ 847-881-2006 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 the			
box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all	memb	ers the extensio	n will cover
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un JULY 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for		The extension	
► Calendar year or X tax year beginning DEC 1, 2008 , and ending NOV 30, 2009			
► X tax year beginning DEC 1, 2008 , and ending NOV 30, 2009			
2 If this tax year is for less than 12 months, check reason Initial return Final return		Change in acco	unting 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	\$	598.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			4 4 3 17
tax payments made Include any prior year overpayment allowed as a credit	3b	\$	4,137.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,			
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	<u></u>		0
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
LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 88 6	8 (Rev 4-2009)

Form 88	68 (Rev. 4-2009)				Page 2
• If you	J are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and ch	neck this box	(<u></u>	► X
-	Only complete Part II if you have already been granted an automatic 3-month extension on a pre-			868.	
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the or	iginal (no co	pies ne	eded).	
Туре о	Name of Exempt Organization		Emplo	yer identifi	cation number
print	HOCHBERG FAMILY FOUNDATION		36	3152	002
File by the extended due date filing the			For IR	S use only	
return Se		, <u>.</u>			-
F	type of return to be filed (File a separate application for each return): form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form	1041-A [4720 [=	m 5227 m 6069	Form 8870
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension o	n a previous	sly file	d Form 886	8.
Tele • If th • If th box ▶ 4 I 5 F 6 H 7 S	request an additional 3-month extension of time until OCTOBER 15, 2010.	. If thi d EINs of all nd ending return	s is for member	the whole gers the external three three external th	009.
	RETURN.				
8a I	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	any			
	onrefundable credits. See instructions.		8a	\$	598
b I	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and esti-	mated			
t	ax payments made. Include any prior year overpayment allowed as a credit and any amount pai	d	<u></u>		
٤	previously with Form 8868.		8ь	\$	4,137
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, o				-
v	vith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See i Signature and Verification	nstructions.	8c	\$	0
Hoder o	Signature and ventication enalties of perjury, I declare that I have examined this form, including accompanying schedules and stateme	nts, and to the	hest o	f my knowled	ne and helief
it is true	, correct, and complete, and that I am authorized to prepare this form	1110, 0110 10 111			
Cionatu	ra > ///// Titla > ///		Nata	► 7/	5/10

Form 8868 (Rev 4-2009)