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**Return of Private Foundation** 

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Fo	For calendar year 2009, or tax year beginning , and ending											
G	Ch	eck all t	hat apply	Initial	return	Initial return of a fo	rmer public cha	rity	Final re	turn		
				Amer	nded return	Address change	□ Na	me c	hange			
~_L	lse t	he IRS	Name of foundation				<u> </u>		Employer identification nu	mber		
		bel.	The Sklare Famil	ly Foundat	tion			[``	36-3804			
(	Otherwise, Number and street (or P O box number if mail is not					elivered to street address)	Room/suite	ВТ		<del></del>		
	print 5315 Old Orobord Bood						760	'	B Telephone number (see page 10 of the instructions (847) 966-9669			
_		ype.	City or town, state, a			<del></del>	<u> </u>	C 16	exemption application is pe			
		pecific ctions.	Skokie	nd zii wac		IL	60077-1035		. Foreign organizations, che			
				Section	on 501(c)(3) exe	empt private foundat		t	. Foreign organizations, one	_		
Ë			947(a)(1) nonexen			Other taxable private			check here and attach con			
=			<del></del>	<del>-</del>	г				private foundation status wa			
•			t value of all asse m Part II, col (c),	is at end	J Accounting Other (sp		h		nder section 507(b)(1)(A), ci the foundation is in a 60-mo			
		16)	\$	1 841 824	(Part I, column (	d) must be on cash ba	sis )		nder section 507(b)(1)(B), c			
Pa	ırt l	Analy	ysis of Revenue				T	٠	T	(d) Disbursements		
			ts ın columns (b), (c), a	•		(a) Revenue and expenses per	(b) Net investm	ent	(c) Adjusted net	for chantable		
		the am	ounts in column (a) (se	e page 11 of	the instructions))	books	income		income	purposes (cash basis only)		
_	1	Contrib	outions, gifts, grants, etc	r received (:	attach schedule)					(cash basis only)		
	2		If the foundation	•	-		ļ —————					
	3		st on savings and te	•								
	4		ends and interest fro			73,743	68	3,915	4,828			
9	5	a Gross	rents					0				
Š.		<b>b</b> Net re	ntal income or (loss	i)	0							
<u> </u>	6	a Net ga	ain or (loss) from sal	le of assets	not on line 10							
AUR & GALZONO		<b>b</b> Gross	sales price for all assets	s on line 6a	0							
Ae,	7	Capita	al gain net income (f	rom Part IV	/, line 2)			0				
2	8	Net sh	nort-term capital gail	n					0			
	9	Incom	e modifications		ı							
SCANNED SCANNED			sales less returns and a		0		<u> </u>					
			Cost of goods sold		0							
5			profit or (loss) (atta		e)		<del> </del>					
3	11		income (attach sche	•		941	<del> </del>	941				
<u>D</u>	12		Add lines 1 through		TERMA REM	FAUE SERVICES		9,856	4,828			
es	13		ensation of officers,		Tustees etc.	ASSISTANCE C	)					
Expenses	14		employee salaries a	-	SCHILLER P	5K 11 60176 _	<del> </del>		<del></del>	<del></del>		
be	15		on plans, employee	201101110		1 6 2010 C		0				
	סו		fees (attach schedu		AUG	<u> </u>	<del> </del>			0		
Ve Ve			inting fees (attach so professional fees (a	•	tule) == ar			<u>0</u> 0		0		
ati	17	Interes	•	illacii scriet	REU		<del> </del>		14	<u>_</u>		
sti	18		attach schedule) (see p	age 14 of the	instructions) 26	304 $304$ $3,278$		744				
in	19		ciation (attach sche	-	•	0,2.5		0				
Operating and Administrative	20	Occup		,	•							
Ž	21	-	, conferences, and r	meetings								
밀	22	Printin	g and publications									
a	23	Other	expenses (attach so	chedule)	I	8,450	-2	,498	10,923	25		
Ë	24	Total o	operating and adm	inistrative	expenses.				-			
Ē		Add Iır	nes 13 through 23		•	11,742		,754	10,971	25		
ğ	25	Contrib	butions, gifts, grants	paid		24,348	<b></b>			24,348		
J	26	Total e	xpenses and disburse	ements. Add	lines 24 and 25	36,090	-1	,754	10,971	24,373		
I	27	Subtra	ct line 26 from line	12			1					
			of revenue over expe			38,594			1	<del> </del>		
- }			vestment income (				71	,610	<u> </u>			
		c Adjust	ted net income (if n	negative, er	nter -0-)		<u> </u>		o			
For	Priv	acy Act	and Paperwork Re	eduction A	ct Notice, see pa	ge 30 of the instructi	ons.			Form <b>990-PF</b> (2009)		
(НТА	)								7	.5		
										_		

_		Allege Legend Land Company to the Landscape Company	Beginning of year	- Cod	of year					
Pa	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value						
_	1		72,979	120,339	(c) Fair Market Value					
		Cash—non-interest-bearing	72,979	120,339	120,339					
	2	Savings and temporary cash investments								
	3	Accounts receivable 0			•					
	١.	Less. allowance for doubtful accounts	<u> </u>	0	0					
	4	Pledges receivable 0								
	_	Less allowance for doubtful accounts	0	0	0					
	5	Grants receivable Receivables due from officers, directors, trustees, and other								
	"	disqualified persons (attach schedule) (see page 15 of the								
	ŀ	instructions)	ol	o	0					
	7	Other notes and loans receivable (attach schedule)		-						
Ø		Less allowance for doubtful accounts ▶ 0	o	oi	0					
Assets	8	Inventories for sale or use								
Š	9	Prepaid expenses and deferred charges								
_	10 a	Investments—U.S. and state government obligations (attach schedule)	0	0	0					
	ſ	Investments—corporate stock (attach schedule)	0	0	0					
		Investments—corporate bonds (attach schedule)	0	0	0					
	11	Investments—land, buildings, and equipment basis								
	j	Less accumulated depreciation (attach schedule)	o	ol	0					
	12	Investments—mortgage loans								
	13	Investments—other (attach schedule)	1,781,999	1,721,485	1,721,485					
	14	Land, buildings, and equipment basis	,							
		Less accumulated depreciation (attach schedule)	o	o	0					
	15	Other assets (describe Prepaid Excise Taxes 744.00)	0	0	0					
	16	Total assets (to be completed by all filers—see the								
	<u> </u>	instructions Also, see page 1, item I) .	1,854,978	1,841,824	1,841,824					
	17	Accounts payable and accrued expenses	0	2,623						
'n	18	Grants payable								
<u>ë</u>	19	Deferred revenue								
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0						
iak	21	Mortgages and other notes payable (attach schedule) .	0							
٢	22	Other liabilities (describe ► )	0							
	23	Total liabilities (add lines 17 through 22)	0	2,623						
		Foundations that follow SFAS 117, check here								
ces		and complete lines 24 through 26 and lines 30 and 31.								
5	24	Unrestricted								
aja	25	Temporarily restricted .								
ä	26	Permanently restricted								
Ē		Foundations that do not follow SFAS 117, check here								
or Fund Balan		and complete lines 27 through 31.								
ō	27	Capital stock, trust principal, or current funds .								
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund								
SSE	29	Retained earnings, accumulated income, endowment, or other funds	1,854,978	1,839,201						
Ä	30	Total net assets or fund balances (see page 17 of the instructions)	4.054.070	4 000 004						
Net Assets	24	,	1,854,978	1,839,201						
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	1,854,978	1,841,824						
Par	t III	Analysis of Changes in Net Assets or Fund Balances	1,004,970]	1,041,024						
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with										
•		f-year figure reported on prior year's return)	/	1	1,854,978					
2		amount from Part I, line 27a	2	38,594						
		increases not included in line 2 (itemize) Prepaid Excise Taxes-	Beg 82.00	3	0					
		nes 1, 2, and 3		4	1,893,572					
5	Decre	ases not included in line 2 (itemize) ► See Attached Statement		5	54,371					
6	Total r	, , , , , , , , , , , , , , , , , , , ,								

Part I		d Losses for Tax on Investigation  kind(s) of property sold (e.g., real esta		(b) How acquired	(c) Date acq	uured	(d) Date sold	
	2-story brick warehous	e, or common stock, 200 shs MLC Co		P—Purchase D—Donation	(mo , day,	,	(mo , day, yr )	
	Opportunities Sch K-1							
<u>b</u> Dell	Opportunities Sch K-1							
<u> </u>				<del>                                     </del>			<del></del>	
<u>d</u>	<del></del>		<del></del>	·			<del></del>	
<u>e</u>	<del></del>							
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		or other basis ense of sale	(	(h) Gain or e) plus (f) m	ninus (g)	
<u>a</u>	0	0		13,784			-13,784	
<u>b</u>	0	0		40,587			-40,587	
<u>c</u>	0	0		0			0	
<u>и</u> е	0			0				
		ng gain in column (h) and owned	by the foundati	<u>_</u>				
Con	ipiete offiy for assets shown				• • •		) gain minus ss than -0-) <b>or</b>	
(i)	F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	• •	ss of col (i)		osses (from	•	
<u>а</u>	0	0		0			-13,784	
b	0	0		0			-40,587	
c	0	0		0			0	
ď	0	0		0			0	
e	0	0		0			0	
		If gain, al	so enter in Pa	art I, line 7				
2 Cap	oital gain net income or (i		enter -0- in Pa		2		-54,371	
3 Net	short-term capital gain of	or (loss) as defined in sections	s 1222(5) and	(6):				
If ga	ain, also enter in Part I, Ii	ne 8, column (c) (see pages	13 and 17 of	the }				
ınst	ructions). If (loss), enter	-0- in Part I, line 8	· · · _ · ·	<u>.</u>	3		0	
Part V	Qualification Unde	er Section 4940(e) for Re	duced Tax o	n Net Investme	ent Income	)		
(For op	tional use by domestic p	rivate foundations subject to	he section 49	40(a) tax on net i	nvestment in	come.)		
	on 4940(d)(2) applies, lea							
		e section 4942 tax on the dist	ributable amo	unt of any year in	the hase no	riod2 [	Ves V No	
		t qualify under section 4940(			ine base pe	110u	] 103 [X] 110	
		<del></del>		-				
1 Er		unt in each column for each y	ear, see page	18 of the instruc	tions before		<del></del>	
	(a) Base penod years	(b)	ļ	(c)	l	(d) Distribution ratio		
Calenda	ar year (or tax year beginning in)	Adjusted qualifying distribution	s Net value	of nonchantable-use a	ssets (		ded by col (c))	
	2008		305	2,397	,186		0 009305	
	2007	114	335	1,889	,186		0.060521	
	2006	118	,667	1,792	,806		0.066191	
	2005		280	1,784			0 085328	
	2004	86	955	1,815	,045		0 047908	
					1 1			
	al of line 1, column (d)				. 2		0 269253	
		r the 5-year base period—divi						
the	number of years the four	ndation has been in existence	e if less than 5	years .	3		0 053851	
			r B - 4 V - I-	<b>-</b>			4 707 050	
4 Ente	er the net value of nonch	aritable-use assets for 2009	rrom Paπ X, III	ne 5	4		1,787,852	
E NAME	halistina Albistina 2				_		06 279	
5 Mul	tiply line 4 by line 3				5		96,278	
6 Ente	er 1% of net investment	income (1% of Part I, line 27b	)		6		716	
					_			
7 Add	lines 5 and 6	•			7		96,994	
8 Ente	er qualifying distributions	from Part XII, line 4			8		24,373	
	e 8 is equal to or greate Part VI instructions on pa	r than line 7, check the box in	Part VI, line	1b, and complete	that part usi	ng a 1%		

Pá	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see p	age 1	8 of the	e inst	ructi	ons)		
1	a 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 letter if necessary—see instructions)							
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check	1_		1	,432			
	here ▶ ☐ and enter 1% of Part I, line 27b							
	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					i		
	of Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	_2_	_		,432			
3	<del></del>							
	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)							
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		1	,432			
6	Credits/Payments							
	a 2009 estimated tax payments and 2008 overpayment credited to 2009  6a 744  6b							
	Tax paid with application for extension of time to file (Form 8868) . 6c 1,800 d Backup withholding erroneously withheld 6d							
7	Total credits and payments. Add lines 6a through 6d	7	-	2	,544			
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			12			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10			,100			
11		11			0			
9;	rt VII-A Statements Regarding Activities				Ť			
		-			Yes	No		
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?								
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the								
instructions for definition)?								
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials								
published or distributed by the foundation in connection with the activities								
c Did the foundation file Form 1120-POL for this year?								
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year								
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$							
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
	on foundation managers.   \$				,			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х		
	If "Yes," attach a detailed description of the activities							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles							
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X		
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X			
	of "Yes," has it filed a tax return on Form 990-T for this year?			4b		~		
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			_5		X		
6	If "Yes," attach the statement required by General Instruction T				1			
v	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 conflict with the state law remain in the governing instrument?			6	_x_			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a	nd Pa	art XV	7	Х			
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	•						
	instructions) ► IL							
t	If 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			8b	X			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)							
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27	)?			1			
	If "Yes," complete Part XIV			9		X		
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing					Х		
their names and addresses								

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		_X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address www guidestar.com			- <b></b> -
14	The books are in care of ► David A. Weiss CPA Telephone no ► (847) 966-9			<b></b>
	Located at ► 5215 Old Orchard Road Suite 760 Skokie IL ZIP+4 ► 60077-1035			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			• 🗀
	and enter the amount of tax-exempt interest received or accrued during the year			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ	Yes	<u>No</u>
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"  If the foundation agreed to make a grant to or to employ the official for a period  after termination of government service, if terminating within 90 days)  Yes X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years > 20 , 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	٠		
	to all years listed, answer "No" and attach statement—see page 20 of the instructions )	<u>2b</u>	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here  20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  X Yes No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	2		_
4.	if the foundation had excess business holdings in 2009 )	3b 4a		<u>X</u>
4a h	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	a		
b	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		Х

For	n 990.	PF (2009) The Sklare Family Foundatio	n		•	DE 2004077	Page 6	
		II-B Statements Regarding Activiti		m 4720 May Be R		36-3804977	Page <b>6</b>	
		ng the year did the foundation pay or incur any			oquitou (oomanaoa)		T	
		Carry on propaganda, or otherwise attempt t	•	(section 4945(e))?	Yes X	No	1	
	(2)	Influence the outcome of any specific public	election (see section 4	1955); or to carry		_		
		on, directly or indirectly, any voter registration	n drive?		· Yes X	No		
	(3)	Provide a grant to an individual for travel, stu	ıdy, or other sımılar pu	rposes? .	Yes X	No		
	(4)	Provide a grant to an organization other than	n a charitable, etc , org	anization described				
		in section 509(a)(1), (2), or (3), or section 49	40(d)(2)? (see page 22	2 of the instructions)	· Yes X	No		
	(5)	Provide for any purpose other than religious, educational purposes, or for the prevention of		•	· Yes X	No		
b	If an	y answer is "Yes" to 5a(1)–(5), did any of the	transactions fail to qua	lify under the exception	ons described in	_		
	Reg	ulations section 53.4945 or in a current notice	regarding disaster ass	istance (see page 22	of the instructions)?	. <u>5b</u>	N/A	
	Orga	inizations relying on a current notice regarding	disaster assistance c	heck here .	. ▶	]		
С		e answer is "Yes" to question 5a(4), does the f	•	ption from the		,		
		ecause it maintained expenditure responsibilities," attach the statement required by Regulati		 5(d)	Yes	」No		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes X No								
b	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870							
7a		by time during the tax year, was the foundation	a party to a prohibited	t tax shelter transaction	on? Yes X	No		
		s, did the foundation receive any proceeds or				7b		
	art V	أحصين أحسن أحسن أحسن المستعدد					ees.	
		and Contractors						
1	List	all officers, directors, trustees, found	ation managers an	d their compensat	ion (see page 22 of the	instruction	ıs).	
		(a) Name and address			(d) Contributions to employee benefit plans	(e) Expen	se account,	
			devoted to position	-0-)	and deferred compensation	other al	lowances	
		T Sklare	President				_	
		ridan Road Kenilworth IL 60043	As Reg'd	0		<u> </u>	0	
		Sklare Faintuch and Court Highland Beach FL 33487	Vice Pres	o	C		0	
		R Sklare	As Req'd Secretary	- 0		1		
		vis Street Deerfield IL 60015	As Reg'd	o	C	<u> </u>	0	
		ntuch	Treasurer				<u>-</u>	
			As Reg'd	0		)	0	
2		pensation of five highest-paid employene, enter "NONE."	yees (other than th	ose included on li	ne 1—see page 23 of th	e instructi	ons).	
		<del></del>	(b) Title, and avera	age	(d) Contributions to			
(a)	Name	and address of each employee paid more than \$50,		(c) Compensation	employee benefit plans and deferred compensation		se account, lowances	
Nor	ie				Compensation			
<del>-</del>								
	<u> </u>							
						<del>                                     </del>		
					1	1		

Total number of other employees paid over \$50,000 .

ightharpoons

Form 990-PF (2009) The Sklare Family Foundation		36-3804977	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Fand Contractors (continued)	oundation Managers, Highly Pa	d Employees	s,
3 Five highest-paid independent contractors for professional services (see p	age 23 of the instructions). If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compen	sation
NONE			
			0
			0
			0
		<del> </del>	
			0
		†	<u>y</u>
			0
Total number of others receiving over \$50,000 for professional services .			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta		Expense	es
the number of organizations and other beneficiaries served, conferences convened, research paper	ers produced, etc	<del>                                     </del>	
1 <u>N/A</u>			
<u> </u>		<del> </del>	
2			
		1	
3		<del> </del> -	
<b>.</b>			
4	<del></del>	<del> </del>	
·			
Part IX-B Summary of Program-Related Investments (see page 2	24 of the instructions)	<u> </u>	····
Describe the two largest program-related investments made by the foundation during the tax year of		Amoun	
		7.1.104.1	· <u>·</u>
***************************************			
All other program-related investments See page 24 of the instructions			

Total. Add lines 1 through 3

**•** 

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundati	ons,
	see page 24 of the instructions )		
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	1,075,000
b	Average of monthly cash balances	1b	93,593
С	Fair market value of all other assets (see page 24 of the instructions)	1c	646,485
đ	Total (add lines 1a, b, and c)	1d	1,815,078
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	l i	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,815,078
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	27,226
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,787,852
6	Minimum investment return. Enter 5% of line 5	6	89,393
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here   and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	89,393
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)	]	
С	Add lines 2a and 2b	2c	1,432
3	Distributable amount before adjustments Subtract line 2c from line 1	3	87,961
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	87,961
6	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,		
	line 1	7	87,961
Do-	Qualifying Distributions (see page 25 of the instructions)		
Len	t 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	24,373
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	
3	Amounts set aside for specific charitable projects that satisfy the	] ]	
а	Suitability test (prior IRS approval required)	3a	
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	24,373
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1	
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	24,373
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun qualifies for the section 4940(e) reduction of tax in those years	dation	

1	Distributable amount for 2009 f	rom Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7 .					87,961
2	Undistributed income, if any, as	s of the end of 2009				
	Enter amount for 2008 only				118,052	
b	Total for prior years 20	, 20 , 20		0		
3	Excess distributions carryover,	ıf any, to 2009			}	
а	From 2004	86,955				
b	From 2005	153,303				
С	From 2006 .	119,803				
d	From 2007	115,395				
е	From 2008	22,305			ł	
f	Total of lines 3a through e .	[	497,761			
4	Qualifying distributions for 2009	from Part			1	
	XII, line 4 ► \$	24,373				
	Applied to 2008, but not more to	r				
b	Applied to undistributed income	· · ·	ļ			
	(Election required—see page 2			0		
С	Treated as distributions out of c					
	required—see page 26 of the in	·	0			
ď	Applied to 2009 distributable an					24,373
е	Remaining amount distributed of	· .	24,373			
5			63,588			63,588
	(If an amount appears in colum same amount must be shown in					
6	Enter the net total of each co- indicated below:	lumn as			į	
а	Corpus Add lines 3f, 4c, and 4c	e Subtract line 5	458,546			
b	Prior years' undistributed incom	ne Subtract				
	line 4b from line 2b .			0		
С	Enter the amount of prior years	' undistributed			ļ	
	income for which a notice of de	ficiency has	i	}		
	been issued, or on which the se	ection 4942(a)				
	tax has been previously assess	ed				
d	Subtract line 6c from line 6b Ta	axable				
	amount—see page 27 of the ins	structions		0		
е	Undistributed income for 2008	Subtract line				
	4a from line 2a Taxable amour	nt—see page 27 of the	Ì			
	instructions .				118,052	
f	Undistributed income for 2009	Subtract		Ì		
	lines 4d and 5 from line 1 This	amount must	ĺ	ļ		
_	be distributed in 2010	·				
7	Amounts treated as distribution				1	
	corpus to satisfy requirements i					
	section 170(b)(1)(F) or 4942(g)(	(3) (see page 27 of		ł		
_	the instructions)					
8	Excess distributions carryover f	i i		ļ		
	not applied on line 5 or line 7 (s	ee page 27 of the	20.00=			
_	instructions)		23,367			
9	Excess distributions carryove	i i	40- 4			
	Subtract lines 7 and 8 from line	ба	435,179			
0	Analysis of line 9	450,000	ĺ	-		
a	Excess from 2005	153,303			j	
b	Excess from 2006	119,803			İ	
C	Excess from 2007	115,395				
d	Excess from 2008	22,305 24,373	}		ł	
e	Excess from 2009	ı <b>24</b> .3/31	I I	1	1	

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Y	ear or Approved fo	r Future Pay	yment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid duning the year L'Chaim Center for Inspired Living		Dublic Charit	To fund charitable	1 500
4903 W Townsend Street Milwaukee WI 53216		Public Chant	activities	1,500
Lawrence Gilbert Distinguished Seminar in Biology 208 W Franklin Street Chapel Hill NC 27599		Public Charit	To fund charitable activities	500
Lymphoma Research Foundation 115 Broadway 13th Floor New York NY 10006		Public Charit	To fund charitable activities	1,800
Stand With Us for ELNET P O Box 341069 Los Angeles CA 90034		Public Charit	To fund charitable	1,000
American Friends of Meshi 150 Bennett Avenue Ste 3K New York NY 10040		Public Charit	To fund charitable	1,000
American Comm of the Weitzmann institute of Science 180 N. Stetson Avenue #840 Chicago IL 60601		Public Charit	To fund charitable activities	10,000
Friends of the IDF 29 E Madison Street Chicago IL 60602		Public Charit	To fund charitable	3,600
Chicago Action 1630 Old Deerfield Rd Ste 208 Highland Park IL 6003		Public Charit	To fund charitable activities	250
Gabe Miller Memorial Foundation 1954 First Street Ste 245 Highland Park IL 60035		Public Charit	To fund charitable	100
The Ark 6450 N California Avenue Chicago IL 60645		Public Charit	To fund charitable	180
American Jewish Committee  165 East 65th Street New York NY 10022		Public Charit	To fund charitable activities	100
Anti Deflamation League 309 W Washigton St Ste 750 Chicago IL 60606		Public Charit	To fund charitable activities	100
Maot Chitim of Greater Chicago 4433 W. Touhy Avenue #200 Lincolnwood IL 60712		Public Charit	To fund charitable activities	118
American Friends of Shalva 315 Fifth Avenue 6th Floor New York NY 10016		Public Charit	To fund charitable	100
Zeta Beta Tau Foundation Inc 3905 Vincennes Rd Ste 300 Indianapolis IN 46268		Public Charit	To fund charitable activities	1,200
Jewish Theological Seminary of America 6100 Glades Road Ste 205 Boca Raton FL 33434		Public Charit	To fund charitable activities	2,800
Total			<b>&gt; 3</b> a	24,348
b Approved for future payment				
Total		<u> </u>		
	<del></del>	<del>- · · · · · · · · · · · · · · · · · · ·</del>		000 DE

Form 990-PF (2009) The Sklare Family Foundation

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	n 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
1 Program service revenue a		0		0	<del></del>
	·	0		0	
		0		0	<u>_</u>
d		0		0	
<del> </del>		0		0	
e		0		0	
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments .					
4 Dividends and interest from securities	523000	4,828	14	68,915	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property .					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-54,371	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a Claim Settlement Funds		0	18	197	0
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	
2 Subtotal Add columns (b), (d), and (e)		4,828		14,741	0
13 Total. Add line 12, columns (b), (d), and (e) .				13	<u>19,569</u>
See worksheet in line 13 instructions on page 28 to verify calci					
Part XVI-B Relationship of Activities to the Activities to the Activity for which income				montantly to	
				iipoitaitty to	
the accomplishment of the foundation's exempt p	outhoses (other the	in by providing fu	nds for such purpo	oses) (See	
page 28 of the instructions )		an by providing fu	nds for such purpo	oses) (See	
	ourposes (other the	an by providing fu	nds for such purpo	oses) (See	
	ourposes (orner the	n by providing fu	nds for such purpo	oses) (See	
	ourposes (office the	an by providing fu	nds for such purpo	oses) (See	
	Jurposes (diriet title	an by providing fu	nds for such purpo	oses) (See	
	Jurposes (diriet tite	an by providing fu	nds for such purpo	oses) (See	
	Jurposes (dirier tire	an by providing fu	nds for such purpo	oses) (See	
	Julposes (differ the	an by providing fu	nds for such purpo	oses) (See	
	Julposes (official file	an by providing fu	nds for such purpo	oses) (See	
	Jurposes (official)	an by providing fu	nds for such purpo	oses) (See	
	Jurposes (official file	an by providing fu	nds for such purpo	oses) (See	
	Julposes (uniei ilie	an by providing fu	nds for such purpo	oses) (See	
	Jurposes (uniei ilie	an by providing fu	nds for such purpo	oses) (See	
	Julposes (official file	an by providing fu	nds for such purpo	oses) (See	
	Julposes (official file	an by providing fu	nds for such purpo	oses) (See	
	Julposes (official file	an by providing fu	nds for such purpo	oses) (See	
	Julposes (official file	an by providing fu	nds for such purpo	oses) (See	
	Julposes (official file	an by providing fu	nds for such purpo	oses) (See	
	Julposes (official file	an by providing fu	nds for such purpo	oses) (See	
	Julposes (uniei ille	an by providing fu	nds for such purpo	oses) (See	
	Julposes (official file	an by providing fu	nds for such purpo	oses) (See	
	Julposes (official file	an by providing fu	nds for such purpo	oses) (See	

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										Yes	No
а	Transi	fers from the reporting	foundation to	a noncharitable e	exempt organiz	ation of:					
	(1) Ca	ash							1a(1)		Χ
	(2) 0	ther assets							1a(2)		Χ
b	Other	transactions									
	(1) Sa	ales of assets to a non	charitable exe	empt organization			•		1b(1)		X
		urchases of assets fror							1b(2)		X
		ental of facilities, equip							1b(3)		X
		eimbursement arrange							1b(4)		X
		oans or loan guarantee				•			1b(5)		_X
									1b(6)		X
		ng of facilities, equipme	-						1c		X
d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair m value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services in the services of the goods.								n fair m	narket	t d	
(a)	Line no	(b) Amount involved	(c) Name	of noncharitable exemp	t organization	(d) Des	scription of transfers,	transactions, and sh	anng am	angem	ents
		0			-	<u> </u>					
		0				<u> </u>					
		0									
		0				<del></del>					
		0				<del> </del> -		<del></del>			
		0			<del>.</del>	<b></b> _					
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		0				<del>                                     </del>					
	_	0				<del> </del>		<del></del>			
	describ	foundation directly or in bed in section 501(c) of the complete the following	ndirectly affiliant of the Code (o						es 🗌	No	
		(a) Name of organization		(b) Type	of organization		(c) Description of relationship				
		<del></del>								<u> </u>	
		<del></del>							_		
	<del></del>	<del></del>			<del></del>						
€.	Unde belief	er penalties of perjury, I declar f, it is true, correct, and comp	re that I have exalete Declaration of	mined this return, include of preparer (other than the second sec	ding accompanying axpayer or fiducian	schedules  ) is based  B//3	on all information of	to the best of my kind which preparer has	any knov	e and wledge	
er	Sig	nature of officer or trustee			Da	ite /	Titl	e			
Sign Here	Paid Preparer's Use Only	Preparer's signature			Date		Check if self-employed ▶	Preparer's ic number (see page 30 of ti	Signatu	ıre on	
	Pre J	Firm's name (or yours if	`			<del></del>		EIN ▶			
		self-employed), address,	<b>)</b>								
		and ZIP code	<u> </u>					Phone no			

Sch	edule E (Form '	1040) 2009							Attachr	nent Sequence	No 13	3		Pa	age
		return Do not enter	name and soc	al security numbe	r if shown on	other side					You		security		ber
		mily Foundation	maunta ra	artad an unur	tov roturn	with amou	nto o	hown	on Schoo	lulo(o) K 1	L	36-3	380497	7	
		RS compares a ncome or Los		<del></del>						ort a loss fro		t-rick a	ctuatu fe		
		hich any amount												,,	
27		eporting any los												m	
	•	activity (if that		-			mbur	sed pa	artnershi	expenses	?		Yes	X	No
	If you ans	swered "Yes," se	ee page E-	7 before comp	oleting this				01 1 1	1 (0.5					<u> </u>
28			(a) Name			(b) Enter F partnership			Check if preign		mployer ification		(e) C any a	heck moun	
						for S corpor	ation	par	tnership	nu	<u>m</u> ber		not	at rist	k
$\overline{}$	Dell Opporti	unities LLC				P			<u> </u>	26-30925	23			닟.	
В		· .						<u></u>	<u> </u>					$\sqsubseteq$	
<u>c</u>									<u> </u>					<u> </u>	
D						l		<u> </u>	<u> </u>	<u> </u>				Ш	
		Passive Income			(5)	Nannanaura la		lonpas		ome and I		(3) N			
	` '	e loss allowed 18582 if required)		assive income Schedule K-1	, ,	Nonpassive lo n <mark>Schedule K</mark>				on 179 expens from Form 45			onpassive n <b>Sched</b> i		
Α							$\Box$			-					_
A   B   C   D															
읽				<del></del>	<del> </del>		+-	-			<b>-</b>	ļ.—		+	
	a Totals		+		<del>                                     </del>		—			<del></del>	L			$\dashv$	_
	b Totals						$T^-$	<u> </u>			<u> </u>				
30		nns (g) and (j) o									30				
31		nns (f), (h), and									31	<u> </u>	_	4	
32	•	<b>tnership and S</b> e and include in	•		•						32			0	
Рa		ncome or Los				· · ·	<del></del> -	<u> </u>	<del></del>	· · · ·	<u> </u>	L		<u> </u>	
33		<u> </u>	<del></del>	(a) N									Employer		_
A											<del> </del>	identific	ation nun	ber	_
B				<del></del>											_
		Passi	ve Incom	e and Loss					Nonp	assive Inc	ome	and Lo	oss		
	· '	e deduction or loss a	_	, ,	Passive inco				Deduction of				income i		
Α	(attach	Form 8582 if require	ea)	Tro	m Schedule	<del>\_</del> 1	+	iror	m Schedule	<del>7 N-1</del>	[	Scne	dule K-	<u>'</u>	
B	<u> </u>				· · · · · · · · · · · · · · · · · · ·		+				-			+	
34 a	Totals														
	o Totals										ļ				
35 36		nns (d) and (f) o nns (c) and (e) o					٠.	•		•	35 36	,			
37		ate and trust in		 I <b>oss).</b> Combin	 ie lines 35	and 36. Ei	iter th	ne resi	 ult here a	nd .	30	1		$\top$	
		the total on line	_	<u> </u>		•					37			0	
Pa	rt IV 🔝 Ir	ncome or Los	s From R	eal Estate N				ondu	its (RE	MICs)—R	esidu	al Ho	lder		
38	(a)	Name		Employer		cess inclusion edules Q, line		, ,		ome (net loss)	•		come from		
			identific	ation number	(5	see page E-8)	т-	- 110	om Schedu	es Q, line 1b	<u> </u>	T	les Q, lın	e 30	
39	Combine	columns (d) and	(e) only	nter the resul	It here and	Linclude in	the t	ntal or	line 41	helow	39			0	
		ummary	1 (C) Oilly	inci inc resu	it field and	i include in	110 1	<u>Otal Ol</u>	11110 41	001011		L	<del></del>		
40		ental income or	(loss) fror	Form 4835.	Also, com	plete line 4	2 be	low .			40			$\prod$	
41	Total incor	me or (loss). Com	bine lines 26, 32	37, 39, and 40 Ent	er the result he	re and on Form	1040, lii	ne 17, or	Form 1040NI	R, line 18 . 🕨	41			0	
42		ation of farmin	-	-	-	_									
	-	nd fishing incom	•												
	•	i 1065), box 14, nd Schedule K-		•		•		2	<del></del>	<del>- 1 -</del>					
12			•	·	-		′	<del></del>							
43		tion for real esta Il (see page E-2),													
		on Form 1040 or F					L.								
	•	materially participa					4	3							

## SCHEDULE D (Form 1041)

Department of the Treasury

**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

2009

Internal Revenue Service Employer identification number Name of estate or trust The Sklare Family Foundation 36-3804977 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses—Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (a) Description of property (c) Date sold (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 1a 0 0 0 0 ol **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b. 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . 3 -13,784Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back 5 -13,784Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the for the entire year (Example 100 shares 7% preferred of "Z" Co ) (mo, day, yr) (mo, day, yr) instructions) Subtract (e) from (d) 6a 0 0 0 0 n 0 **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 -40.587 9 9 Capital gain distributions 10 10 Gain from Form 4797, Part I . . . Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, 12

column (3) on the back.

-40,587

Sched	ule D (Form 1041) 2009 The Sklare Family Foundation			36-38049	977	Page 2
Par	<del></del>		(1) Beneficiaries'	(2) Estate		(3) Total
	Caution: Read the instructions before completing this	part.	(see page 5)	or trust's		
13	Net short-term gain or (loss)	13	<u> </u>	-13,784		-13,784
14	Net long-term gain or (loss)			_		
а	Total for year	14a		-40,587		-40,587
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			ļ	0
	28% rate gain	14c		54.074	ļ - · · ·	51074
15	Total net gain or (loss). Combine lines 13 and 14a .	15	0	-54,371	<u>.                                    </u>	-54,371
	If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4					
_	ains, go to Part V, and do not complete Part IV If line 15, column (3),	ıs a net	ioss, complete Part IV a	na the Capital Lo	iss Car	ryover
	sheet, as necessary					<del></del>
Part		0 - 4 1		-11	Γ	<del></del>
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,	Paπ I,	line 4c, if a trust), the sm	aller of	46	( 2000 )
	The loss on line 15, column (3) or b \$3,000				16	( 3,000 )
	If the loss on line 15, column (3), is more than \$3,000, or if Form 10- Carryover Worksheet on page 7 of the instructions to figure your cap			-1, line 34), is a lo	SS, COIT	ipiete the Capital
Pari				<del></del>		<del></del>
r au	Tax computation osing maximum capital Gain	5 Nau	<b>53</b>			
	1041 filers. Complete this part only if both lines 14a and 15 in column	n (2) are	gains, or an amount is e	entered in Part I or	Part II	and there is an entry
on Fo	rm 1041, line 2b(2), and Form 1041, line 22, is more than zero					
Cauti	on: Skip this part and complete the worksheet on page 8 of the instruct	tions if				
• Eit	ther line 14b, col (2) or line 14c, col. (2) is more than zero, or					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					
	990-T trusts. Complete this part only if both lines 14a and 15 are gain					
and F	orm 990-T, line 34, is more than zero. Skip this part and complete the v	workshe	eet on page 8 of the instr	uctions if either lin	e 14b,	col (2) or line
14c, c	ol (2) is more than zero			<del></del>		
17	Enter taxable income from Form 1041, line 22 (or Form 990-T	, line 3	4) .   17			
18	Enter the smaller of line 14a or 15 in column		´			
	(2) but not less than zero					
19	Enter the estate's or trust's qualified dividends 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		o			
21	If the estate or trust is filing Form 4952, enter					
	the amount from line 4g, otherwise, enter -0- > 21		ol I I			
22	Subtract line 21 from line 20 If zero or less, enter -0		. 22	o		-
 23			23	0	1	
23	Subtract line 22 from line 17. If zero or less, enter -0-	• •	23	<del></del>	1	
24	Enter the <b>smaller</b> of the amount on line 17 or \$2,300		24			
2 <del>4</del> 25	Is the amount on line 23 equal to or more than the amount on	 lino 24			1	
25	Yes. Skip lines 25 and 26; go to line 27 and check the "No			}		
		O DOX	1 1		] .	
~~	No. Enter the amount from line 23		25			
26	Subtract line 25 from line 24		26	0	-	
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 l	ine 17 or	line 22 <b>27</b>	<del></del>	-	
~~	Finds the second from the OO //files OO in blook and a O.		20			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	•	28	0		
	0.14 11 00.6 17		20			
29	Subtract line 28 from line 27	•	29	0	20	
30	Multiply line 29 by 15% ( 15)			- · · · · ·	30	0
31	Figure the tax on the amount on line 23. Use the 2009 Tax Ra		equie for Estates and	ı rusts (see		
	the Schedule G instructions in the instructions for Form 1041)				31	<del></del>
32	Add lines 30 and 31				32	0
33	Figure the tax on the amount on line 17. Use the 2009 Tax Ra					
	the Schedule G instructions in the instructions for Form 1041)				33	
34	Tax on all taxable income. Enter the smaller of line 32 or line	e 33 h	ere and on Form 1041	, Schedule		
	G. line 1a (or Form 990-T. line 36)				34	Ol Ol

he Sklare Family Foundation

Line 11 (990-PF) - Other Income

Revenue and Expenses Net Investme Excise Tax Refund Investment Settlement Claim 197	941	ent Adjusted Net Income	744	197	0	0	0	0	0	0	<u> </u>
Revenue and Expenses per Books	941	Net Investment Income	744	197							
Description Excise Tax Refund Investment Settlement Claim	3	Revenue and Expenses per Books									
		Description	Excise Tax Refund	Investment Settlement Claim							

## The Sklare Family Foundation

Line 18 (990-PF) - Taxes

		3,278	744	34	
		Revenue and Expenses	Net Investment	Adjusted	Disbursements for Charitable
	Description	per Books	Income	Net Income	Purposes
1	Real estate tax not included in line 20				
7	Tax on investment income				
3	Income tax				
4	Withheld Foreign Taxes	34		34	
5	Excise Tax Paid	3,244	744		
9					
7					
œ					
6					
5					

# The Sklare Family Foundation

# Line 23 (990-PF) - Other Expenses

i i		8,450	-2,498	10,923	o modern de
		Revenue and			Dispursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
lÏ	Amortization See attached statement	0	0	0	
	State Filing fees	15			
	State Admin Filing Expense	10			
	Portfolio Deductions 2%	10,923		10,923	
	Reimb Prior Year Expense	-2,498	-2,498		
10					

The Sklare Family Foundation

Part II, Line 13 (990-PF) - Investments - Other

			1,781,999	1,721,485	1,721,485
		Basis of	Book Value	Book Value	
	Item or Category	Valuation	Beg of Year	End of Year	End of Year
1	Bonds-Israel	AT COST	1,075,000	1,075,000	
2	Dell Opportunities LLC	AT COST	666'902	646,485	646,485
3					
4					
5					
6					
7					
8					
9					
10				•	

The Sklare Family Foundation

36-3804977

## Part III (990-PF) - Changes in Net Assets or Fund Balances

## Line 5 - Decreases not included in Part III, Line 2

1	Dell Opportunities Schedule K-1 Short Term Capital Loss 13784	1	13,784
2	Dell Opportunities Schedule K-1 Long Term Capital Loss 40587	2	40,587
4	Total	4	54,371

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury		b = ::	- b b b			
Internal Revenue Service		File a separate application for ea				
		onth Extension, complete only Part I			► X	
If you are filing for a	n Additional (Not	Automatic) 3-Month Extension, com	piete only Part II (on I	page 2 of this form)	0060	
Do not complete Part	Ill unless you hav	e already been granted an automatic 3	-month extension on a	previously filed For	m 8868	
		ension of Time. Only submit origin				
A corporation required Part I only	to file Form 990-T	and requesting an automatic 6-month of	extension—check this	box and complete	<b>▶</b> □	
All other corporations (		ilers), partnerships, REMICs, and trusts	s must use Form 7004	to request an exten	sion of	
time to file income tex : Electronic Filing (e-fil		can electronically file Form 8868 if you	want a 3-month auton	natic extension of ti	me to file one	
of the returns noted be electronically if (1) you returns, or a composite	low (6 months for a want the additional or consolidated For	a corporation required to file Form 990- I (not automatic) 3-month extension or orm 990-T. Instead, you must submit th	<ul> <li>T) However, you cann</li> <li>(2) you file Forms 990- ne fully completed and</li> </ul>	ot file Form 8868 -BL, 6069, or 8870, signed page 2 (Par	group t II) of	•
	letails on the electr Exempt Organization	onic filing of this form, visit www irs.go		mployer identificatio		
	Family Foundatio	n	36-	3084977		
		ute no. If a P.O. box, see instructions				
due date for 5215 Old (	Orchard Road, Roo	m No 760			<del> </del>	
return. See City, town	or post office, state,	and ZIP code. For a foreign address, see in	structions.			
nstructions. Skokie				IL 60077-	1035	
Check type of return t	to be filed (file a se	eparate application for each return):		_		
Form 990		Form 990-T (corporation)		L Fo	rm 4720	
Form 990-BL		Form 990-T (sec. 401(a) or 408(a	a) trust)	/ <i>M</i> 6	FF 5227	
<b>=</b> '				F ::	ERAMA -	
Form 990-EZ		Form 990-T (trust other than abor	v <i><del>o</del>)</i>	무섭	YET'L RE	I/P.
X Form 990-PF		Form 1041-A		<b>⊟</b> 84	STATION FIRST	ENIL
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Telephone No. ►	(847) 966-9669	FAX No. ▶		PROS	" 1 1	20 00176
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		onths, check reason: Initial return		Change in acco	unting period	
• •		, 990-PF, 990-T, 4720, or 6069, enter	the tentative tax,	3a \$	2,544	
	ndable credits. See	onstructions.  For 990-T, enter any refundable credit:	s and estimated tay		2,0-4	
• • •		· · · · · · · · · · · · · · · · · · ·	a and commeted tax	3ь \$	744	
		ear overpayment allowed as a credit. line 3a. Include your payment with this	s form or if required			
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