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Form **990-PF**

Department of the Treasury Internal Revenue Service Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

OMB No 1545-0052

2009

F	or cal	endar year 2009, or tax year beginning MARCH	i , 20	09, and ending	EBRUARY 2	8,20/0
G	Che		return of a former ddress change	public charity Name change	☐ Final return	
Ş	Che	The IRS Name of foundation SHALL STREET ARBINSON CHARLES Not wise, in the person of th	BLE FOUNDATION To Street address) R. J.	A Employe Open/suite B Telephon I 19 3/2- C If exemp D 1. Forei 2. Forei	or identification number -322498 to number (see page 10	of the instructions) Ing, check here Ing the 85% test,
<u></u>		tion 4947(a)(1) nonexempt charitable trust Other to market value of all assets at J Accounting metho		E If private	e foundation status was	terminated under
	end	of year (from Part II, col. (c), ☐ Other (specify) 16) \$ \$ 696288 (Part I, column (d) must be		F if the for	507(b)(1)(A), check here undation is in a 60-mor action 507(b)(1)(B), che	th termination
	Part I		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chartable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	285000			
	3	Check ► ☐ If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	14577	14577	14577	
Revenue	5a					
	6a b 7	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a	(33911)	-0-		
Œ	9 10a				-0-	
	11 12	Less: Cost of goods bld	11746	(227) 14350	(237) 14350	
Sa	13	Compensation of officers, directors, trustees, etc.				
ens	14	Other employee salaries and wages				
Expenses	16a	Legal fees (attach schedule)	750	750	750	250
ative	C	Accounting fees (attach schedule) Other professional fees (attach schedule)	2023	2023	2023	2023
ninistr	18 19	Taxes (attach schedule) (see page 14 of the instructions) Depreciation (attach schedule) and depletion	275%	~		27.56
Operating and Administr	20 21 22	Occupancy				
ng	23	Other expenses (attach schedule) OFFICE EXP	307	200	207	200
erati	24	Total operating and administrative expenses. Add lines 13 through 23	5736	2980	2980	5736
ŏ	25 26	Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25	269603	2980	2980	22(339
	27	Subtract line 26 from line 12:	The Contract			
	a b	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	<u> </u>	11310		
	<u> </u>	Adjusted net income (if negative, enter -0-)			1[370	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Cat No. 11289X

Form **990-PF** (2009)



1 Cash—non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶ 4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶ 5 Grants receivable ▶ Less: allowance for doubtful accounts ▶ 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) 7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶ 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Investments—Corporate bonds (attach schedule) 1 Investments—Corporate stock (attach schedule) 1 Investments—Corporate bonds (attach schedule) 2 Corporate payable and accrued expenses 3 Grants payable and accrued expenses 4 Grants payable and accrued expenses 6 Grants payable and accrued expenses 6 Grants payable and accrued expenses 6 Grants payable and accrued expenses 7 Total liabilities (expective by Total liabilities (e		Part II	Balance Sheets Attached schedules and amounts in the description column		End (of year
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17 Accounts payable and accrued expenses 18 Grants payable			instructions. Also, see page 1, item I)	664641	666713	696288
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19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶ 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 32 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ FLACTICHS 5 C I) Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . 6 6 666713	(A)	18				
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24 Unrestricted	_		Foundations that follow SFAS 117, check here ▶ □	Į		
Foundations that do not follow SFAS 117, check here Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 C 1 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 6 666713	S		-			
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2 Enter amount from Part I, line 27a	ו					[[11] 1]
3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3	_				 	667691
4 Add lines 1, 2, and 3	_					2013
5 Decreases not included in line 2 (itemize) ► FRACTICHS 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 6 66713		Other	increases not included in line 2 (itemize)		3	777MIU
	4 E	Aug III	ases not included in line 2 (itemize)		4	096 / T
	6	Total r	net assets or fund balances at end of year fline 4 minus line 5_D	art II. column (b) line	30 6	(60712
	<u>-</u>	Juli	(into + minus inte s)—r	ii, ooluliiii (b), iiik		Form 990-PF (2000)

Part IV	Capital Gains an	d Losses for Tax on Investm	ent Income			
		he kind(s) of property sold (e.g., real estate use, or common stock, 200 shs. MLC Co.)	1	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a 1//	A NEUMAN STANTE	THE FUELD - LONG TERM		P		2009
		TEZIC FUND-SHORT TER	1	ρ		2009
		EY-SCHEDULE ATTACHE		ρ		2009
	A WERS FARG	O - SCHEDULE ATTACKE		P	3-30-01	4-28-09
e 6				F	6-19-01	1-21-10
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		or (loss)) minus (g)
а					(3	511)
b					(2.	227)
c	58095		791	80	(210	185)
d_	9881		94	29	<u> </u>	151
е	18195		252	34	(_75	39)
<u>C</u>	omplete only for assets sho	owing gain in column (h) and owned b	y the foundation	on 12/31/69		(h) gain minus
(1)	FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) (j), if any		less than -0-) or om col (h))
a						35111
b						221)
<u>C</u>					(2	(08.5)
d			 			457
e					(((539)
	apital gain net income o	r (net capital loss) { if (loss),	lso enter in Par enter -0- in Par	tl, line 7	2 (3	39(1)
lf	gain, also enter in Part I	n or (loss) as defined in sections , line 8, column (c) (see pages 13 line 8	and 17 of the i	nstructions).	3 -	-0-
Part V		er Section 4940(e) for Reduc				
		vate foundations subject to the se				
Was the f		e this part blank. section 4942 tax on the distributa qualify under section 4940(e). Do			ase period?	☐ Yes ☐ No
1 En	nter the appropriate amo	unt in each column for each year	; see page 18 c	of the instructions	s before making an	ny entries.
Calendar	(a) Base period years year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) nonchantable-use as:		(d) bution ratio vided by col (c))
	2008					
	2007					
	2006					
	2005					_
	2004	_ 			- 	
	tal of line 1, column (d)				. 2	
		or the 5-year base period—divide ation has been in existence if less				
4 Ent	ter the net value of nonc	haritable-use assets for 2009 from	m Part X, line 5		. 4	
5 Mu	ultiply line 4 by line 3 .				. 5	
6 Ent	ter 1% of net investment	t income (1% of Part I, line 27b)			. 6	
7 Add	d lines 5 and 6				. 7	
		s from Part XII, line 4 er than line 7, check the box in P				tax rate. See the
	t VI instructions on page			•		

Par	Tt.VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	instructions)					
. 1a	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)						
t	b Domestic foundations that meet the section 4940(e) requirements in Part V, check	-2-7					
	here ► □ and enter 1% of Part I, line 27b	建筑					
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)						
2	, , , , , , , , , , , , , , , , , , , ,						
3	Add lines 1 and 2						
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	Service and the service and th					
6	Credits/Payments:						
a							
b							
بر 0							
d 7	Backup withholding erroneously withheld						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	20					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10						
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶ 11						
Pari	t VII-A Statements Regarding Activities						
1a		Yes No					
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	Y					
	of the instructions for definition)?	1b \ \ \ \ \					
	published or distributed by the foundation in connection with the activities.						
C		1c K					
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 0						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$						
2	The the restriction of gages in any destribution of provided by Section 19 and the section of th	2 X					
_	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					
4a		la X					
b		Ib // //					
5	The state of the s	5 \					
_	If "Yes," attach the statement required by General Instruction T.						
6	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						
	and that with the state law annum in with a new annum to the state was a to	6 V					
7	Did 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 🗙					
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions)						
b	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						
9							
-	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	V					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	4-1-					
10	names and addresses	, X					
		990-PF (2009)					

Pa	rt VII-A Statements Regarding Activities (continued)		
1 1	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	$A \perp$
	Website address ▶	ひつ かい	
14	The books are in care of ► COLMAN GINSPAGE Telephone no. ► 312-		703]
	Located at ▶ 79 W, MUNROE ST. # 1119 CHTCARD ILLINO/S ZIP+4 ► 60 €	·0-3-	·····
15	Section 4947(a)(1) nonexempt charitable trusts filing form 990-PF in liet of Form 1041—Check here		. ▶ ∟
Da	and enter the amount of tax-exempt interest received or accrued during the year		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	3924	Yes No
1a		7.5	
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		
	disqualified person?		
	(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? Yes X No		
	(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)?		
	(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.)		
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)?	15	N 14
_	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	
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		
ь	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) to		
	all years listed, answer "No" and attach statement see page 20 of the instructions.)	2b	NA
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
2-	► 20 , 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	417	
_			
р	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 if the		
	foundation had excess business holdings in 2009.)	3b	N OL
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	# 7 _Y
b	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?	4b	X
		000	

Par	t VII-B Statements Regarding Ac	ctivities for	Which Forn	n 4720	May Be	Requir	ed (continu	ıed)	
, 5a	During the year did the foundation pay or	r incur any ar	nount to:					_,	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							X No	
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,							1 /	
	directly or indirectly, any voter registr							Χ	LIGHT AND POST LIGHT
	(3) Provide a grant to an individual for tra							X No	
	(4) Provide a grant to an organization of							√	
	section 509(a)(1), (2), or (3), or section							X) No	
	(5) Provide for any purpose other than re							ਚ/	
b	purposes, or for the prevention of cru if any answer is "Yes" to 5a(1)–(5), did an							ΧNο	
	Regulations section 53.4945 or in a current								- N
	Organizations relying on a current notice	·=	=		• -	C 22 01	ine mandon	>113); ▶ □	5b N A
С	If the answer is "Yes" to question 5a(4),	-				the tax	,		
•	because it maintained expenditure respon							□No	
	If "Yes," attach the statement required by		_						
6a	Did the foundation, during the year, recei					emiums	:		
								Z No	
ь	Did the foundation, during the year, pay p					l benefi	,	Ž	6ь Х
_	If "Yes" to 6b, file Form 8870.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.c.,, c.	. u porco	. 555		•	OCT OF SERVICE
7a	At any time during the tax year, was the foun	ndation a party	/ to a prohibite	d tax sl	nelter transa	ction?	☐ Yes	BNo.	
b	If yes, did the foundation receive any production								7b N/
Part	VIII: Information About Officers,							id Er	nployees,
	and Contractors								
1	List all officers, directors, trustees, four	ndation man	agers and th	eir co	mpensatio	n (see p	age 22 of t	he in:	structions).
	(a) Name and address		tie, and average urs per week		ompensation t paid, enter		Contributions to yee benefit pla		(e) Expense accour
~ =		devo	ted to position	(,,,,,,	-0-)	and defe	erred compens	ation	other allowances
) H.F.I	LUCH ROBINSON	PRES	BIOERTS		0-	}	-0-	1	-0-
	DLYWCOD FLORIDA		RECTOR			 			
• • •	DA ROBINSON	1 7 1 2	RETARYS	 	0-	-	0-		-0-
	CLIYWOOD FLORIDA	DIE	ECTOR	├					
	MAN GINSPARE	DIR	ECTOR	-1	2-		0 —	ļ	-0-
<u> </u>	HAGO ILLINOIS	- 10/10	VUIVE.	`					
						ı		- 1	
2	Compensation of five highest-paid em	playees (ath	or than thee	اممار	idad an lin	0.1-5	20 page 23		o instructions
	If none, enter "NONE."	pioyees (oui	er ulair ulos	e ilica	ided ou iii	E 1−50	re page 20	OI u	ie ilistructions
			T		<u> </u>		(d) Contribution	ns to	
(a) Name and address of each employee paid more than	n \$50,000	(b) Title, and a hours per w	verage veek	(c) Comper	cotion	employee ben plans and defe	efit (e) Expense account other allowances
			devoted to po	osition		1	compensatio		Other allowances
	\\\.		†					_	
	NON								
	1,6								
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			<u> </u>					_	
						j			^
al nu	umber of other employees paid over \$50,0	00		. .					
									rm 990-PF (2009
									1200

(a) Name and address of each person paid	rs for professional services (see page 23 of the instructions). If nor	ne, enter "NONE."
	d more than \$50,000 (b) Type of service	(c) Compensation
Na		
NONE		
		
···		
otal number of others receiving over \$50,000 fo	r professional services	<u> </u>
Part IX-A Summary of Direct Charitab	le Activities	
List the foundation's four largest direct charitable activities organizations and other beneficiaries served, conferences c	during the tax year. Include relevant statistical information such as the number of	Expenses
		
1 DONATIONS TO EDUCA	MONAL MISTITUTIONS RELIGIOUS ARITABLE OFCAHIZATIONS	
WSTANTOUS AND CH.	KRITIBLE OFCHUIZHTIONS	22/23
		41000
2		
3		
		
4		
	······································	
	d Investments (see page 24 of the instructions)	
Part IX-B Summary of Program-Relate	d Investments (see page 24 of the instructions)	Amount
Part IX-B. Summary of Program-Relate Describe the two largest program-related investments made		Amount
Part IX-B Summary of Program-Relate		Amount
Part IX-B. Summary of Program-Relate Describe the two largest program-related investments made		Amount
Part IX-B. Summary of Program-Related Describe the two largest program-related investments made		Amount
Part IX-B Summary of Program-Related Describe the two largest program-related investments made		Amount
Part IX-B Summary of Program-Related Describe the two largest program-related investments made		Amount
Part IX-B Summary of Program-Related Describe the two largest program-related investments made	by the foundation during the tax year on lines 1 and 2	Amount
Part IX-B. Summary of Program-Relate Describe the two largest program-related investments made 1 2 All other program-related investments. See page 24 of the installation of the program-related investments. See page 24 of the installation of the program-related investments.	by the foundation during the tax year on lines 1 and 2	Amount
Part IX-B Summary of Program-Related Describe the two largest program-related investments made	by the foundation during the tax year on lines 1 and 2	Amount
Part IX-B. Summary of Program-Relate Describe the two largest program-related investments made 1 All other program-related investments. See page 24 of the installation of the program-related investments. See page 24 of the installation of the program-related investments.	by the foundation during the tax year on lines 1 and 2	Amount

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.)	ign fo	undations,
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	600,000
b		1b	100,000
C		1c	
d		1d	200,000
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	700,000
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		100
	the instructions)	4	10,500
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	689,500
6	Minimum investment return. Enter 5% of line 5	6	34415
Part		opera	iting
1	Minimum investment return from Part X, line 6	1	34475
2 a	1 1 0 0 0		
b	Income tax for 2009. (This does not include the tax from Part VI.) 2b		222
С	Add lines 2a and 2b	2c	<u> </u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	34248
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	34248
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,		34248
	line 1	7	31770
Part	Qualifying Distributions (see page 25 of the instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		20000
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	275339
b	Program-related investments—total from Part IX-B	1b	
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	Surtability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	<u>3b</u>	302.30
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	215339
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	275339
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	whet	
			200 DE

r at	r VIII	Undistributed inc	ome (see page 20	or the instruction	1S)	,	,
1		butable amount for 2	009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7			National Action			31248
2		tributed income, if any, as				医检验	
а		amount for 2008 only				THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	THE RESERVE
b		for pnor years: 20		5 14 15 15 15	X	是这是 500000000000000000000000000000000000	
3		ss distributions carryov	er, if any, to 2009:				
a		2004	75876				
b		2005	73993				
C		2006	122036				
d	From		320/63			建设设施	
e f	From	of lines 3a through e	255289	977297			
4		fying distributions for 2	000 from Part YII		100 Sept. 100 Se		Same and the
7		\$ 27√339	?				
а		ed to 2008, but not mor	 re than line 2a				
b		d to undistributed inco		E AND THE PROPERTY OF	S Leading Asida Hamilton Library 195 Da.	765 E765 CAT 256	
		on required—see page 26			-		
С	Treate	ed as distributions out o	of corpus (Election	1100	ATTENDED TO THE TEN		A Terror
	requir	ed-see page 26 of the	instructions) .	-			
d	Applie	ed to 2009 distributable	amount	STANK TOSEK	全部的 对于		34248
е	Rema	ining amount distribute	d out of corpus	241091		发展的影响表示	rate Parada
5		s distributions carryove					-
		amount appears in colu					
_		nt must be shown in co	, , ,				
6		the net total of e ted below:	ach column as				
_			4- 0	12/8388			للمحال والمساولة
a b		s. Add lines 3f, 4c, and 4 years' undistributed i		10000	CONTRACTOR NOT A STATE OF THE S		
-		from line 2b	ncome. Subtract		_		
С	Enter t	the amount of prior year	are' undietributed				
•		e for which a notice of					
		ssued, or on which the					
		s been previously asses					
ď	Subtra	ct line 6c from lir	ne 6b. Taxable		Ś		
	amoun	t-see page 27 of the i	nstructions .		*		
е		ributed income for 20					
		n line 2a. Taxable am	nount-see page			_	
_		ne instructions					
1		ributed income for 200					
		d 5 from line 1. This atted in 2010	.				~
7			· · · · · · · · · · · · · · · · · · ·	经有限的证明	The state of the s	SANTA LATER OF THE	HEEVEN MANAGEMENT
7		ts treated as distributions of prequirements imposed					
		1)(F) or 4942(g)(3) (see					
	instruct						
8	Excess	distributions carryove	r from 2004 not	1		774070-000	e New York Control
		on line 5 or line 7 (see		5			
	instruct			15876			
9	Excess	distributions carry	over to 2010.		STATE OF THE STATE		PATE THE
	Subtrac	t lines 7 and 8 from line	e6a	1142512			
10	Analysis	s of line 9:	[8]				
a	Excess	from 2005	73993				
		from 2006	222036			类的是基础	
		from 2007	350 103				
	-	from 2008	255289		型。但然為		
е	Excess	from 2009	241091	海通岛巴利亚	是这是"是你是这个	是是代码。	

40	If the foundation has recovered a militial				VII 71, question 57	
ıa	If the foundation has received a ruling				4	
	foundation, and the ruling is effective for		_			
b			e operating founda		ection	3) or 🔲 4942(j)(5
2a		Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0) 10421
	each year listed					
ь			 	 	1	
c	Qualifying distributions from Part XII,		+			
Ŭ	line 4 for each year listed				_	
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
е	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:					
_	•				1	
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	' • H					
	(4) Gross investment income	(O 1 - 4 - 4)	*		- J &5 000	
art	• • • • • • • • • • • • • • • • • • • •				ad \$5,000 or moi	e in assets at
	any time during the year-		the instructions	S.)		
1	Information Regarding Foundation N	-				
а	List any managers of the foundation w	rho have contribu	ted more than 2%	of the total contr	ibutions received b	y the foundation
	before the close of any tax year (but or	nly if they have co HEQDON	ntributed more that LORINS		ection 507(d)(2).)	
h	List any managers of the foundation v		more of the stock	of a corporation	for an equally larg	e portion of the
_	ownership of a partnership or other en	tity) of which the t	oundation has a 1	0% or greater inte	erest.	e portion of the
2	Information Regarding Contribution,			c Programs		
	Check here ► Lif the foundation of				racourations and d	not
	unsolicited requests for funds. If the	foundation make	butions to present	cieu chantable t	f the instructions and	oes not accept
				. (see page 26 o	i the instructions) t	o individuals or
	organizations under other conditions, c					·
a	The name, address, and telephone nun	nber of the perso	n to whom applica	tions should be a	ddressed:	
b	The form in which applications should I	pe submitted and	information and m	naterials they shou	ıld include:	
C	Any submission deadlines:		· 			
_	Any rootriotions or limitations on a	rdo orah !-	goographic - L -	an abautable 5:	do kiedo of cardi	Hlana45 -
	Any restrictions or limitations on awa actors:	rus, such as by	geographical are	as, chantable fle	us, kirius ot institl	itions, or other

Part XV Supplementary Information (cor				ragerr
3 Grants and Contributions Paid During			ure Payment	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	, icorpiera		
SCHEDVLE ATTACHED	NONE	PUBLIC	SCHEDULE	26960
Total				210100
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	▶ 3a	269603
Total		<u> </u>	▶ 3b	990-PF (2009)

.—		oss amounts unless otherwise indicated.		usiness income	Excluded by sec	non 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See page 28 of the instructions.)
1	Pro a	ogram service revenue:	}		 		and mondonoria.)
	b				 		
	c				 		 -
	ď					 	
	e				 	· · · · · · · · · · · · · · · · · · ·	<u> </u>
	f				 		
	g	Fees and contracts from government agencies			 		
2		mbership dues and assessments			 		
3		rest on savings and temporary cash investments					
4		idends and interest from securities			14	14500	
5		rental income or (loss) from real estate:			TASLEM SE		30:26 /20
		Debt-financed property	14 17 -16 2 A 1 14 14	A STATE OF THE PROPERTY OF THE PARTY OF THE		A Service Confed to the Children	
		Not debt-financed property		-	 		
6		rental income or (loss) from personal property			1		
7		er investment income					
8		or (loss) from sales of assets other than inventory			18	(33911)	
9		income or (loss) from special events			10	()	
10		ss profit or (loss) from sales of inventory					
11		er revenue: a					
	b	PARTNERSHIP INCOME			14	11746	
	c						
	ď						
	е						
12	Sub	total. Add columns (b), (d), and (e)	(1)		经国际规划	(7588)	
						13	7588)
		sheet in line 13 instructions on page 28 to verify					
		I-B Relationship of Activities to the A	ccomplishme	ent of Exemp	Purposes	A	
	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt properties.	ourposes (other	than by providing	g funds for suc	n purposes). (See	page 29 of the
							
	-						
							
							
		· ·					
						,	
	_						
							
				· ·			
					- · · · ·		
			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
		·					

Form 9	90-P	F (2009)															р	age 13
	îΧV	/II Infor		Regar ganizat		nsfers	s To an	d Transa	ictions an	d R	elatio	nship	s Wi	th No	ncha	ritab		age 10
1	ın.	d the organisection 501(zation di	rectly or	ndirectly												Yes	No
а		ansfers from	the rep	orting fo	undation	to a no	ncharitat	ole exemp	t organizat	ion o	f:					10/1		V
	,	Cash Other asse	ts .			· · ·		· · · ·								1a(1) 1a(2)		Ŷ
b	Oti	her transacti	ons:															
		Sales of as				•	-									1b(1)		X,
	(2)	Purchases	of asset	s from a	nonchar	itable e	xempt or	ganizatio	n							1b(2)		X
	(3)	Rental of fa	cilities,	equipme	ent, or oth	er asse	ets .									1b(3)		LX_
		Reimbursei		•	nts .											1b(4)		L &
		Loans or lo	•												•	1b(5)		1.4
		Performand				•		•							•	1b(6)		1
C		aring of facil		•									٠		•	1c		LX
d		he answer to																
		ue of the go ue in any tra																
(a) Lin		(b) Amount in			lame of non-											ring arr		
(a) Lili	9 110	(b) Altiourit iii	voived	(0) !\	Earle Of HOTE		exempt of	yanızation	(0) D	escripi	ion or u	ansiers	, uansa	Juons, a	inu sna	ning am	u igeni	
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2a		ne foundatio														Yes	∀ 1 ₁	—— Vo
b		es," comple						\ - /(-,, 500			-			٠	1 1 63	~	10
		(a) Name o					(b) Type	of organiza	tion	<u> </u>		(c)	Descrip	tion of r	elation	ship		
										\top		<u>-</u>				··-		
										†								
				·														

2a	desc	e foundation dire ribed in section 5 es," complete the	01(c) of the Co	de (other than se				npt orga	anizations · · □ Yes 🏹 No
	·	(a) Name of organi	zation	(b)	Type of orga	nization		(c) Desc	enption of relationship
		-,							-
									nd to the best of my knowledge and hich preparer has any knowledge
ē	Sign	ature of officer or trust	Monson		1	Date	7	itle	CONTRIVI
Sign Here	Paid reparer's Use Only	Preparer's signature	bran y	mopa	y	Date INNE 20,201: 12-7-10	Check if self-employe	ed ▶ 🏻	Preparer's identifying number (see Signature on page 30 of the instructions) 347-30-9/19
	P.	Firm's name (or your self-employed), address and ZIP code	ess, CING	PARE BO	LTON.	a A350C	/-/ ÆIN	► 3 ne no	6-4400458
				., ., .,	,	,	60403		Form 990-PF (2009)

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 36-3224189

SHELDONY FREDH A	UBINSON CHARITABLE FOUNDATION, INC	36-3224187
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions
General Rule		,
· · · · · · · · · · · · · · · · · · ·	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m plete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, cruelty to children or animals Complete Parts I, II, and III	
contributions for If this box is chec purpose Do not o	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribuse exclusively for religious, charitable, etc., purposes, but these contributions did not agone where the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because it tole, etc., contributions of \$5,000 or more during the year	gregate to more than \$1,000. Iy religious, charitable, etc.,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

		-
	4	2
Done	/ of	of Part I
Page	. 01	g OlFari

Name of organization

Employer identification number

SHEDDON & FREDAROBINSON CHARITORBLE FOUNDATION INCI

36-3224787

Part I	Contributors (see instructions)	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	SHELDON ROBINSON 2808 NO. 46 TH AVE APT. 354F HOLLYWOOD, FLORIDA 33021	s_285,000, w	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.)

SHELDON & FREDA ROBINSON CHARITAB	VE FOUNDATION IN Prepared By	Initials Date
SHELDON & FRENA ROBINSON CHARITAB FORM 990-PF 2-28-10 3	6-32-24787 Approved By	
1 2 3 4 5 5	6 7	8 ===
PMRTXI		
GRANIS	PURPOSE	AMOUNT
1 JEWISH UNITED FUND OF CHICAGO - CHICAGO de	CHARITHBLE \$	69800
2 NEW 1SH FEDERATION OF METRO CHICAGO CHICAGO UL	11 1 4 4 1 7 1 11 4 1 4 1 1 1 1 1	90000
4 Very was subance Virgo Control VIII	EDUCATIONAL BOUGH	1800
3 IDA COUNTEUNSH ACADEMY - CHICAGO, US. 4 YESHINAS SHEARIS YISAGEZ - CHICAGO, UL. 5 CHICAGO CHEZEO FOND - CHICAGO, UL.	CHARITABLE	3000
6 KESHZ H SCHOOL - CHRESTED VULL	FOUGSTICKE	3000
CHMA MOSHALA - SKOKIE VIII	TOUCA TOURS	1800
9 All Arg Company Transport College TSTOR CARROLL	ENVERTION DE	2500
8 HEREW THEOROGICAZ COLLEGE - SKOKLE NO 9 OHICHEO CENTER FOR TOROGIC HESED - CHARACE NO 1 DE OUT 10 SHOW A COLLEGE -	EDUCH TONAL	1800
	FO UCH THOMAL	2000
2 3 H R HATOLAH TUHTUR IN	EDULA DOMA	1800
3 ASSOCIATED TARINO TORRHS - CHTANED IN 4 KENTILLAH EDKATTOWAZ FUND - SKOKIE WI-	EDVERTIONSE BOURE	2600
5 ISQUEE CHARON ISVY - 15RMEN-	EOUCAROUN	2800
COWE TICHRON MOSTE - CHICAGO NO	RELIGIOUS	1500
YE3HWAT BIRGAT MOSVAE - ISRIFET	EDUCA PANAL	5000
Upati nacits pais yaarou school + Christop ou	EDUCATIONAL STUDION AS	1/800
CHIERO COMMUNITO KOULE - CHIEROUS INC. SUNDAY ONG AMZED CAMPATTAS VARIOUS	EDU - REZIGIOUS	111011
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Morgan Stanley

STATEMENT OF YOUR ACCOUNT FOR MONTH ENDING MARCH 31, 2009

							104 048012 011	4111
Realized Galh/(Foss) Long Term	Quantity	Acquired	Date. Sold	Total Cost Original 1 Adusted	Proceerts	Realized Gain/It.oss	Additional Information	
TERPRISE FINCL SVCS CORP	200	03-30-01-0	3-10-09	9,429,23				
RTHROP GRUMMAN CP (HLDG-CO)	220	03-15-07 05-02-02	3-10-09	13,665.08 6,374.25 14,599.33	5,587.16	(4.250 TR) Cong Term	762:86 Long Term 10:027.92) Long Term (4:250.13)	1 1 11
PER INC INC	200	06-19-05 0 06-19-09 0	3-10-09 3-10-09 3-10-09		6,903.73	(3,673,65) Long Ter	(3,673,65) Long Term (3,212,27) Long Term	
Sub Total Long Tarm	200	05-09-04-0 05-09-06-0	3-10-09	2,317.57 7,723.81	4,687,75	(3.470.17) Long Term (3.470.17) Long Term 2,570.16 Long Term	3.470.17) Long Term 2.570.16 Long Term	
Totals for closing transactions with cost data available	n cost data avall		The state of the s	479,179,99	456,095.06	(#21,084,93)	Long Term	11 11
Total Property of the Commission of the Commissi	STATEMENT CONTRACTOR OF THE PROPERTY OF THE PR	The state of the s	Helt days minacasta,	479,179,99		(#21.084.93)	And the state of t	
Summary	WWW.co.		Harris in Lanes maderantian	The value of the property of t	The second South S	Prince Committee and Committee Commi	THE PARTY OF THE P	1111

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Unrealized gain	

Investments and services are offered through Morgan Stanley & Co. Incorporated, member SIPC.

Realized Gain/Loss

Page 11 of 15

As of Date: 2/05/10

Account Number: 1031-2562 CHARITABLE FOUNDATION INC SHELDON & FREDA ROBINSON

PANDANSORA

FARGO

Important Realized Gain/Loss Information

FIRST CLEARING, LLC TO BE ACCURATE FOR EACH TAXPAYER'S UNIQUE REPORTING REQUIREMENTS. THEREFORE, YOU SHOULD NEVER ASSUME THIS This information is provided for courtesy purposes only. Each individual taxpayer should consult with a tax advisor as to any additional reporting requirements or adjustments. NO COST BASIS OR REALIZED GAIN/LOSS INFORMATION IS PROVIDED TO THE IRS, NOR IS THIS INFORMATION VERIFIED OR GUARANTEED BY STATEMENT IS ACCURATE IN LIEU OF COMPLETING SCHEDULE D OF YOUR TAX RETURN AND CONSULTING WITH YOUR TAX ADVISOR. Federal tax reporting requirements will create differences between the information presented here and what appears on your Form 1099-B, including but not limited to the following situations:

* Cost basis for many fixed income tax lots has been amortized (for securities purchased at a discount), when possible, for applicable securities. For securities that were purchased at an Original Issue Discount (OID), only those positions whose cost basis has been adjusted will reflect the impacts of the OID accruals on the original cost basis. The original issue discount amount reported on your Form 1099-OID is not adjusted for market discount, acquisition premium or bond premium. Therefore, the amortization and accretion adjustments used on this statement may not be consistent with the Form 1099-OID amount because the reporting requirements on the Form 1099-OID are different.

* The Original Price represents the unadjusted price of the security. The Original Price can be used to calculate the original unadjusted cost of the security.

Short sales are reportable on Form 1099-B before the position is closed.

Implicit redemptions by the issuer of a structured product are reportable on Form 1099-B, but will not appear on the Realized Gain/Loss Statement if that implicit redemption did not result in a closed tax lot at that time.

Securities subject to marked to market reporting requirements for those investors are not included here nor is that information available on our systems. Long-term capital gains reported by a RIC or REIT appear on Form 1099-DIV only, as noted in the instructions for that form.

Lots closed due to transfers or journals will not be reflected in the Realized Gain/Loss Statement, or on the Form 1099-B.

Realized Gain/Loss Summary	THIS YEAR		THIS YEAR	AR		THIS YEAR
	GAIN		9	SSOT		NET
Short term	0.00		0	0.00		0.00
Long term	451.47		0	0.00		451.47
Total - Realized Gain/Loss	\$451.47		8	\$0.00		\$451.47
Realized Gain/Loss Detail for Year	r Year					
Long Term DESCRIPTION	ADJ F	PRICE/	DATE ACQUIRED CLOSE DATE	PROCEEDS	ADJ COST/ OBIG COST	SAIN/ OSS
BAXTER INTERNATIONAL INC	4	.1500	04/28/09	9,880.70	9,429.23	451.47
Total - Long Term				\$9,880.70	\$9,429.23	\$451.47

, 9020 ပ္စ 001/

CHARITABLE FOUNDATION INC SHELDON & FREDA ROBINSON

FEBRUARY 1 - FEBRUARY 28, 2010 ACCOUNT NUMBER: 1031-2562

Additional information

בעבה פוחב ערופ הפעם

0.00 18,194.86

Gross proceeds

Portfolio detail

Sash and Sweep Balances

lank Deposit Sweep - Consists of monies held in one or more FDIC-insured depository account(s) established with Wells Fargo bank, N.A. Additional funds over \$250,000 are leposited at one or more additional banks affiliated with Wells Fargo Advisors. These assets are not covered by SIPC, but are instead covered by FDIC insurance in accordance with EDIC rules. For additional information on the Bank Deposit Sweep for your account please contact Your Financial Advisor.

ESTIMATED ANNUAL INCOME	5.13	\$5.13
CURRENT MARKET VALUE	51,362.86	\$51,362.86
ANNUAL PERCENTAGE YIELD EARNED*	0.01	
% OF ACCOUNT	14.57	14.57
ESCRIPTION	SANK DEPOSIT SWEEP nterest Period 02/01/10 - 02/28/10	otal Cash and Sweep Balances

APY measures the total amount of the interest paid on an account based on the interest rate and the frequency of the compounding during the interest period. The annual percentage ield is expressed as an annualized rate, based on a 365- or 366-day year (as applicable).

ESTIMATED

Stocks and Options

itocks

ESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ANNUAL	ANNUAL YIELD (%)
HEVRON CORPORATION VX equired 11/08/02 L	6.15	300	33.87	10,161.75	72.3000	21,690.00	11,528.25	816.00	3.78
ANAHER CORP HR cquired 11/29/05 L	6.30	300	55.67	16,701.88	73.9700	22,191.00	5,489.12	48.00	0.21
MERSON ELECTRIC CO MR equired 11/11/97 L equired 06/14/04 L		554 869	27.12 30.63	2,712.04 12,252.00		4,734.00 18,936.00	2,021.96 6,684.00		
otal	6.71	200		\$14,964.04	47.3400	\$23,670.00	\$8,705.96	\$670.00	2.83











Page 5 of 8

CHARITABLE FOUNDATION INC SHELDON & FREDA ROBINSON

FEBRUARY 1 - FEBRUARY 28, 2010 ACCOUNT NUMBER: 1031-2562

Stocks and Options

Etanka continued								ESTIMATED	\TED
DESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ANNUAL	ANNUAL YIELD (%)
FAIRPOINT COMMUNICATIONS INC									
FRCMQ Acquired 06/19/07 L		Ξ	10.29	113.21	0.0265	0.29	- 112.92	N/A	N/A
FMC TECHNOLOGIES INC	***************************************								
Acquired 07/14/05 L	4.78	300	16.31	4,892.31	56.1700	16,851.00	11,958.69	N/A	A/A
GENERAL ELECTRIC COMPANY									
Acquired 07/21/93 L	2.28	200	8.25	4,127.02	16.0600	8,030.00	3,902,98	200.00	2.49
GRAINGER W W INC									
Acquired 12/21/09 S	2.88	100	98.00	9,860.20	101.6500	10,165.00	304.80	184.00	1.81
HEWITT ASSOCIATES INC									
Acquired 08/13/09 S	3.23	300	35.19	10,619.40	37,9900	11,397.00	777.60	N/A	N/A
HEWLETT-PACKARD COMPANY									
Acquired 12/21/09 S	2.88	200	52.23	10,507.50	50.7900	10,158.00	- 349.50	64.00	0.63
INTERNATIONAL BUSINESS WACHINE CORP									
Acquired 04/28/09 S	3.61	100	101.82	10,242.56	127.1600	12,716.00	2,473.44	220.00	1.73
JOHN BEAN WAI TECHNOLOGIES CORP									
Acquired 07/14/05 L	0.50	108	3.69	398.81	16.3500	1,765.80	1,366,99	30.24	1.71
OWES COMPANIES INC									
Acquired 05/07/09 S	2.69	400	20.34	8,199.00	23.7100	9,484.00	1,285.00	144.00	1.51
AEDTRONIC INC									
Acquired 03/30/01 L	2.46	200	45.80	9,160.13	43.4000	8,680.00	- 480.13	164.00	1.88
ACTIV CORPORATION									
Acquired 03/25/03 L	3.51	200	20.94	10,470.00	24.7600	12,380.00	1,910.00	A/Z	Y Y



CHARITABLE FOUNDATION INC SHELDON & FREDA ROBINSON

FEBRUARY 1 - FEBRUARY 28, 2010 ACCOUNT NUMBER: 1031-2562

locks and Options

ocks continued

								ESTIMATED	ATED
SCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT	CURRENT MARKET VALUE	UNREALIZED	ANNUAL	ANNUAL YIELD (%)
AXAIR INC									
quired 06/14/04 L	4.26	200	37.29	7,457.67	75.1400	15,028.00	7,570.33	360.00	2.39
PER INDS INC NEW									
quired 06/19/07 L	3.15	200	56.13	11,225.89	55.4400	11,088.00	- 137.89	76.00	0.68
ERICYCLE INC									
quired 02/09/04 L	3.13	200	23.17	4,634.57	55.1800	11,036.00	6,401.43	A/A	N/A
JERMO FISHER SCIENTIFIC									
, <u>o</u>									
quired 05/09/06 L	2.77	200	38.62	7,723.81	48.7700	9,754.00	2,030.19	N/A	Y/V
IPPERWARE CORP									
quired 12/21/09 S	2.65	200	46.75	9,411.20	46.7300	9,346.00	- 65.20	200.00	2.13
ital Stocks	63.95			\$160,870.95		\$225,430.09	\$64,559.14	\$3,176.24	1.41
stal Stocks and Options	63.95			\$160,870.95		\$225,430.09	\$64,559.14	\$3,176.24	1.41

xed Income Securities

uporate and municipal bonds and other fixed income securities are priced by a computerized pricing service or, for less actively traded issues, by utilizing a yield-based matrix system arrive at an estimated market value.





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CHARITABLE FOUNDATION INC SHELDON & FREDA ROBINSON

FEBRUARY 1 - FEBRUARY 28, 2010 ACCOUNT NUMBER: 1031-2562

Fixed Income Securities

Sorporate Bonds

								83	ESTIMATED	
ESCRIPTION	% OF ACCOUNT	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED	ACCRUED INTEREST	ANNUAL INCOME	ANNUAL YIELD (%)
CONSOLIDATED NATL GAS SENIOR NOTES SERIES C SPORT 11/01/11 SPORT 10/25/01 FC 05/01/02 Aloody BAA2, S&P A- SUSIP 209615BXO Acquired 07/22/02 L	15.34	50,000	101.18	51,755.00	108.1130	54,056.50	2,301.50	998.26	3,125.00	5.78
3ENERAL ELEC CAP CORP JOTES JOTES JTD 66/007/02 FC 12/15/02 JOGQY AA2 - S&P AA+ JUSIP 36962GYY4 tequired 07/22/02 L	6.14	20,000	101.90	20,990.60	108.2460	21,649,20	658.60	236.67	1,200.00	5.54
Total Corporate Bonds	21.48	70,000		\$72,745.60		\$75,705.70	\$2,960.10	\$1,234.93	\$4,325.00	5.71
Total Fixed Income Securities	21.48			\$72,745.60		\$75,705.70	\$2,960.10	\$1,234.93	\$4,325.00	5.71

3ank Deposit Sweep Allocation

Nonies on deposit at each bank, together with any other deposits held in the same insurable capacity at each bank, are eligible for FDIC insurance up to \$750,000 per depositor, per lank in accordance with FDIC rules for a total of up to \$750,000 in FDIC insurance when deposited at multiple banks. These assets are not held in your securities brokerage account and therefore not covered by SIPC. Settlement timing differences will cause balances displayed in this section to vary from those indicated in the Portfolio detail section due to activity hat occurs after 2 PM ET on the last business day of the month. If you have questions about your sweep option, including rates, please contact Your Financial Advisor.

	CURRENT VALUE	AS OF VALUE DATE
VELLS FARGO BANK, N.A. 51,362.47	51,362.47	02/26

otal Bank Deposits

1,362.47

(A1C) (1 14)



Oppenheimer & Co. Inc. 125 Broad Street New York, NY 10004 .=

(212) 668-8000 Member of All Principal Exchanges

ST TEMENT OF ACCOUNT



SHELDON ROBINSON AND FREDA ROBINSON CHARITABLE FOUNDATION INC

Account Number D02-0224111 m Page 2 of

Financial Advisor

HERSHFANG, STAN - X57

02/28/10 Period Ending

Portfolio Holdings

Estimated Annual Income ("EAI") and Estimated Yield ("EY") are estimates only and do not indicate actual income or performance of investments. EAI and EY for certain types of securities could niclude a return of principal or capital gains, in which case the EAI and EY would be overstated. As EAI and EY are estimates, the actual income and yield might be lower or higher than the strimated amounts. EY reflects only the income generated by an investment and it does not reflect changes in its price, which may fluctuate.

Money Market Funds (NOT FDIC INSURED)

MOIST MAINE HILLS (NO! FUIC INSURED)	O (NO! PUICING	CKEU)								
Description	Account Type	Quantity	Symbol	10	Current Price	Current Value	EY	EAI	Portfolio Percent	
ADVANTAGE PRIMARY LIQ FD	CASH	161.1	161.11 ADLXX		1.00	161.11	0.05%		0.11	
TOTAL MONEY MARKET FUNDS	:			:		161.11			0.11	
Equities Common Stock	Please note the the last 12 m	Please note the following icon B appears to the last 12 months. If you wish to access s	B appears to h to access	the right of such research	Please note the following icon 🖺 appears to the right of the stock symbol of those securities which Oppenheimer has provided research coverage within the last 12 months. If you wish to access such research you may visit the Client Access web site (www.opco.com) or speak with your Financial Advisor.	securities which Oppe ccess web site (www.	nheimer has provided re opco.com) or speak with	search coverage v your Financial A	vithin Jvisor.	
Description	Account Type	Quantity	Symbol	10	Current Price	Current Value	EY	EAI	Portfolio Percent	
SCAILEX CORP LTD	(Q)CASH	200	SCIXF		21.41	10,705.00			7.32	
DU PONT E I DE NEMOURS & CO (C)CASH	CO (C)CASH	290	8		33.72	9,778.80	4.86%	475	69.9	
GENERAL ELECTRIC CO	(T)CASH	3,250	35	=	16.06	52,195.00	2.49%	1300	35.71	
TEVA PHARMACEUTICAL INDS LTD (L)CASH ADR	LTD (L)CASH	1,000	TEVA		60.01	60,010.00	%88°O	536	41.05	
SUB-TOTAL COMMON STOCK	: :				:	132,688.80		2311	90.77	
TOTAL EQUITIES						132,688.80		2311	77.08	
			COM	MON STOCK HO	COMMON STOCK HOLDINGS SUMMARY BY INDUSTRY CODE	ISTRY CODE				
(D) 8% T	8% TECHNOLOGY	(C)	7% BASIC INDUSTRY	INDUSTRY	(T) 39% UTILITIES	S	(L) 45% HEALTHCARE			

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Period Ending

Financial Advisor HERSHFANG, STAN - X57

Account Number D02-0224111

Page

3 of

Son End Funds

Description	Account	Ouantity	Cumbal	Current	Current			
	lype		o principal	Price	Value	E	FAI	Portfolio
MERICAN BALANCED FUND INC. MEN END	REINV	817.448ABALX	BALX	16.31	13,332.57	2.51%	335	9.12
SUB-TOTAL OPEN END FUNDS				:	13,332.57		200	ç
TOTAL MUTUAL FUNDS				:	13,332.57		000 E	
							3	

ransactions/Activity Detail

	Price/Entry Amount		305 SO REET	\$325.00 DEBIT	
Documentary		** FUNDS DEPOSITED OR WITHDRAWN **	WEEKLY INCOME CHECK	Net Funds Deposited or Withdrawn) and securities held by us in your client account(s) are protected in two ways. The safe and securities held by us in your client account(s) are protected in two ways.
Quantity Transaction Description	Tall Sacrasi		CHECK		vour client account(s)
te Type Quantity			O1 INCOME		od securities held by us in
9			2	_	- B

the smuch as US\$100,000 can be in cash. The firm supplements this by providing similar protection for the remainder of the cash and/or securities up to US\$100,000,000 that we hold on your being similar protection for the remainder of the cash and/or securities up to US\$100,000,000 that we hold on your supplements at www.sipc.org or by calling (202) 371-8300.

se notify us promptly if you believe that there is any inaccuracy or discrepancy in any transaction or balance reflected on this statement. In the event that you have relayed such information is verbaily, please re-confirm to us any such communication in writing as soon as possible thereafter. Please be sure to note your account number.

**** THIS IS THE END OF YOUR STATEMENT. WE THANK YOU FOR BEING A VALUED CLIENT, ****

Neuman Strategic Capital Fund, LLC

Fundamental Value, Independent Thinking

Jordan A. Neuman Manager

March 11, 2010

Mr. Colman Ginsparg 79 W. Monroe Suite #1119 Chicago, IL 60603

Dear Mr. Ginsparg:

I am reporting to you in your role with the Sheldon and Freda Robinson Charitable Trust. As of February 28, 2010, the Trust's investment interest in Neuman Strategic Capital Fund, LLC, was worth approximately \$66,860.

COST BASIS

Please feel free to call with any questions.

Sincerely,

Jordan Neuman, Manager

Neuman Strategic Capital Fund, LLC

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	οx	▶ 🛣
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	l Form	8868
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no continuous)	opies	needed)
Type or	Emp	oloyer identification number
print SHELDON & FREDA ROBINSON FOUNDATION	3	6-3224787
File by the extended due date for filing the	For I	RS use only
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions CHICAGO, ILLINOIS 60603		
Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-FF Form 990-T (trust other than above) Form 4720		orm 5227 Form 8870 orm 6069
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	ed Form 8868.
● The books are in the care of ▶		
Telephone No ▶ FAX No ▶		
 If the organization does not have an office or place of business in the United States, check this box 		▶
		r the whole group, check this
box 🕨 💹 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all	memb	ers the extension is for.
4 I request an additional 3-month extension of time until <u>January 15, 2012</u> .	_	
	$\overline{}$	uary 28,2011 .
6 If this tax year is for less than 12 months, check reason: Initial return 7 State in detail why you need the extension TAXPAYER REQUESTS ADDITIONAL TI		Change in accounting period TO GATHER AND
PROCESS CERTAIN DOCUMENTS PERTAINING TO THE TRANSAC		
YEAR AND TO PREPARE THE REQUIRED RETURN.		NO TON THE
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	Τ	
nonrefundable credits. See instructions.	8a	s 0.00
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		
tax payments made. Include any pnor year overpayment allowed as a credit and any amount paid		
previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit		
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$ 0.00
Signature and Verification Under penalties of perjury, Declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and then I am authorized to prepare this form.	best o	f my knowledge and belief,
Signature Title ATTORNEY	Date	▶ 10/14/11
THE PARTY AND THE PROPERTY OF	Date	Form 8868 (Rev. 4-2009)

2-28-11

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Reve	nue Service File a separate application for each return	
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corpora Part I only	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete	• ▶ □
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exte ime tax returns	nsion of time
noted belo (not auton you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of the word of the months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically natic of 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolic submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of coverage and click on e-file for Chanties & Nonprofits.	if (1) you want the additional lated Form 990-T, Instead,
Type or	Name of Exempt Organization Emp	oloyer identification number
print	SHELDON & FREDA ROBINSON FOUNDATION 3	6-3224787
File by the due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions. 79 W MONROE STREET STE 1119	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, ILLINOIS 60603	
Forn	1990 X Form 990-T (corporation) Form 4720 1990-BL	
• The boo	oks are in the care of	
•	ne No ▶ FAX No. ▶	
• If this is	ganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is fo If this is for part of the group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members.	
_ <u>o</u>	uest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until ctober.15 , 2011 , to file the exempt organization return for the organization named above. the organization's return for. calendar year or tax year beginning March 1, 2010 , and ending FEbruary 28, 2011	The extension
2 If this	s tax year is for less than 12 months, check reason. Initial return Final return	Change in accounting period
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any efundable credits. See instructions.	\$ 0.00
	s application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
	ayments made Include any prior year overpayment allowed as a credit. 3b	\$
	nce Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	2.00
See i	nstructions 3c	s 0.00

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545-1709

	are filing for an Automatic 3-Month Extension, complete only Part I and check this box				\triangleright \mathbf{x}
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2			- 000n	
	omplete Part II unless you have already been granted an automatic 3-month extension on a previous	ousiy t	lied Forn	n 8868. 	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)				
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box ar	nd con	nplete		
Part I only	1				ightharpoons
All other o	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requ	uest ar	extens	on of time	
	ome tax returns.				
noted bei (not autor you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 elematic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electropylefile and click on e-file for Chanties & Nonprofits.	ectron	cally if (1) you want the ed Form 990-T	e additional
Type or	Name of Exempt Organization		Emplo	yer identificat	ion number
print					
File by the	SHELDON & FREDA ROBINSON FOUNDATION		L	<u> 36-322</u>	<u>4787</u>
due date for	Number, street, and room or suite no. If a P.O. box, see instructions				
return See	79 W MONROE STREET, STE 1119 City, town or post office, state, and ZIP code For a foreign address, see instructions.				
instructions	CHICAGO, ILLINOIS 60603				
Check typ	e of return to be filed (file a separate application for each return).				
Forn	n 990 X Form 990-T (corporation)	orm 47	20		
Forn		orm 52	27		
		orm 60	69		
Forn	1 990-PF Form 1041-A Fc	orm 88	70		
					
• The box	oks are in the care of				
	nne No. FAX No.				
•	ganization does not have an office or place of business in the United States, check this box				
	for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this	s is for th	ne whole group	o, check this
	If it is for part of the group, check this box > and attach a list with the names and EINs				
					
	uest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time				
	tober 15, 2010 , to file the exempt organization return for the organization nar	ned at	ove. Th	e extension	
	the organization's return for				
_	calendar year or tax year beginning March 1, 2009 and ending February 28	R 2	2010		
	tax year beginning, and enoing, and enoing		.010		
2 If this	tax year is for less than 12 months, check reason Initial return		Ch	ange in accou	nting period
3a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
nonre	fundable credits. See instructions		3a \$	0.00	
b If this	application is for Form 990-PF or 990-T, enter any refundable credits and estimated				
tax pa	ayments made Include any prior year overpayment allowed as a credit		3b \$	<u> </u>	
	nce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	1			
•	sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	-			
See ir	nstructions		3c \$	0.00	
Caution. If	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and I	Form 8	879-EO	for payment in	structions.
HA For	Privacy Act and Paperwork Reduction Act Notice, see Instructions.			Form 9969	(Rev. 4-2009)
	tition to the about the contract to the contract of the contra			1 01111 0000	(1107. 4-2003)

Form 88	68 (Rev. 4-2009)			↓ , • Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and chec	k this box		▶ 🗓
Note. O	inly complete Part II if you have already been granted an automatic 3-month extension on a previous	usly filed Fo	m 88	68
If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part	Additional (Not Automatic) 3-Month Extension of Time. Only file the original Additional (Not Automatic) 3-Month Extension of Time.	nal (no copie	s nee	eded)
Type or	Name of Exempt Organization	E	nploy	er identification number
print	SHELDON & FREDA ROBINSON FOUNDATION		3	6-3224787
File by the extended due date for	Number, street, and room or suite no. If a P.O box, see instructions. 79 W MONROE STREET STE 1119	Fo	r IRS	use only
filing the return See instructions				
Fo	ype of return to be filed (File a separate application for each return) orm 990 Form 990-EZ X Form 990-T (sec 401(a) or 408(a) trust) Form 104 orm 990-BL Form 990-PF Form 990-T (trust other than above) Form 472	0 🗍	Form	5227 Form 8870 6069
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a	previously	iled I	orm 8868.
Telep If the If this box 4 I re 5 For 6 If the	his tax year is for less than 12 months, check reason: Initial return Final return ate in detail why you need the extension TAXPAYER REQUESTS ADDITIONAL	nding <u>Fe</u> n	bri Cha	the extension is for. 1ary 28, 2010 ange in accounting period CATHER AND
	PROCESS CERTAIN DOCUMENTS PERTAINING TO THE TRANS	ACTION	SE	OR THE
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	- 	7-	
	refundable credits. See instructions	8:	s	0.00
	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimate		+*	
	payments made Include any prior year overpayment allowed as a credit and any amount paid			
	eviously with Form 8868.	81	s	
	ance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, depo			
	n FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instru	l l	s	0.00
	Signature and Verification		<u> </u>	
Inder pena us true, ca	alties of perjury. Facclare that I have examined this form, including accompanying schedules and statements, a preci, and carpolete, and that yam authorized to prepare this form.	nd to the bes	of my	knowledge and belief,
Sionature	A MITTO DATE	Da	te ►	10/15/10

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