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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state rer

OMB No 1545-0052 2009

nternal Revenue		os tox year basinning	be able to use a	07 /		and endir		nts	06/30, 2010
	all that apply	or tax year beginning Initial return	Initial		of a former p				Final return
5 01.00.10	triat apply	Amended return			ss change		Name change		
	Name of fou			/ ladics	o onango		A Employer id		cation number
Use the IR	s l						,		
label.	t t	r FOUNDATION						36-	3487208
Otherwise	Number and	street (or P O box number if	mail is not delivere	d to street	address)	Room/suit	B Telephone numb	er (see	page 10 of the instructions)
print									
or type.	. 777 BRY	ANT AVENUE						(84	7) 446-7974
See Specif	City or town	, state, and ZIP code					C If exemption		
instruction	3.						pending, chec D 1. Foreign or		► 1
	WINNETK	A, IL 60093						_	tions meeting the
H Check t	ype of organiza	ition X Section 501(c)(3) exempt p	rivate f	oundation	-		heck h	ere and attach
		nexempt charitable trust			vate founda	tion	1		
	rket value of all		unting method			rual			n status was terminated (1)(1)(A), check here
of vear	(from Part II, col		ther (specify)					•	in a 60-month termination
16) ▶ \$	_		column (d) mu	st be on	cash basis)				(1)(B), check here
Part I An	alysis of Reve	nue and Expenses (The	(a) Davianus						(d) Disbursements
tota	al of amounts in c	columns (b), (c), and (d)	(a) Revenue expenses p		(b) Net inve	,	(c) Adjusted ne income	t	for charitable
		requal the amounts in le 11 of the instructions))	books		incom		IIICOIIIC		purposes (cash basis only)
1 Cont	ributions, gifts, grants,	etc , received (attach schedule) .			"			· >	
2 Chec		etc , received (attach schedule) foundation is not required to Sch B.							
3 Inter		temporary cash investments		,090.	<u> </u>	9,090.	9,0		ATCH 1
4 Divi	dends end intere	est from securities	15	,275.	1	5,275.	15,2	75.	ATCH 2
5a Gros	ss rents	VED							
	rental income or (lo								
ا م ا	gain O Gdss) from	sale of assets out on line 10		454.	,				^ ,
	ss sales price for all	<u>ဖွဲ့</u> 95, 943.							
		me (from Part IV, line 2)				454.			
8 Net	-short-term-capit	ome (from Part IV, line 2)							*
9 Inco	ome modification								
	s sales less returns allowances · · ·								
b Less	Cost of goods sold	٠							
c Gro	ss profit or (loss)	(attach schedule)							
11 Oth	er income (attacl	h schedule)		0.1.0					
12 Tota	al. Add lines 1 th	rough 11	24	,819.	2	4,819.	24,3	65.	
	•	rs, directors, trustees, etc		0.					
14 Oth		aries and wages							
15 Pen	ision plans, empl			272					
16a Leg		hedule) ATCH 3		373.		0.		0.	373
b Acc		tach schedule) ATCH 4		,375.		0.		0.	1,375
c Oth		ees (attach schedule).*	2	,353.	_	2,353.	2,3	53.	
17 Inte	erest				_				
	es (attach schedule)	(see page 14 of the instructions)							
19 Dep	•	schedule) and depletion.			· ··				
20 Occ									
21 Tra		and meetings							
22 Prin		tions		155		130		20	
23 Oth	, ,	ach schedule) ATCH 6		155.	<u></u>	130.	1	30.	25
24 Tot		I administrative expenses.		25.0		2 402	2 4	0.2	1 773
) I	_	h 23		,256.		2,483.	2,4	შ პ .	1,773 53,125
	-	grants paid		,125.		2 402	2.4	0.2	
		rsements. Add lines 24 and 25	5 /	,381.		2,483.	2,4	შ პ .	54,898
	stract line 26 from		27	E 6 2					
1		penses and disbursements	-32	,562.	-	2,336.	-		
4		ome (if negative, enter -0-)				.2,330.	21,8	QΩ	
∣ c Adi	usted net incom-	e (if negative, enter -0-)				1	۷1,8	02.	1

c Adjusted net income (If negative, enter -0-).

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. * ATCH 5 JSA 5 SBD03V A285 9/29/2010 5:53:13 PM V 09-8.1

Form 990-PF (2009)

PAGE/1

Part	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ring	-4,440.	1,501.	1,501.
2	Savings and temporary	cash investments	954,344.	170,167.	170,167.
3	Accounts receivable				
	Less allowance for do	ubtful accounts ▶			
4	Pledges receivable				
	Less allowance for do	ubtful accounts ▶			
5					
6		officers, directors, trustees, and other			
	disqualified persons (att	ach schedule) (see page 16 of the instructions)			
7	Other notes and loans	receivable (attach schedule)		-	
		ubtful accounts			
" 8	Inventories for sale or u				
Assets 0 0 0		deferred charges			
SS 10		ite government obligations (attach schedule)			
	b Investments - corporate	e stock (attach schedule) ATCH 7	77,422.	127,839.	105,890.
		e bonds (attach schedule)			
11	Investments - land, building	· · · · · · · · · · · · · · · · · ·			
	and equipment basis Less accumulated deprec	iation •		-	i
12	(attach schedule)	Alone			
13	Investments - mortgage	e loans	19,345.	714,620.	707,312.
14	Land, buildings, and		· ·	121,000	
	equipment basis Less accumulated depreci	ation		v ~	
145	(attach schedule)				
15		▶) npleted by all filers - see the			
16		page 1, item i)	1 046 671	1 014 127	984,870.
+			1,040,071.	1,014,127.	304,070.
17		accrued expenses			ı
18			l l		
Liabilities 20 21 20 21	Deferred revenue				
∄ 20		ors, trustees, and other disqualified persons			
E 21		otes payable (attach schedule)			
22	Other liabilities (describ	× ►)			
23		es 17 through 22)		_	
		llow SFAS 117, check here ►X			
တ္	and complete lines	24 through 26 and lines 30 and 31.			
9 24	Unrestricted		1,046,671.	1,014,127.	
[25	Temporarily restricted				1
සි 26	Permanently restricted				
Fund Balance		o not follow SFAS 117,	İ		1
3	check here and con	nplete lines 27 through 31. ▶ 🔲			1
ō 27	Capital stock, trust prin	ncipal, or current funds			
Net Assets 30 58	Paid-in or capital surplus, o	or land, bldg , and equipment fund			
S 29	Retained earnings, accum	nulated income, endowment, or other funds			
₹ 30	Total net assets or fur	d balances (see page 17 of the			
2	instructions)		1,046,671.	1,014,127.	
31	Total liabilities and ne	et assets/fund balances (see page 17			
	of the instructions)		1,046,671.	1,014,127.	
Part	Analysis of Ch	anges in Net Assets or Fund I	Balances		
		alances at beginning of year - Part II,		agree with	
				-	1,046,671.
_					-32,562.
3 OH	ner increases not include	line 27a ded in line 2 (itemize) ▶ATTACH	MENT 9	3	18.
4 Ad	d lines 1, 2, and 3			1 - 1	1,014,127.
				· · · · · · · · · 	
6 Tot	tal net assets or fund h	n line 2 (itemize) ► alances at end of year (line 4 minus l	ine 5) - Part II column (b)	.line 30 6	1,014,127.
<u> </u>	tal not associa of fund p	diances at end of year time 4 minus i	ino o _j - i art ii, columni (b)	, mic 00 0	Form 990-PF (2009)

	describe the kind(s) of property sold (inck warehouse, or common stock, 200		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE PART IV SCHE			D-Donauon	<u> </u>	
b					
C					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
			-		
<u>b</u>					
<u> </u>	· · · · · · · · · · · · · · · · · · ·		-		
<u>d</u>					
Complete only for accets of	and and and and and and		ļ	.,	
Complete only for assets sr		ned by the foundation on 12/31/69		Gains (Col (h) g	
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	201	(k), but not less t Losses (from co	
<u>a</u>			-		
b			<u> </u>		
C			-		
d					
_e			 		<u> </u>
If gain, also enter in Part I,		and 17 of the instructions)	3		454.
		uced Tax on Net Investment Inc	ome		
	·	outable amount of any year in the b	ase perio	d? [Yes X No
		, see page 18 of the instructions be	efore mak	ing any entries	
(a)	(b)	(c)	1	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets	ŀ	Distribution ra (col (b) divided by	
2008	232,807.	1,195,056.			0.194808
2007	186,798.	1,501,751.			0.124387
2006	74,195.	846,857.	-		0.087612
2005	60,890.	394,465.			0.154361
2004	53,841.	385,181.		_	0.139781
				•	
2 Total of line 1, column (d)			2		0.700949
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
_		s than 5 years	3		0.140190
•					
4 Enter the net value of non-	charitable-use assets for 2009 fro	m Part X, line 5	4	1,	024,836.
5 Multiply line 4 by line 3 .			5		143,672.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		223.
7 Add lines 5 and 6			7	_	143,895.
8 Enter qualifying distribution If line 8 is equal to or great VI instructions on page	ns from Part XII, line 4	n Part VI, line 1b, and complete	8 hat part	using a 1% tax	54,898.

Capital Gains and Losses for Tax on Investment Income

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			,
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		4	47.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% J 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			
3	Add lines 1 and 2		4	47.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		4	47.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 827 .			
b	Exempt foreign organizations-tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 0 .			1
đ	Backup withholding erroneously withheld		_	, _ ,
7	Total credits and payments Add lines 6a through 6d		8	327.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			80.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 380 • Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
_	participate or intervene in any political campaign?	1a		^
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			х
	of the instructions for definition)?	1b		Λ
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1
_	published or distributed by the foundation in connection with the activities			X
C	Did the foundation file Form 1120-POL for this year?	1c		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation (2) On foundation managers \$\Bigsim \frac{1}{2} = \frac{1}{			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е	on foundation managers > \$	ļ		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
2	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
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		· ·
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5_		Х
	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		х	
-	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), 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) IL,			
b				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Χ	
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)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			X
	names and addresses	10		

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			
		11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13		13	Χ	
	Website address ►N/A			
14	The books are in care of MR. BENJAMIN LENHARDT Telephone no (847) 44	16-7	974	
	The books are in care of ►MR. BENJAMIN LENHARDT Telephone no Located at ►777 BRYANT AVENUE WINNETKA, IL ZIP+4 ► 60093			
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			
Par	t 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.	<u> </u>	Yes	No
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? Yes X No			
	(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)			İ
_		, á		
þ	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		
	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		-	X
	were not corrected before the first day of the tax year beginning in 2009?	1c		- 11
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			
h	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)	2 b		X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			ı
	enterprise at any time during the year?			
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 if the		,	
	foundation had excess business holdings in 2009)	3 b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1		

Par	t VII-B	Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
5 a	During	the year did the foundation pay or incur any amou	nt to				
	_	ry on propaganda, or otherwise attempt to influer		14945(e))?	Yes X No	,	
		uence the outcome of any specific public election	= :				
		ctly or indirectly, any voter registration drive?			Yes X No	.	
	(3) Pro	vide a grant to an individual for travel, study, or other	oer similar nurnoses?		Yes X No	i	
		vide a grant to an organization other than a chari				'	
			-		Yes X No		
		tion 509(a)(1), (2), or (3), or section 4940(d)(2)? (•	,	, tes^ No	'	,
		vide for any purpose other than religious, charital	•				
		poses, or for the prevention of cruelty to children o				'	
þ	•	inswer is "Yes" to 5a(1)-(5), did any of the trans		•			
	Regulat	ions section 53 4945 or in a current notice regard	ing disaster assistant	ce (see page 22 of the	instructions)?	<u>5b</u>	
	Organiz	ations relying on a current notice regarding disast	er assistance check h	ere	▶ [X]		
c	If the a	nswer is "Yes" to question 5a(4), does the founda	ation claim exemption	from the tax			
	because	e it maintained expenditure responsibility for the gi	rant?		Yes No	,	
	If "Yes,	attach the statement required by Regulations sect	tion 53 4945-5(d)				
6 a	Did the	foundation, during the year, receive any funds, d	lirectly or indirectly, to	pav premiums			
		rsonal benefit contract?			Yes X No	,	
ь		foundation, during the year, pay premiums, direct			et?	6ь	X
		to 6b, file Form 8870	,,,			· • • · · ·	
7 a		time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No	,	
	-	did the foundation receive any proceeds or have a	•	•	. — —		X
	t VIII	Information About Officers, Directors					
		and Contractors		•	•	•	
	List all	officers, directors, trustees, foundation m	(b) Title, and average				
		(a) Name and address	hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans		se account, lowances
			hours per week devoted to position	(If not paid, enter			
—— ТАТ	тасн		hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
AT		MENT 10	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans		
 <u>AT</u>			hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
		MENT 10	hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
AT		MENT 10	hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
<u>AT</u>		MENT 10	hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
AT		MENT 10	hours per week devoted to position	-0-)	employee benefit plans and deferred compensation		owances
		MENT 10	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other all	owances
	Compe	MENT 10	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other all	owances
	Compe	MENT 10	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0.	other all	0
2	Compe	MENT 10	hours per week devoted to position	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit	tructions).	0
2	Compe	MENT 10 msation of five highest-paid employees (other "NONE."	hours per week devoted to position her than those inc	0.	employee benefit plans and deferred compensation 0.	tructions).	0
2	Compei If none,	MENT 10 msation of five highest-paid employees (other "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0
2	Compe	MENT 10 msation of five highest-paid employees (other "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0
2	Compei If none,	MENT 10 msation of five highest-paid employees (other "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0
2	Compei If none,	MENT 10 msation of five highest-paid employees (other "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0
2	Compei If none,	MENT 10 msation of five highest-paid employees (other "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0
2	Compei If none,	MENT 10 msation of five highest-paid employees (other "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0
2	Compei If none,	MENT 10 msation of five highest-paid employees (other "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0
2	Compei If none,	MENT 10 msation of five highest-paid employees (other "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0
2	Compei If none,	MENT 10 msation of five highest-paid employees (other "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0
2	Compei If none,	MENT 10 msation of five highest-paid employees (other "NONE."	hours per week devoted to position her than those inc (b) Title, and average hours per week	0.	employee benefit plans and deferred compensation 0. ee page 23 of the inst (d) Contributions to employee benefit plans and deferred	tructions).	0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employand Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
<u> </u>	
Total number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1 N/A	
2	
3	
	1 1
4	, =
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	-
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions)	ign foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	517,672.
b	Average of monthly cash balances	1b	522,771.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d		1d	1,040,443.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,040,443.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	15,607.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,024,836.
6	Minimum investment return. Enter 5% of line 5	6	51,242.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) prive foundations and certain foreign organizations check here ▶ and do not complete this		
1	Minimum investment return from Part X, line 6	1	51,242.
2a	Tax on investment income for 2009 from Part VI, line 5		
b		7	
С		7 2c	447.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	50,795.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	1 1	50,795.
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	50,795.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		-
а		1a	54,898.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		-
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а		3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	54,898.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	} 	54,898.
	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		

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)	_	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				50,795.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for pnor years 20 07 ,20 06 ,20 05				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005 42,654.				
С	From 2006 49,805.				
d	From 2007 120, 685.				
е	From 2008 173, 340.				1
f	Total of lines 3a through e	422,898.			
4	Qualifying distributions for 2009 from Part XII,			*,	
	line 4. ▶ \$ 54,898.		,		,
а	Applied to 2008, but not more than line 2a				,
	Applied to undistributed income of prior years (Election	*		· v	*
_	required - see page 26 of the instructions)	*** `\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.			
c	Treated as distributions out of corpus (Election		* 24)
·	required - see page 26 of the instructions)			## A N	
d	Applied to 2009 distributable amount	,		9%	50,795.
e	Remaining amount distributed out of corpus	4,103.		· ***	
5	Excess distributions carryover applied to 2009.				
	(If an amount appears in column (d), the same amount must be shown in column (a))			(7)	
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	427,001.	<u> </u>		, , , , , , , , , , , , , , , , , , , ,
b	Prior years' undistributed income Subtract				
	line 4b from line 2b	À		4 6	**
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been			·	
	issued, or on which the section 4942(a) tax has				i . 🕴 ;
	been previously assessed	<u> </u>		· / / %	14 .1'
d	Subtract line 6c from line 6b Taxable			, e.	
_	amount - see page 27 of the instructions			<i>**</i> **	š. 🔖
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page	/ <i>X</i> ,			** ,
	27 of the instructions		*		***
f	Undistributed income for 2009. Subtract lines				
	4d and 5 from line 1 This amount must be				
-	distributed in 2010				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
٠	applied on line 5 or line 7 (see page 27 of the	26 414			
	instructions)	36,414.			
9	Excess distributions carryover to 2010.	390,587.			· •
4.5	Subtract lines 7 and 8 from line 6a	390,307.		 -	
	Analysis of line 9 Excess from 2005 42,654.				ı
	• • •				
	• • •				
	Excess from 2009 4,103.				

Pa	rt XIV Private Oper					NOT APPLICABL
1 a						
	foundation, and the ruling					
b	Check box to indicate wh	ether the foundation is a	private operating found	dation described in section	4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(a) Tatal
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	for the minimum investment					
	return from Part X for each year listed					
b	85% of line 2a				· · · · · · · · · · · · · · · · · · ·	
_					-	
C	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not			 		·
-	used directly for active conduct					
_	of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)			<u> </u>		
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest-		:			
	ment return shown in Part X, line 6 for each year listed					
C	"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)					<u> </u>
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income.					
Pa					ation had \$5,000	or more in assets
	· · · · · · · · · · · · · · · · · · ·	during the year -se		structions.)		
1	Information Regarding	-				
а	List any managers of	the foundation who h	nave contributed mor	e than 2% of the tota	Il contributions receiv	ed by the foundation
	before the close of any	tax year (but only if the	ney nave contributed	more than \$5,000) (S	ee section 507(d)(2))	
	MR. BENJAM	IN LENHARDT				
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equally	large portion of the
	ownership of a partner					ge person or the
		•••		ŭ		
	NONE					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ► X if t	-		• • •	table ergonizations s	
	unsolicited requests f	or funds If the foun	dation makes difts of	rants etc (see page	28 of the instruction	no does not accept
	organizations under ot	her conditions, comple	ete items 2a, b, c, and	ld	20 07 the metadate	moj to marriadais or
_	The name, address, a					
а	rne name, address, a	na telephone number	of the person to whol	n applications should b	e addressed	
	The form of which are					
D	The form in which app	lications should be su	bmitted and informati	on and materials they	should include	
						
C	Any submission deadli	nes				
						<u></u>
d	Any restrictions or li	mitations on awards	, such as by geogr	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors					

Part XV Supplementary Information (C 3 Grants and Contributions Paid Dur	ing the Year or App	royed for Eu	utura Paymont	
Recipient	If recipient is an individual,	Foundation	The state of the s	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a raid duffing the year				
ATTACHMENT 11				
ATTACIMENT II		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
		1 1		
		İ		
		1 1		
		1		
		1		
		1		
		1		
		1		
		1		
		1		
Total	<u></u>		▶ 3a	53,125
b Approved for future payment				
		1 1		
			1	
Total			▶ 3b	

r gross a	mounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
rogram s	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
						
	<u> </u>					
	and contracts from government agencies					-
	hip dues and assessments			114	0.000	
	savings and temporary cash investments			14	9,090. 15,275.	
	and interest from securities		<u> </u>	14	13,273.	 .
	income or (loss) from real estate					
	financed property				-	
	ebt-financed property					-
	ncome or (loss) from personal property					
	estment income			18	454.	
	ss) from sales of assets other than inventory			10	404.	
	ne or (loss) from special events				· · · · · · · · · · · · · · · · · · ·	
-	ofit or (loss) from sales of inventory					
	enue a					
·				-		 . _
ı						
						
					24.819	
Subtotal	Add columns (b), (d), and (e)				24,819.	24.8
Subtotal otal. Add workshe	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities	to verify calcusto to the Ac	ulations)	xempt Purp	oses	
otal. Add	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed importantl
Subtotal Otal. Add workshe of XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Otal. Add workshe of XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Otal. Add workshe of XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Otal. Add workshe of XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Otal. Add workshe of XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Otal. Add workshe of XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Otal. Add workshe of XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Otal. Add workshe of XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Total. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A conf	tributed important
Subtotal Total. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Total. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E	ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Total. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Total. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Total. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Total. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Total. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Total. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Total. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Total. Add workshe rt XVI-E e No.	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Otal. Add workshe of XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Otal. Add workshe of XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important
Subtotal Otal. Add workshe of XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 Relationship of Activities Explain below how each activities accomplishment of the form	to verify calcusto the Ac	ulations) complishment of E ch income is report exempt purposes (ed in column other than b	oses (e) of Part XVI-A conf	tributed important

Form	990-PF	(2009)					36-3487208		Pa	age 13
Pa	rt XVII	Information Exempt Orga		Transfers To a	ind Transa	ctions	and Relationships	s With None		
1	ın se	he organization directlection 501(c) of the Contractions?	y or indirectly ode (other thar	engage in any o n section 501(c)(3)	f the following organizations	g with a	any other organization section 527, relating to	described	Yes	No
а	Trănsi	fers from the reporting f		•	•			İ		,
							• • • • • • • • • • • • • • • • • • • •	1	1	X
h		transactions			• • • • • •			<u>1a(2</u>	' 	^
_			haritable exempt of	organization				16(1)	X
									.	Х
							• • • • • • • • • • • • •)	Х
									4	X
										X
_									4	X
d							Column (b) should al		for	
u							If the foundation red	=		
				= -			of the goods, other			
					· · · · · · · · · · · · · · · · · · ·					
(a)	Line no	(b) Amount involved	(c) Name of	nonchantable exempt o	organization		cription of transfers, transact	ions, and sharing an	angeme	nts
		N/A			 	N/A				
								 -		
		<u> </u>								_
						-	***			
								·		
										
							•	 -		
2a	Is the	foundation directly or	indirectly affilia	ited with, or relate	d to, one or r	nore tax-e	exempt organizations de	scribed in		
		n 501(c) of the Code (otl		501(c)(3)) or ın secti	on 527?			۱ ـ	es 🔛	X No
<u>b</u>	If "Ye	s," complete the followin (a) Name of organizatio		(h) Type (of organization		(a) Donorint	on of relationship		
		(a) Name of organizatio		(в) туре с	л organization		(c) Descripti	on of relationship		
_		··· - · - -								
	Under belief,	penalties of periody, I decl	are that I have explete Decleration	amined this return, in of preparer (Ther than	cluding accompa n taxpayer or fidi	nying sche	dules and statements, and tased op all information of w	to the best of my hich preparer has a	knowled	ige and
				ZJ		~~/0 <i>]</i> :	/ ₋ / \ \ \ \	SID ENV	_	
as	<u>- </u>	gnature of officer or trustee	- 1 , 0			Date /	Title	SIJKWY		
er.	- 31	grature of officer & dustee			Date	Date	- Title	Preparer's identi	fvina	
Sign Here	s >	Preparer's 5		. 1	1	ı	Check if self-employed ▶	number (See Sign page 30 of the ins	ature o	
Siç	Paid Preparer's Use Only	signature	1111		101	4/10		Pooose 1	<u> </u>	_
	Prep Vse	Firm's name (or yours if				2	EIN ▶	36-3382360		
	self-employed), address, 1313 WEST 175TH STREET									

Phone no 708-799-6800

60430

Firm's name (or yours if self-employed), address,

and ZIP code

HOMEWOOD,

1313 WEST 175TH STREET

IL

FORM 990-PF - PART IV

Kınd of P	roperty	Description				0. 5	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	ח	Gain or (loss)	
		TOTAL LONG-	TERM CAPIT	AL GAIN DIV	IDENDS		32.	
		TOTAL CAPIT	AL GAIN DI	STRIBUTIONS			332.	
9,950.		300 SHS ELI PROPERTY TY 10,090.				Р	07/20/2009	08/03/200
		180 SHS MCD				P	07/30/2009	09/03/200
9,944.		10,117.	II. SECORI	1115			-173.	
		6714.414 SH PROPERTY TY			FUND	Р	11/06/2009	12/01/200
75,401.		75,000.	2200112				401.	
		25.07 SHS J PROPERTY TY			ND	Р	12/01/2009	12/17/200
284.		282.					2.	
OTAL GAIN(L	oss)			• • • • • • • • • • • • • • • • • • • •	• • • • • • •		454.	

PART I - INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF,

ADJUSTED NET INCOME	652. 3,916. 3,762. 1. 746. 12.	9,090.
NET INVESTMENT INCOME	652. 3,916. 3,762. 1. 746.	9,090.
REVENUE AND EXPENSES PER BOOKS	652. 3,916. 3,762. 1. 746.	9,090.
		TOTAL
DESCRIPTION	BESSEMER TRUST NORTH SHORE COMMUNITY BANK ATLANTIC BANK AND TRUST JP MORGAN V18890000 JP MORGAN V2931064261 JP MORGAN 836480392 JP MORGAN 282836000	

5BD03V A285

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

REVENUE NET ADJUSTED AND INVESTMENT NET PER BOOKS INCOME INCOME	405. 405. 405. 405. 11,118. 11,118. 3,752. 3,752.	15,275. 15,275. 15,275.
RI EXI		TOTAL
DESCRIPTION	BESSEMER TRUST JP MORGAN #V18890000 JP MORGAN #Q82836000	

.8-60
PM V
5:53:13
2010
9/29/
A285
5BD03V

·	CHARITABLE	PURPOSES	373.	373.
	ADJUSTED NET	INCOME		0
	NET INVESTMENT	INCOME		0
	REVENUE AND EXPENSES	PER BOOKS	373.	373.
- LEGAL FEES				TOTALS
FORM 990PF, PART I - LEGAL FEES		DESCRIPTION	SIDLEY AUSTIN LLP	

FEES	
ACCOUNTING	
Ø	II
A.	
ı	
- Н	

CHARITABLE PURPOSES	1,375.	1,375.
ADJUSTED NET INCOME		•0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	1,375.	1,375.
DESCRIPTION	FRIEDMAN & HUEY ASSOCIATES LLP	TOTALS

ATTACHMENT 4

	1
FEES	
PROFESSIONAL	
OTHER	
1	
PART I	
990PE,	
FORM	

ADJUSTED NET INCOME	2,353.	2,353.
NET INVESTMENT INCOME	2,353.	2,353.
REVENUE AND EXPENSES PER BOOKS	2,353.	2,353.
		TOTALS
DESCRIPTION	INVESTMENT MGMT FEES	

ATTACHMENT 6

PART I - OTHER EXPENSES FORM 990PF,

CHARITABLE PURPOSES 15.	25.
ADJUSTED NET INCOME 80.	130.
NET INVESTMENT INCOME 80.	130.
REVENUE AND EXPENSES PER BOOKS 80. 15.	155.
	TOTALS
DESCRIPTION BESSEMER TRUST SERVICE FEE ILL CHARITY BUREAU FUND SECRETARY OF STATE	

- CORPORATE STOCK

PART II

FORM 990PF,

DESCRIPTION

ATTACHMENT 7

77,422. 10,078. 10,087. 10,099. 10,069.	127,839.			
OURS	TOTALS			5:53:13 PM V 09-8.1
CORP LLY & CO -BOWES INC NC PONT DENEMOURS CORP				9/29/2010
2892 SHS INTEL CORP 307 SHS ELI LILLY & C 486 SHS PITNEY-BOWES 396 SHS AT&T INC 313 SHS E I DU PONT D 218 SHS EXELON CORP				5BD03V A285

ENDING

BOOK VALUE

ENDING

56,249. 10,285. 10,673. 9,579. 10,827.

105,890.

5BD03V A285

ATTACHMENT 8	ENDING ENDING BOOK VALUE FMV	12,418. 8,786. 7,037. 5,630. 100,000. 124,979. 75,000. 230,816. 75,165. 20,000. 230,816. 20,000. 230,816. 20,000. 230,816. 20,000. 19,068.
FORM 990PF, PART II - OTHER INVESTMENTS	DESCRIPTION	8869.86 SHS OLD WESTBURY LG CA 116.282 SHS HARBOR INTL FUND 11561.829 SHS EATON VANCE MUT 10801.953 SHS JPMORGAN STRATEG 9881.423 SHS JPMORGAN HIGH YIE 21079.066 SHS JPMORGAN SHORT D 715 SHS ISHARES BARCLAYS TIPS 20,000 PV HSBC 12M ASIA BREN 50,000 PV HSBC 12M ASIA BREN 20,000 PV CS 1 YR COMMODITY

714,620.

TOTALS

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FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

PRIOR PD ADJUSTMENT

18.

TOTAL

18.

PART VIII

FORM 990PE,

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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A285 9/29/201
J A285 9/29/201
J A285 9/29/201
A285 9/29/201

ATTACHMENT 10

EXPENSE ACCT AND OTHER ALLOWANCES	Ċ	Ċ	ó	ó	0.
CONTRIBUTIONS E TO EMPLOYEE BENEFIT PLANS	.0	Ö	Ö	· 0	0
COMPENSATION	0.	·	.0	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIR/PRES PART TIME	DIR/SEC/TR - PART TIME	DIRECTOR - PART TIME	DIRECTOR - PART TIME	GRAND TOTALS
NAME AND ADDRESS	BENJAMIN LENHARDT, JR. 777 BRYANT AVENUE WINNETKA, IL 60093	LUCINDA K. LENHARDT 777 BRYANT AVENUE WINNETKA, IL 60093	DAVID K. LENHARDT 7251 N. CLEARWATER PARKWAY PARADISE VALLEY, AZ 85253	BRIAN D. LENHARDT 6 BRADYLL ROAD WESTON, MA 02493	

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ATTACHMENT 11

,	AMOUNT	.008	10,000	1,250	20,000	100	200.
	PURPOSE OF GRANT OR CONTRIBUTION	GENERAL	GENERAL	GENERAL	GENERAL	GENERAL	GENERAL
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC
	RECIPIENT NAME AND ADDRESS	CHICAGO BOTANIC GARDEN CHICAGO, IL	GARDEN CONSERVANCY COLD SPRINGS, NY 10516	POMPION HILL CHAPEL CHARLESTON, SC 60025	HISTORIC CHARLESTON FOUNDATION CHARLESTON, SC 29401	MIDWEST PALLIATIVE CARE HOSPICE GLENVIEW, IL 60025	PRESBYTERIAN HOMES EVANSTON, IL 60201

ATTACHMENT 11 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

BUTOR	STATUS OF RECIPIENT AMOUNT	GENERAL 4,000	GENERAL 1,000	GENERAL 1,000	GENERAL 125	GENERAL S, 585	GENERAL 180
_ (FOUNDATION STAT	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE PUBLIC	NONE
	RECIPIENT NAME AND ADDRESS	JOHN G SHEDD AQUARIUM CHICAGO, IL	NORTHWEST MEMORIAL HOSPITAL CHICAGO, IL 60611	PEGGY NOTEBAERT NATURE MUSEUM CHICAGO, IL 60614	CHARLESTON MUSEUM CHARLESTON, SC	GIBBES MUSEUM OF ART CHARLESTON, SC	UNICEF

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ATTACHMENT 11 (CONT'D)

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
DRAXTON HALL	NONE	GENERAL	4,985
CHARLESTON, SC	PUBLIC		
ROPER ST FRANCIS HEALTHCARE CHARLESTON, SC	NONE	GENERAL	200
CHARLESTON HORTICULTURAL SOCIETY CHARLESTON, SC	NONE	GENERAL	2,500
HISTORIC CHARLESTON FOUND CHARLESTON, SC	NONE PUBLIC	GENERAL	400
CHRIST CHURCH WILMETTE, IL	NONE	GENERAL	.008

53,125 TOTAL CONTRIBUTIONS PAID

ATTACHMENT 11 PAGE 27