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## Form 990-PF

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

OMB No 1545-0052 20000

		ent of the 1 Revenue Se		Note: The foundati	on may	be able to use a copy of	this return to	satisfy state	e repo	rtıng reguir	ements		<b>UUJ</b>
_	;			, or tax year begi		, 2009, and ending							. 20
			hat apply	Initial retur		Initial return	<u>-</u>					Final re	<del>_</del>
	• • • • • • • • • • • • • • • • • • • •		uppij	Amended			ss change		<u> </u>	lame cha	nge L		10111
-			Name of fo		Ctarri	Addio	33 Change					cation numl	
		h - IDO	11101110 01 11	oundation						A Lilipioy	er identili	cauon num	Jei
		he IRS	שות בווע	CHOSSOIS FAM	ITTV	EQUADA TAN				26 2227007			
		bel. rwise,				<del></del>				36-3327987			
	print Number and street (or P O box number if				if mail is not delivered to street	( address)	Room/s	uite	B Telephone	number (see	e page 10 of the	instructions)	
	•	type.	1, , , , , ,	00115 000000		C50							
5	See Specific 1515 W ZZND STREET, SU				ITE 650						30) 530	-6106	
1	nstru	ictions.	City or tow	vn, state, and ZIP cod	de					C If exemptions of the contract of the contrac	tion applica check here	ation is	▶ 🛄
			Ĭ							D 1 Forei	gn organiza	tions, check he	re . ▶ []
			OAK BRO	OOK, IL 6052								itions meeting t	
H	Che	eck type	e of organi	zation $oxed{X}$ Section	on 501	(c)(3) exempt private f	oundation					nere and attach	
1		Section 4	1947( <u>а)(1)</u> г	nonexempt charitable	trust _	Other taxable pr	ivate foundat	tion		- Marina	. formulation		
Ī	Fair	r marke	et value of a	all assets at end	J Acco	ounting method X Ca	ash Acc	rual				n status was te i)(1)(A), check i	- I I
	of y	ear (fro	m Part II, c	col (c), line		Other (specify)				ı	•		
		▶ \$		197,889.		, column (d) must be on	cash basis )			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . ▶			
j	art	Analy	sis of Rev	venue and Expens	es (The	() [						(d) Dist	oursements
_		total o	f amounts ın	i columns (b), (c), and	d (d)	(a) Revenue and expenses per	(b) Net inve		(	c) Adjusted		1	harıtable
		may n çolum	iut necessari n (a) (see na	ily equal the amounts age 11 of the instruct	s In Ions) )	books	Incom	ıe		income	•	1	rposes basis only)
_	1			ts, etc., received (attach sch		2,000,000.	** 3.	× v	5×	14. (JV)	94A.	(Casii i	Jasis Orliy)
	2	Check	if the	e foundation is not requ	ured to	3) ***		, `	*			Service 1	
	3		attac	ch Sch B		640.	**! ***	640.	8**	244, 38,		ATCH	1*1
			•	nd temporary cash inves	iments	80,194.	8	0,194.				ATCH	
	4			erest from securities		00,1310	<del></del>	-, -, -,	_			*ATCI	. 2
	5 a			<i></i>		wx' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	'A' 'A' '			. x.m.,	×	86 L.XX	
1			tal income or (			-1.400-054			ļ ·	The same of the sa	* ************************************	Mario .	* 10 (100 mm)
J'Revenue	6a b		n or (loss) from ales price for a	m sale of assets not on l		= / / \ /	x =2°		maž.	Mar da	4, '	\$	<del>/////////////////////////////////////</del>
ě	_	assets c	n line 6a			150	h	i i	200			2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3	,
à	7	Capital	gain net in	come (from Part IV, I	ne 2)	EN JON	/ 1/2 1 - 1 x x x x x x x x x x x x x x x x x	** , *, <b>\</b>	2	<i>"</i>			
2	8	Net sh	ort-term cap	oital gain	10.F	١٩١١ : المال	***		<u> </u>			<u> </u>	
_	9		e modificationales less return		· 171	1010 /88		3,565,		**, *** *** *	^59 ()	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	****
Ū	I U a		wances • • •		$\leftarrow$	29 20	<b>1</b>			***	<u> </u>	* *	
	b	Less Co	ost of goods so	old . L	<u>g\</u>	UNIT TO THE TOTAL OF THE TOTAL	***** / ·	<u>*</u>	die .		**** ',	M. V.	
ŧ	С	Gross	profit or (los:	s) (attach schedule) $ackslash$	٠ الذَّهُ ١		<u> </u>		<u> </u>			*	
Ų	11	Other i	ncome (atta	ach schedule)	سيا. آ.	3,880.	<u> </u>	0 001	<b></b>			* AT.CH	<u>13°,</u>
<i></i>	12	Total. /	Add lines 1 1	through 11	· \· •	684,660.		0,834.					100
	13	Comper	nsation of offic	cers, directors, trustees,	etc	100,000.							100,000
s	14	Other e	employee sa	alaries and wages .					<u> </u>			ļ	
Se	15	Pensio	n plans, em	ployee benefits								ļ <u>.</u>	
Operating and Administrative Expenses	16a			schedule)									
ХŢ	b	Accour	nting fees (a	attach schedule) <sup>ATCI</sup>	H 4	2,005.		802.	<u> </u>		0.		1,203
Ze Ve	С			fees (attach schedule									
E	17	Interes	t						L				
3	18	Taxes (a	attach schedul	le) (see page 14 of the inst	ructions)	7,650.							7,650
Ē	19	-		ch schedule) and der								×	,£ 8
Ö	20	•	•										
₹.	21			s, and meetings									
ă	22			ations								_	
ğ	23			ttach schedule) ${ m ATC}$		32,885.	2	9,865.					29,865
ã	24			nd administrative ex								·	<del></del>
ě	4		-	gh 23		142,540.	3	0,667.	]		0.	ļ	138,718
ົວ	2 5			=		3,581,905.	í	<u> </u>		,		3	,581,905
	25			s, grants paid		3,724,445.	3	0,667.			0.		,720,623
-	26			oursements Add lines 24	and 25		ž ~		<del> </del>		•	<del>                                     </del>	
	27		ct line 26 fro -			-3,039,785.	*	·		, , ,	ut.	^	
				expenses and disburseme		3,035,703.		0,167.					<del></del>
				come (if negative, en			, , ,	· · · · ·			-0-	ž ***	, × &
	C	Aduusti	ea net incon	ne (if negative, enter	-()-).	1			,		· U —	j .	. ***

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.  $9E1410 \ 1000$ 

JSA \*\* ATCH 5

	·	I Dalamaa Obaada '	Attached schedules and amounts in the	Beginning of year	; , , , , , , , , , , Er	nd of year
ŀ	art II	Balance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value '	(b) Book Value	(c) Fair Market Value
	1,	Cash - non-interest-bearin	ng	52,180.	2,187,22	
	2		cash investments			
	3					
		Less allowance for doub	tful accounts ►	i		
	4	Pledges receivable				-
	-	Less allowance for doub	etful accounts			
	5					
	6		ficers, directors, trustees, and other	,		
			ch schedule) (see page 16 of the instructions)			
	7		eceivable (attach schedule)		-	- 1
	′		tful accounts			
	8					
ssets	_					
SS	9		ferred charges			
٨	ı		government obligations (attach schedule)	8,634,226.	3,459,39	2. 3,010,660
	ı	*	stock (attach schedule) ATCH .7.	0,001,220.	37103703	3,010,000
	11 6	Investments - land, buildings,	bonds (attach schedule)			<del> </del>
		and equipment basis Less accumulated depreciati	Jon <b>L</b>			
		(attach schedule)				+
	12		oans			
	13 14	Investments - other (attac Land, buildings, and	ch schedule)			
		equipment basis	ion >	,	,	21
		(attach schedule)	ion			
	15	Other assets (describe	)			
	16		pleted by all filers - see the	0 606 406	E (46 C)	1 5 107 000
_			ge 1, item I)	8,686,406.	5,646,62	5,197,889
	17		ccrued expenses			_
	18					
Liabilities	19					<b>-</b>
Ę	20		s, trustees, and other disqualified persons			
<u>.</u>	21		es payable (attach schedule)			<b>-</b>  ` `.
_	22	Other liabilities (describe	<b>&gt;</b> )			
_	23		s 17 through 22)		<del> </del>	- , * ,
			ow SFAS 117, check here ►			*
"		•	4 through 26 and lines 30 and 31.			
ĕ	24					<u> </u>
lan	25	Temporarily restricted .				× , ,
ä	26	-				<del>-</del>
pur	24 25 26 27	Foundations that do r	not follow SFAS 117,			,
Ŧ.			olete lines 27 through 31. ▶ X			.8
ō	27	Capital stock, trust princi	pal, or current funds			<b></b>   <sup>*</sup>
Net Assets	28	Paid-in or capital surplus, or la	and, bldg, and equipment fund	0.000.400	F (46 62	1
SS	29	Retained earnings, accumula	ated income, endowment, or other funds	8,686,406.	5,646,62	<u> </u>
ĭ,	30	Total net assets or fund	balances (see page 17 of the	0.606.406	r (46 60	1 & **
ž		instructions)		8,686,406.	5,646,62	<u>L •</u>  "
	31	Total liabilities and net a	assets/fund balances (see page 17	0.606.406	5 646 60	,
				8,686,406.	5,646,62	<u> </u>
_			nges in Net Assets or Fund I		<del></del>	<del></del>
1	Tota	net assets or fund bala	ances at beginning of year - Part II,	, column (a), line 30 (mus	st agree with	
			on prior year's return)			
2	Ente	r amount from Part I, lir	ne 27a		2	-3,039,785
3	Othe	r increases not include	d in line 2 (itemize) ▶		3	
4	Add	ines 1, 2, and 3			4	5,646,621
5	Decr	eases not included in li	ne 2 (itemize) ▶			
6	Total	net assets or fund bala	ances at end of year (line 4 minus l	ine 5) - Part II, column (b	), line 30 6	5,646,621

	Part IV Capital Gains	s and Losses for Tax on Inv	estment Income	( <b>b</b> ) How	, ب		
		(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)					
1:	CEE DADE TO COUR			D-Donation			
_	b						
	<u> </u>						
_	d	······································		ļ <u>-</u>			
_	e				<u> </u>		
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini		
	a			ļ			
ᆜ	<b>b</b>		<u></u>				
_	<u>c</u>				<del></del>		
	<u>d</u>				<del>-</del> -		
_	e Complete only for accets s	howing goin in column (h) and ow	ned by the foundation on 12/21/60				
_	complete only for assets s	(i) Adjusted basis	ned by the foundation on 12/31/69 (k) Excess of col (i)	-	Gains (Col (h) g . (k), but not less t	ain minus than -0-) or	
	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any	001	Losses (from co		
_	b				<del></del> -		
_	<u>.                                      </u>						
_	<u>d</u>						
_	9	, If	goin also enter in Bort I line 7				
	Capital gain net income or	(net capital loss) {	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2	-1,	400,054.	
3		or (loss) as defined in sections 12					
	~	line 8, column (c) (see pages 13					
		line 8		3			
			uced Tax on Net Investment Inc e section 4940(a) tax on net investi				
W		•	outable amount of any year in the b	ase peno	d? [	Yes X No	
		<u></u>	; see page 18 of the instructions be	efore mak	ring any entries.		
	(a)  Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by		
	2008	3,910,584.	9,532,127.			0.410253	
_	2007	3,897,841.	9,867,075.		···=	0.395035	
	2006	3,685,722.	6,344,180.			0.580961	
	2005	1,733,641.	4,981,966.			0.347983	
	2004	1,487,149.	2,934,382.			0.506801	
2	Total of line 1, column (d)			2		2.241033	
3	Average distribution ratio	for the 5-year base period - divide	e the total on line 2 by 5, or by the				
		dation has been in existence if less		3		0.448207	
4	Enter the net value of non	charitable-use assets for 2009 fro	m Part X, line 5	4	3,	999,046.	
5	Multiply line 4 by line 3 .			5	1,792,400.		
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6	<b>6</b> 502.		
7	Add lines 5 and 6			7	1,	792,902.	
8	Enter qualifying distribution If line 8 is equal to or gree Part VI instructions on page	eater than line 7, check the box i	n Part VI, line 1b, and complete t	8 hat part	3, using a 1% tax	720,623. rate See the	

_	90-PF (2009) . 36-3327987	h - '		Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	structi	ons)
	exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			02.
	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	pere X and enter 1% of Part I, line 27b			
	of Part I, line 12, col (b)			
-	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
,	Add lines 1 and 2		5	02.
,	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
1	ax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			02.
(	Credits/Payments			
a 2	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 4,000.			
b E	exempt foreign organizations-tax withheld at source			
	ax paid with application for extension of time to file (Form 8868)			
d E	Backup withholding erroneously withheld			
-	otal credits and payments. Add lines 6a through 6d		4,0	00.
£	inter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
	'ax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
(	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3,4	98.
	inter the amount of line 10 to be: Credited to 2010 estimated tax > 3,498. Refunded > 11			
art	VII-A Statements Regarding Activities			
a I	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
í	participate or intervene in any political campaign?	1a		X
<b>o</b> 1	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
(	of the instructions for definition)?	1b		<u>X</u> _
	f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	,	*	
1	published or distributed by the foundation in connection with the activities			
c I	Old the foundation file Form 1120-POL for this year?	1 c		<u>X</u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			,
(	1) On the foundation ►\$(2) On foundation managers ►\$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		\$	•
	on foundation managers   \$			37
1	las the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
1	f "Yes," attach a detailed description of the activities			
	las the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			3.7
ı	ncorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			X
	Old the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	f "Yes," has it filed a tax return on Form 990-T for this year?			
1	Vas there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	f "Yes," attach the statement required by General Instruction T			ı
/	are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	."		
	By language in the governing instrument, or		}	· ~@
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		v	3
	conflict with the state law remain in the governing instrument?	6	X	
	old the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Λ.	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) $ ightharpoonup IL$ ,		*,** *	
	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			***
	or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х	
•	s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	,		
	942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	7)? If "Yes," complete Part XIV	9		X
	old any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	ames and addresses	10		Χ

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . .

3a Did the foundation hold more than a 2% direct or indirect interest in any business

Form 990-PF (2009)

4h

Χ

2b

X

(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
		<u></u>		
Total number of other employees hald over \$50,000				<b>▶</b>

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	<u> </u>
NONE	
NONE	
Total number of others recovers ever \$50,000 for professional consists	NONE
Total number of others receiving over \$50,000 for professional services	· · · · · · · · · · · · · · · · · · ·
Part IX-A Summary of Direct Charitable Activities	
•	T
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number	Expenses
of organizations and other beneficianes served, conferences convened, research papers produced, etc	
1 N/A	
2	
•	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
NONE	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Takal Add lines 4 through 2	
Total. Add lines 1 through 3	L

36-3327,987 Form 990-PF (2009)

Form	n 990-PF (2009) 36-3327,987		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreit see page 24 of the instructions.)	gn foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	3,757,733.
b		1b	302,212.
С		1c	0.
d	Total (add lines 1a, b, and c)	1d	4,059,945.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	1 2	0.
3	Subtract line 2 from line 1d	3	4,059,945.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		<del></del>
	of the instructions)	4	60,899.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,999,046.
6	Minimum investment return. Enter 5% of line 5	6	199,952.
_	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	ite operating	·
	foundations and certain foreign organizations check here		
1	Mınımum ınvestment return from Part X, line 6	1	199,952.
2a			<del></del>
b	Income tax for 2009. (This does not include the tax from Part VI)	[ .	
c	Add lines On and Ob	2c	502.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	199,450.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	199,450.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
•	•	7	199,450.
_	<u>line 1 </u>		13371301
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	3,720,623.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the	<b>]</b> **	
а	Suitability test (prior IRS approval required)	3a ·	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,720,623.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	502.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,720,121.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years	hether the fo	undation

Pa	rt XIII `Undistributed Income (see page	e 26 of the instructio	ns)		
	•	(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,		Years prior to 2008	2008	2009
•		· · · · · · · · · · · · · · · · · · ·			199,450.
	line 7				
2	Undistributed income, if any, as of the end of 2009	4			
а	Enter amount for 2008 only				
b	Total for pnor years 20_07_,20_06_,20_05				
3	Excess distributions carryover, if any, to 2009				
а	From 2004	, , , , , , , , , , , , , , , , , , ,			
b	From 2005   1,489,/32,				
С	From 2006 3, 373, 849.		*	*	
d	From 2007 3, 416, 114.	12/2	*** °	w *	3
e	From 2006 3,373,849. From 2007 3,416,114. From 2008 3,439,708.		y		
f	Total of lines 3a through e	13,061,280.		Xiii.	
٠.	Qualifying distributions for 2009 from Part XII,	2. YOUR 200 SEC AT A 100 SEEK COME		77.78	
•	line 4 ► \$ 3,720,623.				3
_				3992 " "	, ,
	Applied to 2008, but not more than line 2a	277 L. 280 March 252		* ***	*
b	Applied to undistributed income of prior years (Election			,	,
	required - see page 26 of the instructions)	~	* e, ,		
C	Treated as distributions out of corpus (Election		, ,		
	required - see page 26 of the instructions)	دري پي محمد ريو يوري دري عمد اليو يوري	* ', ** ',		199,450.
d	Applied to 2009 distributable amount	2 521 172	<u> </u>		
е	Remaining amount distributed out of corpus	3,521,173.			
5	Excess distributions carryover applied to 2009	5 Seed on 1 ( 2 2 7			88° A. 20°C
	(If an amount appears in column (d), the same amount must be shown in column (a) )				
6	Enter the net total of each column as		, , , , , , , , , , , , , , , , , , ,		
	indicated below:		8.4		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	16,582,453.	145		
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed				
А	Subtract line 6c from line 6b. Taxable				
<u> </u>	amount - see page 27 of the instructions			The state of the s	
е	Undistributed income for 2008 Subtract line				46.7
	4a from line 2a Taxable amount - see page 27 of the instructions				3.000
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	^ 4		
f	Undistributed income for 2009. Subtract lines		· i		
	4d and 5 from line 1 This amount must be distributed in 2010,		)		
7	Amounts treated as distributions out of corpus		, T		** (10)
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		* ***		
8	instructions)				
	applied on line 5 or line 7 (see page 27 of the	1,341,877.			200
_	instructions)	, , , , , , , , , , , , , , , , , , , ,			
9	Excess distributions carryover to 2010.	15,240,576.			
4.0	Subtract lines 7 and 8 from line 6a			* * * * * * * * * * * * * * * * * * *	
	Analysis of line 9 Excess from 2005 1,489,732.				* * * * * * * * * * * * * * * * * * * *
	2 272 040	, , , , , ,		-	·
	2 416 114	}		**.	
	2 420 700			***	
	Execes item 2000	′* *		<*· * · ·	***
e	Excess from 2009 3,521,173.				in the state of th

Da	rt XIV Private Oper	rating Foundations	see nage 27 of the	instructions and Pa	rt.\/II-A guestion 9\	NOT APPLICABLE
			<del></del>		<del>/                                    </del>	
та	If the foundation has					
	foundation, and the ruling					
b	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	4942(j	)(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year	<u> </u>	Prior 3 years	, <del></del>	(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	I or the minimum investment					
	return from Part X for each	1				
	year listed					
b	85% of line 2a	<del></del>				
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
	of exempt activities Qualifying distributions made					
-	directly for active conduct of					
	exempt activities. Subtract line	]				
•	2d from line 2c					
3	Complete 3a, b or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section				}	
h	4942(j)(3)(B)(i) "Endowment" alternative test-					· · · · · · · · · · · · · · · · · · ·
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than					į
	gross investment income (interest, dividends, rents,					i
	payments on securities					
	loans (section 512(a)(5)),					
	or royalties)					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(III)					
	(3) Largest amount of sup-					
	port from an exempt organization	•				ļ
	(4) Gross investment income					
Ра	rt XV Supplementa	ary Information (C	omplete this part	only if the founda	ation had \$5,000	or more in assets
	at any time o	during the year - see	e page 28 of the in:	structions.)		
<del>1</del>	Information Regarding					
	List any managers of			e than 2% of the tota	I contributions receiv	ed by the foundation
_	before the close of any	tax year (but only if th	ey have contributed r	nore than \$5,000) (Se	ee section 507(d)(2))	,
	N/A					
_		Aller Control of the control of	400/			large neglige of the
D	List any managers of ownership of a partner					large portion of the
	ownership of a partner	ship or other entity) or	which the foundation	illas a 10% of greater	milerest.	
	37 / T					
	N/A	0 17 17 2	O'ff I Oakalaaak	to the December		
2	Information Regarding	_				
	Check here ▶ If t	he foundation only r	nakes contributions	to preselected charit	able organizations a	nd does not accept
	unsolicited requests for				28 of the instruction	ns) to individuals or
	organizations under otl	her conditions, comple	ete items 2a, b, c, and	d		
	The name, address, a	nd telephone number	of the person to whon	applications should be	e addressed	
_	ATTACHME			· · · · · · · · · · · · · · · · · · ·		
	The form in which appl		mitted and information	on and materials they	should include	
J	o tottii iit willon appi			aaa.aa.a.a.a.a.a.		
	LETTER OF F	REQUEST, IRS EX	EMPTION LETTER	, LATEST ANNUA	L REPORT	
С	Any submission deadli					
•	•					
	N/A					
d	Any restrictions or lift factors	mitations on awards,	such as by geogra	phical areas, charital	ble fields, kinds of i	nstitutions, or other
		7177 TT 7 DT C TIDAN	DEOHECT.			

Part XV Supplementary Information 3 Grants and Contributions Paid Do	(continued)	roved for F	- - uture Payment	
· Recipient	If recipient is an individual,	Foundation status of		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Continuator		-	
ATTACHMENT 10				
		<u></u>		2 501 005
b Approved for future payment		<del></del>	▶ 3a	3,581,905
b Approved for future payment				
ATTACHMENT 11				
		] ]		
				4 000 000
Total	<u></u>	<u></u>	▶ 3b	4,020,000.

Part	XVI-A Analysis of Income-Produ	cing Activ	vities	``		
	ross amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
`	gram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	( <b>d</b> ) Amount	Related of exempt function income (See page 28 of the instructions)
a	-					
b						
c				<del>                                     </del>		······································
d						
e						
f						
	Fees and contracts from government agencies					· · ·
_	mbership dues and assessments					
	rest on savings and temporary cash investments			14	640.	
	dends and interest from securities			14	80,194.	
	rental income or (loss) from real estate				7."6.>	
	Debt-financed property					
	Not debt-financed property					
	rental income or (loss) from personal property					
	er investment income					
	n or (loss) from sales of assets other than inventory			18	-1,400,054.	
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory					
	er revenue. a					
b	ATTACHMENT 12				3,880.	
С						
d						
е						
12 Sub	ototal. Add columns (b), (d), and (e)	<u> </u>			-1,315,340.	
13 Tot	al. Add line 12, columns (b), (d), and (e)				13	-1,315,340.
	orksheet in line 13 instructions on page 28 t					
Part	XVI-B Relationship of Activities					<del></del>
Line N	lo. Explain below how each activi	ty for which	ch income is reported	in column	(e) of Part XVI-A con	tributed importantly to
▼	the accomplishment of the fo	undation's	exempt purposes (of	ther than t	by providing funds for	such purposes). (See
	page 29 of the instructions )			_		
				_	<del> </del>	
	· · · · · · · · · · · · · · · · · · ·				<del></del>	
		·				<del></del>
-				<del></del>		
				<del></del>		
			NOT APPLICABL	F.		<del></del>
			101 III I II CIII I			
			<del></del>	_		
						<u> </u>
					·····	
				<del> </del>		
						<u>-</u>
		<del></del>		· · · · · · · · · · · · · · · · · · ·		
	<del></del>					

Рa	rt XVI	Information Exempt Orga	Regarding Trai	nsfers To and	l Transac	tions a	nd Relati	onships With	None	chari	table
1	organ	he organization directlection 501(c) of the Cizations? Izations?	ode (other than se	ection 501(c)(3) or	rganizations)					Yes	No
-		ash		· -				·	. 1a(1	)	Х
		ther assets							. 1a(2	)	X
b		transactions ales of assets to a nonch	naritable exempt organ	nization					1b(1	,	Х
		urchases of assets from									X
		ental of facilities, equipm								)	X
		eimbursement arrangeme									X
		oans or loan guarantees erformance of services o									X
c		ng of facilities, equipmer								ľ	X
		answer to any of								fair i	market
		of the goods, other		-	•						
	value	in any transaction or	sharing arrangem	ent, show in col	umn ( <b>d)</b> the	e value o	of the goods	s, other assets, o	or servic	ces re	ceived
(a)	Line no	(b) Amount involved	(c) Name of nonc	haritable exempt orgar	nization	(d) Descr	iption of transfe	ers, transactions, and s	hanng arr	angeme	nts
-(4)		N/A	(6) (10)	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		N/A					
				· · · · · · · · · · · · · · · · · · ·						-	
								<del></del>			
						<del></del>					
				<del></del>							
		~									
						<del></del>					
		foundation directly or	and roothy officered	with or related to		ore toy ey	omot organiz	ations described in			
Za		n 501(c) of the Code (oth				ne lax-ext	empt organiz	ations described in	1 1	es 🗀	⊠ No
b		s." complete the following	•								
		(a) Name of organization	1	(b) Type of org	ganization		(0	) Description of relati	onship		
											<del></del>
					<u> </u>		-				
	Under belief,	penalties of perjury, I deck it is true, correct, and com	are that I have examini	ed this return, includi eparer (other than tax	ng accompany payer or fiduci	ring schedul lary) is base	les and statem ed on all inform	ents, and to the bes nation of which prepa	t of my k arer has a	knowled any knov	ge and wledge
4	_	Tam Duy	V. Sun	122112		6/17/1	<u> </u>	Title			
ere	Sı	gnature of officer or trustee		· <del>-</del> · ·		Date		Title Prepare	r's identi	fvina	
Sign Here	Paid Preparer's Use Only	Preparer's signature	OSA		6-70	70	Check if self-employe	d ► number page 30 P0083	(See <b>Sign</b> of the inst 30760	ature o	
	Pai Prepa Use (	Firm's name (or yours if	WTAS LLC			070		EIN ▶ 33-119	7384		
	<u>.</u> –	self-employed), address, and ZIP code		WACKER DRI	VE, SUIT	E 2700		Phono no 312-	357-3	3950	
		Land Zill Code	CHICAGO,	IL		000		Phone no 312-	<del></del>	, , , , <u>, , , , , , , , , , , , , , , </u>	

## 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, or 990-PF.

OMB No 1545-0047

2009

Name of the organization		Employer identification number
THE DUCHOSSOIS FAMI	LY FOUNDATION	36-3327987
Organization type (check one	)	30 3327307
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foun	dation
	501(c)(3) taxable private foundation	
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and	a Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,00 one contributor. Complete Parts I and II	0 or more (in money or
Special Rules		
sections 509(a)(1) a	o(3) organization filing Form 990 or 990-EZ that met the 331/3% support and 170(b)(1)(A)(vi), and received from any one contributor, during the year of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, I	ear, a contribution of the greater
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use <i>exclusively</i> for religious, charities, or the prevention of cruelty to children or animals. Complete Parts I, II,	able, scientific, literary, or
the year, contribution aggregate to more to year for an exclusive applies to this organical controls.	n(7), (8), or (10) organization filing Form 990 or 990-EZ that received from from the second from the second from the second from the second from \$1,000. If this box is checked, enter here the total contributions that by religious, charitable, etc., purpose. Do not complete any of the parts undization because it received nonexclusively religious, charitable, etc., continuous from the second from	ontributions did not were received during the iless the <b>General Rule</b> tributions of \$5,000 or more
<u> </u>	s not covered by the General Rule and/or the Special Rules does not file	•
•	t answer "No" on Part IV, line 2 of its Form 990, or check the box on line f, to certify that it does not meet the filing requirements of Schedule B (Fo	
For Privacy Act and Paperwork Redu	ction Act Notice, see the Instructions Schedu	le B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF

Name of organization THE DUCHOSSOIS FAMILY FOUNDATION

Employer identification number 36-3327987

Part I	Contributors	(see instructions)
raiti	Continuators	(See msauchons)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE CHAMBERLAIN GROUP INC.  845 LARCH AVENUE  ELMHURST, IL 60126	\$	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 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 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 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 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 Noncash  (Complete Part II if there is a noncash contribution.)

ATTACHMENT 1

	ł	
INTEREST ON TEMPORARY CASH INVESTMENTS		
CASH		
TEMPORARY		
NO		
INTEREST		
ı		
Н		
PART		
990PF,		
FORM 9		

NET INVESTMENT INCOME	640.	640.
REVENUE AND EXPENSES PER BOOKS	.040.	640.
		TOTAL
DESCRIPTION	INTEREST INCOME	

7

ATTACHMENT

# - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	3,292. 564. 76,338.	80,194.
REVENUE AND EXPENSES PER BOOKS	3,292. 564. 76,338.	80,194.
		TOTAL
DESCRIPTION	UBS GATEWAY FUND UBS CASH FUND VANGUARD	

 $\sim$ 

ATTACHMENT

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES

PER BOOKS

3,880.

DESCRIPTION
FEDERAL INCOME TAX REFUND

TOTALS

3,880.

ATTACHMENT 4

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CNLENIICCC
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1
<b>—</b>
DART TART
OPF
066
FORM

CHARITABLE PURPOSES	1,203.	1,203.
ADJUSTED NET INCOME		0.
NET INVESTMENT INCOME	802.	802.
REVENUE AND EXPENSES PER BOOKS	2,005.	2,005.
DESCRIPTION	ACCOUNTING & TAX PREP FEES	TOTALS

36-3327987

FORM 990PF, PART I - TAXES

7,650.

EXPENSES PER BOOKS

REVENUE AND

PAYROLL TAXES

DESCRIPTION

TOTALS

7,650.

7,650.

CHARITABLE PURPOSES 7,650.

PAGE 23

ATTACHMENT 5

9

EXPENSES	
OTHER	
1	
Н	
PART	
990PF,	
ORM	

	REVENUE AND	NET	
DESCRIPTION	EXPENSES PER BOOKS	INCOME	CHARITABLE PURPOSES
BANK SERVICE CHARGES	125.	125.	125.
BOOKKEEPING	5,662.	5,662.	5,662.
CONSULTANTS	19,417.	19,417.	19,417.
DUES & SUBSCRIPTIONS	770.	770.	770.
LICENSES & FEES	285.	285.	285.
OFFICE EXPENSE	1,106.	1,106.	1,106.
TIC ADMINISTRATIVE FEE	2,500.	2,500.	2,500.
NON DEDUCTIBLE CONTRIBUTION	3,020.	• 0	.0
TOTALS	32,885.	29,865.	29,865.

ATTACHMENT 7

CORPORATE STOCK I PART II FORM 990PF,

DESCRIPTION

VANGUARD UBS GATEWAY

BOOK VALUE ENDING

ENDING FMV

3,276,228. 183,164.

2,847,775. 162,885. 3,010,660.

TOTALS

3,459,392.

PAGE 25

ω

ATTACHMENT

EXPENSE ACCT AND OTHER ALLOWANCES	Ö		.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	·	0
COMPENSATION	100,000.	.0	.0	100,000.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR/PRESIDENT 40.00	DIRECTOR/SECRETARY 1.00	DIRECTOR/VP/TREASURER 1.00	GRAND TOTALS

1515 W 22ND STREET, SUITE 650 OAK BROOK, IL 60523

RICHARD L. DUCHOSSOIS

1515 W 22ND STREET, SUITE 650 OAK BROOK, IL 60523

KIMBERLY T. DUCHOSSOIS

NAME AND ADDRESS

1515 W 22ND STREET, SUITE 650

OAK BROOK, IL 60523

CRAIG J. DUCCHOSSOIS

 $\infty$ 

ATTACHMENT

## FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

KIMBERLY T. DUCHOSŚOIS 1515 WEST 22ND STREET, SUITE 650 OAK BROOK, IL 60523 630-530-6106

## The Duchossois Family Foundation EIN 36-3327987 January through December 2009

Attachment 10, Page 28

FORM 990PE, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMERICAN CANCER SOCIETY 77 EAST MONROE 13TH FLOOR CHICAGO, IL 60603	NONE 509(A) (3)	TO SUPPORT OPERATIONAL EXPENSES	2,000,000
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY ROAD, #153 CULVER, IN 46511	NONE 509(A)(1)	TO SUPPORT OPERATIONAL EXPENSES	1,000,000
REACH OUT AND READ 1465 SOUTH GRAND BOULEVARD ST LOUIS, MO 63104	NONE 509(A)(1)	TO SUPPORT OPERATIONAL EXPENSES	20,000
THE UNIVERSITY OF CHICAGO 5715 SOUTH MARYLAND AVENUE CHICAGO, IL 60637	NONE 509(A)(1)	TO SUPPORT OPERATIONAL EXPENSES.	1,000,000



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4,020,000

TOTAL CONTRIBUTIONS APPROVED

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 12

PAGE 36

ATTACHMENT 12

RELATED OR EXEMPT FUNCTION INCOME	
AMOUNT	3,880.
EXCLUSION CODE	
AMOUNT	
BUSINESS	
DESCRIPTION	FEDERAL INCOME TAX REFUND

TOTALS

## SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

## **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

2009

,	THE DUCHOSSOIS FAMILY FOUNDAT	87					
Note	e: Form 5227 filers need to complete only Pa	rts I and II					
Pai	t Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other b (see page 4 of the instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
					-		
b	Enter the short-term gain or (loss), if any, fi	rom Schedule D	-1, line 1b			1b	
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partners	hips, S corporat	tions, and other	estates or trusts		3	
4	Short-term capital loss carryover Enter the Carryover Worksheet		4	(			
5	Net short-term gain or (loss). Combine line column (3) on the back	ne 13,	5				
Pai		s - Assets Held	More Than On	e Year			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(e) Cost or other backer page 4 of the instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)			
6a							
b	Enter the long-term gain or (loss), if any, fro	om Schedule D-	1, line 6b			6b	-1,400,054.
7	Long-term capital gain or (loss) from Form		7				
8	Net long-term gain or (loss) from partnersh		8				
9	Capital gain distributions		9	_			
0	Gain from Form 4797, Part I Long-term capital loss carryover Enter the		10	<del>-</del>			
11	Carryover Worksheet					11	(
2	Net long-term gain or (loss). Combine lines column (3) on the back	_			I .	12	-1,400,054.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

, Sched	Jule D (Form 1041) 2009			1		Page 2
Par	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estat	e's	(2) T-4-1
	Caution: Read the instructions before completing this part	t.	(see page 5)	or trust	's	(3) Total
13	Net short-term gain or (loss)	3				
	Net long-term gain or (loss):					
а	Total for year	a				-1,400,054.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14	b				
С	28% rate gain	С				
15	Total net gain or (loss). Combine lines 13 and 14a ▶ 15	5				-1,400,054.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 9) int V, and <b>do not</b> complete Part IV If line 15, column (3), is a net loss, complete Part IV					
Par	t IV Capital Loss Limitation					
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I					
а	The loss on line 15, column (3) or <b>b</b> \$3,000			. <u></u> L	16 (	( 3,000)
	The loss on line 15, column (3) or b \$3,000.  If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, over Worksheet on page 7 of the instructions to figure your capital loss carryover.	line 	22 (or Form 990-T, lin	e 34), is a lo	ss, co	emplete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates					B (1 B (11 1
	n 1041 filers. Complete this part only if both lines 14a and 15 in column			ount is ente	red i	n Part I or Part II and
	e is an entry on Form 1041, line 2b(2), <b>and</b> Form 1041, line 22, is more th t <b>ion</b> : Skip this part and complete the worksheet on page 8 of the instruction					
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or	13 1				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					
	n 990-T trusts. Complete this part only if both lines 14a and 15 are ga					
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part ar	nd	complete the works	heet on pag	ge 8	of the instructions if
eithe	er line 14b, col. (2) or line 14c, col (2) is more than zero					
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		. 17			
18	Enter the smaller of line 14a or 15 in column (2)			,	-	•
	but not less than zero			ļ		
19	Enter the estate's or trust's qualified dividends				ŀ	
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T) 19					
20	Add lines 18 and 19					
21	If the estate or trust is filing Form 4952, enter the		}	£**		
	amount from line 4g, otherwise, enter -0 ▶ 21					
22	Subtract line 21 from line 20. If zero or less, enter -0		. 22			
23	Subtract line 22 from line 17 If zero or less, enter -0-		. 23	*		
			]			
24	Enter the <b>smaller</b> of the amount on line 17 or \$2,300		. 24			
25	Is the amount on line 23 equal to or more than the amount on line 24?					
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box					
	No. Enter the amount from line 23		. 25			
26	Subtract line 25 from line 24		. 26			
27	Are the amounts on lines 22 and 26 the same?					
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22		27	;		
			1			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 28			
29	Subtract line 28 from line 27		. 29			
30	Multiply line 29 by 15% ( 15)			$\cdots \cdots \vdash$	30	
31	Figure the tax on the amount on line 23 Use the 2009 Tax Rate So			<b>I</b>		
	(see the Schedule Ginstructions in the instructions for Form 1041)			Li	31	

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

Schedule D (Form 1041) 2009

32

33

2 4 5 6

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side THE DUCHOSSOIS FAMILY FOUNDATION

Employer identification number 36-3327987

Long-Term Capital Gains a	<del></del>		(d) Sales price	(a) Cost or other basis	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (los: Subtract (e) from
JBS GATEWAY FUND CLASS A	12/18/2007	02/06/2009	580,000.	692,096.	-112,0
SATEWAY FUND CLASS A	12/18/2007	03/11/2009	100,000.	133,542.	-33,5
SATEWAY FUND CLASS A	12/18/2007	05/26/2009	125,000.	150,905.	-25,9
ANGUARD INST. INDEX FUND	08/24/2004	02/03/2009	550,000.	815,225.	-265,2
ANGUARD INST. INDEX FUND	08/24/2004	06/15/2009	1,146,724.	1,588,573.	-441,8
ANGUARD INST. INDEX FUND	09/24/2004	06/15/2009	18,263.	25,300.	-7,0
ANGUARD INST. INDEX FUND	12/21/2004	06/15/2009	31,964.	44,280.	-12,3
ANGUARD INST. INDEX FUND	03/31/2005	06/15/2009	14,721.	20,394.	-5,6
ANGUARD INST. INDEX FUND	06/24/2005	06/15/2009	14,214.	19,691.	-5,4
ANGUARD INST. INDEX FUND	09/23/2005	06/15/2009	15,905.	22,033.	-6,1
ANGUARD INST. INDEX FUND	12/28/2005	06/15/2009	16,546.	22,922.	-6,3
ANGUARD INST. INDEX FUND	03/17/2005	06/15/2009	10,466.	14,499.	-4,0
ANGUARD INST. INDEX FUND	06/23/2006	06/15/2009	11,255.	15,591.	-4,3
ANGUARD INST. INDEX FUND	09/22/2006	06/15/2009	11,112.	15,393.	-4,2
ANGUARD INST. INDEX FUND	12/19/2006	06/15/2009	1,208,831.	1,674,611.	~465,7
	1				

THE DUCHOSSOIS FAMILY FOUNDATION 36-332
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

•		INS AND LO		cription		Por	Date	Date sold
, Kind of F		0.554.51				D	acquired	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		UBS GATEWAY PROPERTY TY				Р	12/18/2007	02/06/2009
580,000.		692,096.	. DBCORT	110			-112,096.	
		GATEWAY FUNI		2717		Р	12/18/2007	03/11/2009
100,000.		133,542.	EL. SECORI	1115	:		-33,542.	
125,000.		GATEWAY FUNI	D CLASS A				12/18/2007 -25,905.	05/26/2009
		VANGUARD IN				Р	08/24/2004	02/03/2009
550,000.		815,225.	FE. SECORI	1165			-265,225.	
		VANGUARD INS				Ρ	08/24/2004	06/15/2009
146,724.		1,588,573.	FE. SECURI	1163			-441,849.	
		VANGUARD INS				Ρ	09/24/2004	06/15/2009
18,263.		25,300.	PE: SECURI.	1163			-7,037.	
		VANGUARD INS				Ρ	12/21/2004	06/15/2009
31,964.		44,280.	PE: SECURI.	1153			-12,316.	
		VANGUARD INS				Р	03/31/2005	06/15/2009
14,721.		20,394.	FE. SECORI.	1165			-5,673.	
		VANGUARD INS				Р	06/24/2005	06/15/2009
14,214.		19,691.	FE. SECORI	1115			-5,477.	
		VANGUARD INS				P	09/23/2005	06/15/2009
15,905.		22,033.	PE: SECURI.	1153			-6,128.	
		VANGUARD INS				P	12/28/2005	06/15/2009
16,546.		22,922.	PE: SECURI.	1153			-6,376.	
		VANGUARD INS				P	03/17/2005	06/15/2009
10,466.		14,499.	PE. SECURI.	1155			-4,033.	
	<del></del>	<u> </u>				Ш		

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Date Date sold Description Kind of Property acquired Adı basıs Gross sale Depreciation Cost or Excess of Gain allowed/ FMV over price less other as of as of OF adı basıs allowable (loss) expenses of sale 12/31/69 basis 12/31/69 VANGUARD INST. INDEX FUND 06/23/2006 06/15/2009 PROPERTY TYPE: SECURITIES 11,255. 15,591. -4,336.VANGUARD INST. INDEX FUND 09/22/2006 06/15/2009 PROPERTY TYPE: SECURITIES -4,281. 11,112. 15,393. 12/19/2006 06/15/2009 VANGUARD INST. INDEX FUND PROPERTY TYPE: SECURITIES -465,780. 1,208,831. 1,674,611. -1400054. TOTAL GAIN(LOSS) ......

## Form **8868**.

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

internal Revenue S	ervice printed departate application to each retain.	
<ul><li>If you are f</li></ul>	ling for an Automatic 3-Month Extension, complete only Part I and check this box	▶ X
Do not comple	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on pag te Part II unless you have already been granted an automatic 3-month extension on a prev	e 2 of this form). viously filed Form 8868.
Part I Auto	matic 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 b	ox and complete
Part I only		
All other corp time to file inco	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns.	004 to request an extension of
Electronic Fili	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auto	omatic extension of time to file
one of the re	turns noted below (6 months for a corporation required to file Form 990-T). However	er, you cannot file Form 8868
electronically i	f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms omposite or consolidated From 990-T. Instead, you must submit the fully completed and	990-BL, 6069, or 8870, group
	e details on the electronic filing of this form, visit <i>www.irs.gov/efile</i> and click on <i>e-file for C</i>	
Type or	Name of Exempt Organization	Employer identification number
print	THE DUCHOSSOIS FAMILY FOUNDATION	36-3327987
File by the	Number, street, and room or suite no. If a P.O box, see instructions.	
due date for	1515 W 22ND STREET, SUITE 650	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	· · · · · · · · · · · · · · · · · · ·
instructions.	OAK BROOK, IL 60523	
Check type o	f return to be filed (file a separate application for each return):	
Form 990		m 4720
Form 990	-BL Form 990-T (sec 401(a) or 408(a) trust) Form	m 5227
Form 990	-EZ Form 990-T (trust other than above) Form	m 6069
X Form 990	-PF Form 1041-A Form	m 8870
<ul><li>If the organ</li><li>If this is for</li><li>for the whole g</li></ul>		
	Ns of all members the extension will cover.	
G1101	at an automatic 3-month $(6 \text{ months for a corporation required to file Form } 08/15, 2010$ , to file the exempt organization return for the organization ganization's return for:  calendar year $2009$ or tax year beginning , , and ending	n 990-1) extension of time named above. The extension is
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, I dable credits. See instructions.	ess any 3a \$
	olication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	
	lude any prior year overpayment allowed as a credit.	3b \$
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
with FTE	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	deposit n). See
instruction	ns.	3c \$
Caution. If you	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	and Form 8879-EO
for payment ins	structions	
For Privacy Ac	t and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)