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SCANNED AUG 2 3 2011

| | | | | | | empt Charita | | | | OWR NO 1 | 545-0052 | | | |
|--|------------|--|------------------------------------|-------------------|--|--------------|----------------------------------|---------------------|---------------------------|---------------|--------------|---|-----------------------|--------------------|
| Department of the Treasury Internal Revenue Service | | 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 | | | | 20 | 09 | | | | | | | |
| _ | | | | | x year beginn | | 10/01 , 2009 , and ending | | | | | | 09/3 | 0,2010 |
| | | | nat apply | | Initial return | | In | itial return o | f a former pu | iblic charity | · | | Final retu | ırn |
| Amended return | | | eturn | | Addres | s change | | Nam | e change | _ | | | | |
| _ | | | Name of fo | undat | tion | | | | - | | Α | Employer identif | ication numbe | er |
| Į | Jse th | ne IRS | | | | | | | | | | | | |
| | | el. | LEON A | ND S | HARON KAU | FMAN | FOUNDAT | ION | | | | 36- | 3480084 | |
| | Other | • | Number ar | nd stre | et (or PO box n | umber if r | nail is not deliv | ered to street a | address) | Room/suit | е В | Telephone number (see | page 10 of the instru | ctions) |
| | | int ype. | | | | | | | | | | | | |
| 5 | | pecific | | | D COURT | | | | | <u> </u> | | <u> </u> | 7) 831- | 1795 |
| li | nstru | ctions. | City or tow | n, stat | te, and ZIP code |) | | | | | ١ | If exemption applicat pending, check here | | 🏲 🗀 |
| | | | LUT CUT D | r | NDV TT 6 | 0025 | | | | | Ð | 1 Foreign organizat | | . ▶∟ |
| _ | Cha | | | | PARK, IL 6 | | -1/21 | | | | - | 2 Foreign organizat 85% test, check h | | . \Box |
| ï | | • | of organiz | | | | F | t private for | undation vate foundati | | | computation . | | ▶⊔ |
| $^{+}$ | | | t value of a | | mpt charitable to | | unting meth | | ash X Acc | | ─ E | If private foundation | | |
| • | | | m Part II, d | | | | | y) | | ludi | | under section 507(b) | | |
| | • | ► \$ | | • • | ′′ | (Part I. | column (d) | must be on | cash basis) | | - 1 | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here | | |
| | | | | | and Expense | | | | | | | | _ | rsements |
| | | total o | f amounts ir | colur | nns (b), (c), and al the amounts | (d) | (a) Reve | enue and ses per | (b) Net inve | | | djusted net ncome | for cha | |
| | | colum | n (a) (see pa | age 11 | of the instruction | ons)) | boo | | IIICOII | | , | ncome | | oses asıs only) |
| | 1 | Contributi | ions <u>, gift</u> s, grant | s, etc , r | eceived (attach sche | dule) . | | | | | | | | |
| | 2 | Check] | ➤ X if the | e found ch Sch | eceived (attach schei dation is not requ B | red to | | | | | | | | |
| | 3 | Interest | | | orary cash invest | | | | | | | | | |
| | 4 | Divider | nds and inter | est fro | om secunties | | | 26,763. | 2 | 26,763. | | | ATCH | 1 |
| | 5 a | Gross | rents | | | ! | | | | | | | | |
| | b | | | | | | | 270 400 | | | | | ļ | |
| ne | 6 a b | | or (loss) from ales price for a | | of assets not on lin | | 2 | 279,498. | ······· | | | | | |
| Revenue | | assets o | n line 6a | | | 646. | | | 27 | 9,498. | | | | |
| æ | 7 | • | • | , | from Part IV, lin | | | | 21 | 9,490. | | | | |
| | 8 9 | | ort-term capi | - | in | | | | | | | | | |
| | | Gross sa | ales less retur | ns | l | | | | | | | · | | |
| | b | | wances · · ost of goods s | | | | | | | | | - | | |
| | | | - | - | ach schedule) | | | | | | | | | |
| | 11 | | | | nedule) | | | | | | | | | |
| _ | 12 | | | | h 11 | | 6.3 | 306,261. | 30 | 6,261. | | | | |
| | 13 | Comper | sation of offic | ers, dır | rectors, trustees, e | tc | | 15,000. | | 4,950. | | | ļ | 10,050 |
| | 14 | Othere | employee sa | lanes | and wages | | | | | | | | | |
| ses | 15 | | n plans, emp | • | | | | | | | | | ļ | |
| ĕ | 16 a | | ees (attach s | | | | | 6 000 | | 2 244 | | | | 4 556 |
| ž | b | | | | schedule) ATCI | | | 6,800. | | 2,244. | | 0. | | 4,556 |
| Ş | _ C | - | | • | attach schedule | • | | | | + | | | | |
| rat | 17 | | | | | | | 1,148. | | 321. | | | | 827 |
| nist | 18 19 | | | | page 14 of the instruedule) and deple | | | 1,170. | | 521. | | | | 021 |
| Ē | 20 | | | | edule) and deple | | | | | | | | | |
| and Administrative Expenses | 21 | | | | meetings | | | 3,662. | | 1,208. | | | 1 | 2,454 |
| and | 22 | | and public | | | | | · · · | | | | - | 1 | |
| _ | 23C | - IV /I | L. 1 Y' | | schedule) ATC | | | 265. | | 150. | | | | 15 |
| işt. | | • | | • • | ninistrative exp | | | | | | | | | |
| bei | 24- IJG | | 9813 throug | | | | | 26,875. | | 8,873. | | 0. | | 17,902 |
| Q) | ıllı | Contrib | butions, gitts | ⊘ grant | ts paid | | | 28,276. | | | | | | 28,276 |
| | 26 | Total exp | enses and dist | L Tursem | ents Add lines 24 | and 25 | | 55,151. | | 8,873. | | 0. | | 46,178 |
| C | હા | Ample | ct ine 26 fro | m line | : 12 | | | | | | | | | |
| _ | | | | - | ses and disburseme | | | 251,110. | | | | | | |
| | b | Net inv | estment inc | ome | (if negative, en | ter -0-) | | | 29 | 7,388. | | | | |

| D | art II | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year | End of year | | |
|--------------------|--------|--|---|-----------------------------|----------------|-----------------------|
| _ | artii | amounts only (See instructions) | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing . | | 28,936. | 374,044. | 374,044. |
| - | 2 | Savings and temporary cash | investments | | | |
| 1 | 3 | | | | | |
| | | Less allowance for doubtful a | accounts > | | | |
| | 4 | | | | | |
| | | Less allowance for doubtful a | accounts > | | | |
| | 5 | | · · · · · · · · · · · · · · · · · · · | | | |
| | 6 | | s, directors, trustees, and other | | | |
| | • | | chedule) (see page 16 of the instructions) | | | |
| | - | | able (attach schedule) | - ' | | |
| | 7 | | accounts | | | |
| | _ | | 4 | | | |
| Assets | | Inventories for sale or use | AMON E | | 526. | 526 |
| | 9 | · | ed charges ATCH5 | | 320. | 320 |
| Ä | | | emment obligations (attach schedule) | 020 505 | 144 426 | 250,000 |
| | | | k (attach schedule) ATCH 6 | 239,585. | 144,436. | 359,820. |
| | 11 C | Investments - land, buildings, and equipment basis | ds (attach schedule) | | | |
| | | Less accumulated depreciation (attach schedule) | - | | | |
| | 12 | Investments - mortgage loans | s <u>.</u> <u>.</u> | | | |
| | 13 | Investments - other (attach so | chedule) AŢĊḤ. 7 L | 45,754. | 45,754. | 64,524. |
| | 14 | Land, buildings, and equipment basis | - | | | |
| | | Less accumulated depreciation (| | | | |
| - 1 | 15 | Other assets (describe |) | | | |
| | 16 | Total assets (to be complete | | | | |
| | | | 1, item I) | 314,275. | 564,760. | 798,914. |
| _ | 17 | | ed expenses | | | |
| | 18 | | | | | |
| s | 19 | | · · · · · · · · · · · · · · · · · · · | | | 1 |
| ţį | 20 | | stees, and other disqualified persons | | | |
| Ē | | | ayable (attach schedule) | | | - |
| Liabilities | 21 | | ·) | 625. | | † |
| | 22 | Other liabilities (describe | · | 023. | | |
| | | Total liabilities (add hose 47 | through 22\ | 625. | | |
| _ | 23 | | through 22) | 023. | | - |
| | | and complete lines 24 th | SFAS 117, check here rough 26 and lines 30 and 31. | | | |
| Balances | 24 | Unrestricted | ₋ . | | | _ |
| au | 25 | Temporarily restricted | | | | 1 |
| Bal | 26 | Permanently restricted | <u>-</u> | | | _ |
| | | Foundations that do not | follow SFAS 117, | | | |
| בָּ | | check here and complete | e lines 27 through 31. ▶ | | | |
| _ | 27 | Capital stock, trust principal, | or current funds | 1,000,000. | 1,000,000. |] |
| Net Assets or Fund | 28 | Paid-in or capital surplus, or land | l, bldg , and equipment fund | | | |
| se | 29 | Retained earnings, accumulated | income, endowment, or other funds | -686,350. | -435,240. | |
| ď | 30 | Total net assets or fund bala | ances (see page 17 of the | | <u> </u> | |
| š | • • | | | 313,650. | 564,760. | |
| _ | 31 | Total liabilities and net asse | ets/fund balances (see page 17 | · · · · · · | | |
| | • • | | | 314,275. | 564,760. | |
| r | arti | | ges in Net Assets or Fund | | | |
| | | | es at beginning of year - Part II, co | | gree with | |
| 1 | | | | | | 313,650 |
| _ | | | prior year's return) | | ا م | 251,110 |
| | | r amount from Part I, line 2 | . l 0 (da | | ١ , | 231,110 |
| | | er increases not included in | ine 2 (itemize) | | | 564 360 |
| | | | | | | 564,760 |
| 5 | Dec | eases not included in line | 2 (itemize) | | 5 | |
| 6 | Tota | I net assets or fund balanc | es at end of year (line 4 minus line | 5) - Part II, column (b), I | ine 30 6 | 564,760 |

| | ns and Losses for Tax on Invited the describe the kind(s) of property sold (e | | (b) How acquired | (c) Date | (d) Date sold |
|---|---|--|--------------------------|--|-----------------|
| • • | brick warehouse, or common stock, 200 s | | P-Purchase D-Donation | acquired (mo , day, yr) | (mo , day, yr) |
| 1a SEE PART IV SCHE | | , | B Dollawoll | | |
| 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 | |
| a | | | | | |
| b | | | | | |
| c | | | ļ <u> </u> | | |
| <u>d</u> | | | | | |
| е | | | 1 | | |
| Complete only for assets she | owing gain in column (h) and owned | by the foundation on 12/31/69 | (1) | Gains (Col (h) g | ain minus |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (ı) over col (ı), ıf any | col | (k), but not less t Losses (from co | |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income or | | gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 | 2 | ·- | 279,498. |
| Net short-term capital gain | or (loss) as defined in sections 1222 | | | | |
| | , line 8, column (c) (see pages 13 and | | | | |
| | line 8 | | 3 | | |
| Part V Qualification U | nder Section 4940(e) for Reduc | ced Tax on Net Investment Inc | | | |
| | the section 4942 tax on the distribute | | period? | [| Yes X No |
| | not qualify under section 4940(e) Do ount in each column for each year, so | | e makıng | any entries | |
| (a) | | T | - making | (d) | |
| Base penod years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of nonchantable-use assets | | Distribution ra (col (b) divided by | |
| 2008 | 36,781. | 743,765. | | | 0.049452 |
| 2007 | 85,680. | 966,723. | 1 | | 0.088629 |
| 2006 | 79,791. | 999,626. | 1 | | 0.079821 |
| 2005 | 99,118. | 960,775. | 1 | | 0.103165 |
| 2004 | 80,438. | 964,265. | 1 | | 0.083419 |
| | | | | | *** |
| Total of line 1, column (dAverage distribution ratio |) | | 2 | | 0.404486 |
| _ | dation has been in existence if less t | | 3 | | 0.080897 |
| 4 Enter the net value of nor | ncharitable-use assets for 2009 from | Part X, line 5 | 4 | | 801,772. |
| 5 Multiply line 4 by line 3 | | | 5 | | 64,861. |
| 6 Enter 1% of net investme | ent income (1% of Part I, line 27b) | | 6 | | 2,974. |
| 7 Add lines 5 and 6 | | | 7 | | 67,835. |
| 8 Enter qualifying distribution | ons from Part XII, line 4 | | 8 | | 46,178. |
| If line 8 is equal to or g Part VI instructions on pa | reater than line 7, check the box | in Part VI, line 1b, and complete | that part | using a 1% ta | x rate See th |

| Form 9 | 990-PF (2009) 36-3480084 | | P | age 4 |
|--------|--|----------|------|-------|
| Par | | tructio | ons) | |
| | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | | |
| | Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 5,9 | 48. |
| | here and enter 1% of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% | | | |
| | 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-) | | | |
| 3 | Add lines 1 and 2 | | 5,9 | 48. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| 5 | Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0- | | 5,9 | 48. |
| 6 | Credits/Payments Credits/Payments | | | |
| | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 526. | | | |
| | Exempt foreign organizations-tax withheld at source 6b 0. | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c 0. | | | |
| | Backup withholding erroneously withheld 6d | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 5 | 26. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ATTACHMENT 8 > 9 | | 5,5 | 85. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. | | | |
| 11 | Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded 11 | | | |
| | VII-A Statements Regarding Activities | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| Ia | participate or intervene in any political campaign? | 1a | | Х |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | | |
| b | of the instructions for definition)? | 1b | | Х |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | -10 | | |
| | published or distributed by the foundation in connection with the activities | ŀ | | |
| _ | | 1c | | Х |
| C | Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | -,- | | |
| a | (1) On the foundation (1) any) of tax on political expenditures (section 4955) imposed during the year | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| е | | | | |
| • | on foundation managers \$\Bigsim \\$ Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | Х |
| 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 | 3 | | х |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 4a | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a 4b | | |
| d - | If "Yes," has it filed a tax return on Form 990-T for this year? | 5 | | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | |
| _ | 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 Provided languages, that effectively empends the governing instrument, so that no mandatory directions that | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | 6 | Х | |
| _ | conflict with the state law remain in the governing instrument? | 7 | 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 | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | | |
| | instructions) > IL, | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | ا ٍ ا | Х | |
| _ | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | Λ_ | |
| 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 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | Х |
| | names and addresses | 10 | | |

| ⊢Qrm | 990-25 | (20 | ЮĐ, |
|------|--------|-----|---------------|
| Da. | 4 V/II | Λ. | $\overline{}$ |

| Par | VII-A Statements Regarding Activities (continued) | | | |
|-----|--|---------------|-------------------|----------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | <u> </u> |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | <u> </u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13_ | Х | |
| | Website address N/A | | | |
| 14 | The books are in care of ► JACK_HEYDEN Telephone no ► (847)83 | 31-1 | 795 | |
| | Located at ►1770 ORCHID COURT HIGHLAND PARK, IL ZIP+4 ► 60033 | - | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | · · > | |
| 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? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | |
| | the benefit or use of a disqualified person)? Yes X No | | | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" if | | | |
| | the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) Yes X No | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | ., |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? | 1b | | _X |
| | 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 | | | v |
| | were not corrected before the first day of the tax year beginning in 2009? | 1c | + | X |
| 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? Yes X No | | | |
| | If "Yes," list the years | ĺ | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) | 2 | | |
| | to all years listed, answer "No" and attach statement - see page 20 of the instructions) | 2b | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | D | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business | | | |
| | 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 | 2. | | |
| | foundation had excess business holdings in 2009) | 3b | 1 | - |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | A h | | x |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? | | <u> </u> 90-PF | <u>-</u> |
| | | Jiii J | | (2009) |

JSA

Form 990-PF (2009)

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

| Form 990-PF (2009) | | 36-3480084 | Page 7 | |
|-----------------------|--|----------------------------------|------------|--------------|
| Part VIII Info | ormation About Officers, Directors, Trustees, Foundation M. Contractors (continued) | anagers, Highly Paid Emplo | oyees, | |
| 3 Five highest-pa | aid independent contractors for professional services (see page 2 | 3 of the instructions). If none, | enter "NON | E." |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compen | sation |
| NONE | | | | |
| | | | | |
| | | | | • |
| | | | | |
| | | | | |
| Total number of o | others receiving over \$50,000 for professional services | | ▶ | NONE |
| Part IX-A Sur | mmary of Direct Charitable Activities | | | |
| | four largest direct chantable activities during the tax year. Include relevant statistical inform other beneficianes served, conferences convened, research papers produced, etc. | ation such as the number | Expens | es |
| 1_N/A | | | | |
| 2 | | | | |
| | | | | |
| 3 | | | | |
| 4 | | | · | |
| | | | | |
| | mmary of Program-Related Investments (see page 23 of the ins | | • | |
| | gest program-related investments made by the foundation during the tax year on lines 1 and | 12 | Amoun | ıt |
| 1 NONE | | | | |
| 2 | | | | |
| | | | | |
| All other program-rel | ated investments. See page 24 of the instructions | | | |
| 3 NONE | | | | |
| Total Add lines 1 | through 3 | | | |

| Pa | Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.) | gn foundatio | ns, |
|----|--|----------------|----------|
| 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 | 785,430. |
| b | Average of monthly cash balances | 1b | 28,552. |
| С | Fair market value of all other assets (see page 24 of the instructions) | 1c | 0. |
| d | | 1d | 813,982. |
| 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 | 813,982. |
| 4 | Cash deemed held for chantable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 | | |
| | of the instructions) | 4 | 12,210. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 801,772. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 40,089. |
| Pa | Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ ☐ and do not complete this private foreign organizations. | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 40,089. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | | |
| b | | | |
| С | Add lines 2a and 2b | 2c | 5,948. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 34,141. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | _ |
| 5 | Add lines 3 and 4 | 5 | 34,141. |
| 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 | 34,141. |
| Pa | art XII Qualifying Distributions(see page 25 of the instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | | 1a | 46,178. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. | | |
| | purposes | 2 | 0. |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | 0. |
| b | Cash distribution test (attach the required schedule) | 3b | 0. |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 46,178. |
| 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 | 6 | 46,178. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe qualifies for the section 4940(e) reduction of tax in those years | ther the found | ation |

| | n 990-PF (2009) | 00 (11 | 36-348 | 0084 | Page 9 |
|----|--|-----------------------|----------------------------|-------------|--------------------|
| Pa | rt XIII Undistributed Income (see page | 26 of the instruction | ns) | | |
| 1 | Distributable amount for 2009 from Part XI, | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
| | line 7 | | | | 34,141. |
| 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 32, 427. | | | | |
| b | 52 103 | | | | |
| С | From 2006 30, 093. | | | | |
| d | From 2007 37, 647. | | | | |
| | From 2008 91. | | | | |
| | Total of lines 3a through e | 152,361. | | | |
| ٠, | Qualifying distributions for 2009 from Part XII. | 102,001. | | | |
| 4 | line 4 > \$ 46,178. | | | | |
| | | | | | |
| а | Applied to 2008, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years (Election required - see page 26 of the instructions) | | | | |
| С | Treated as distributions out of corpus (Election | 46,178. | | | |
| | required - see page 26 of the instructions) | 40,170. | | | |
| | Applied to 2009 distributable amount | 0 | | | |
| | Remaining amount distributed out of corpus | 0. | | | 24 141 |
| 5 | Excess distributions carryover applied to 2009 | 34,141. | | | 34,141. |
| 6 | (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 164,398. | | | |
| b | Prior years' undistributed income Subtract | | | | |
| С | Enter the amount of prior years undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. | | | | |
| d | Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions | | | | |
| е | Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions | | | | |
| f | Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be | | | | |
| 7 | Amounts treated as distributions out of corpus | | | | 0. |
| | to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) | | | | |
| 8 | Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) | | | | |
| 9 | Excess distributions carryover to 2010. | | | | |
| - | Subtract lines 7 and 8 from line 6a | 164,398. | | | |
| 10 | Analysis of line 9 | · | | | |
| | Excess from 2005 | | | | |
| | Excess from 2006 | | | | |
| c | 27 (47 | | | | 1 |
| | 01 | | | | |
| | 46.170 | | | | |
| | Excess from 2009 | | | | Form 990-PF (2009) |

| Pa | rt XIV Private Oper | ating Foundations | see page 27 of the | instructions and Par | t VII-A, question 9) | NOT APPLICABLE | | | |
|-----|---|---|-------------------------|--------------------------|-----------------------|-----------------------|--|--|--|
| 1 a | If the foundation has | received a ruling or d | etermination letter tha | t it is a private opera | ating | | | | |
| | foundation, and the ruling | indation, and the ruling is effective for 2009, enter the date of the ruling | | | | | | | |
| b | Check box to indicate whe | ther the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) | | | | | | | |
| 2 a | Enter the lesser of the ad- | Tax year Pnor 3 years (e) Total | | | | | | | |
| | justed net income from Part | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Iotal | | | |
| | I or the minimum investment | | · · · · - | | | | | | |
| | return from Part X for each year listed | ! | | | | | | | |
| h | 85% of line 2a | | | | | | | | |
| - | | | | | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | | | | | | | |
| d | Amounts included in line 2c not | | | | | | | | |
| _ | used directly for active conduct | | | | | | | | |
| _ | of exempt activities | | | | | | | | |
| 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) | | | | | | | | |
| b | "Endowment" alternative test- enter 2/3 of minimum invest- | | | | | | | | |
| | ment return shown in Part X, | | | | | | | | |
| | line 6 for each year listed | | | | | | | | |
| С | "Support" alternative test - enter | | | | | | | | |
| | (1) Total support other than | | | | | | | | |
| | 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 sup- | | | | | | | | |
| | port from an exempt organization | | | | | | | | |
| | (4) Gross investment income | | | | | | | | |
| Pa | rt XV Supplement | ary Information (C | omplete this part | only if the founda | ation had \$5,000 | or more in assets | | | |
| | at any time of | during the year - se | e page 28 of the in | structions.) | · | | | | |
| 1 | Information Regarding | Foundation Manager | s: | | | | | | |
| а | List any managers of | | | | | ed by the foundation | | | |
| | before the close of any | tax year (but only if the | iey have contributed i | more than \$5,000) (S | ee section 507(d)(2)) | | | | |
| | SHARON KAUE | MAN | | | | | | | |
| b | List any managers of | the foundation who | own 10% or more of | f the stock of a corpo | ration (or an equally | large portion of the | | | |
| | ownership of a partner | | | | | 5 . | | | |
| | | | | | | | | | |
| | N/A | | | | | | | | |
| 2 | Information Regarding | Contribution, Grant, | Gift, Loan, Scholarshi | ip, etc., Programs: | | | | | |
| | Check here ► X if t | he foundation only i | makes contributions | to preselected charit | able organizations a | and does not accept | | | |
| | unsolicited requests f | or funds If the found | dation makes gifts, g | grants, etc (see page | 28 of the instructio | ns) to individuals or | | | |
| | organizations under ot | her conditions, comple | ete items 2a, b, c, and | d | | | | | |
| | The name, address, an | d telephone number of | the person to whom a | polications should be a | ddressed | | | | |
| - | _ | | | | | | | | |
| b | The form in which appli | ications should be subr | nitted and information | and materials they sho | uld include | | | | |
| ~ | o total at willon appli | | sa and miormation | and materials troy sno | | | | | |
| | | | | | | | | | |
| С. | Any submission deadling | nes | | | | | | | |
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| | | | | | | | | | |
| | Any restrictions or li | mitations on awards | such as by decore | nhical areas charital | hle fields kinds of | institutions or other | | | |
| u | factors | madons on awards | . Judi as by geogra | ipinical alcas, cildilla | ole licido, Kilido Ul | modulons, or other | | | |
| | | | | | | | | | |

| Form 990-PF (2009) | | | 36-3480084 | Page 1 1 |
|---------------------------------------|---|--|----------------------------------|-----------------|
| Part XV Supplementary Information (co | ontinued) | | | |
| 3 Grants and Contributions Paid Durin | ng the Year or App | roved for F | Future Payment | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | reapient | contribution | |
| a Paid during the year | | | | |
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| ATTACHMENT 10 | | | | |
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| Total | | · · · · · · · | ▶ 3a | 28,276 |
| b Approved for future payment | | ì | | |
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| Total | ,1 | <u>. </u> | ▶ 3h | |

| Form 990-PF | (2009) | | | 36- | -3480084 | Page 12 |
|--|---|----------------------|----------------------|-----------------------|--------------------------|---|
| Part XVI | A Analysis of Income-Prod | ucing Act | ivities | | | |
| Enter gross amounts unless otherwise indicated | | Unrela | ted business income | Excluded by | section 512, 513, or 514 | (e) Related or exempt |
| 1 Program | n service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See page 28 of the instructions) |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| е | | | | | | |
| f | | | | | | |
| • | s and contracts from government agencies | | | | | |
| | ship dues and assessments | | | | | |
| | n savings and temporary cash investments ds and interest from securities | | | 14 | 26,763. | |
| | al income or (loss) from real estate | | | 11 | 20,703. | |
| | ot-financed property | | | | | <u> </u> |
| | debt-financed property | | | | | |
| | I income or (loss) from personal property | | | | | _ |
| | vestment income | | | | | |
| | oss) from sales of assets other than inventory | | | 18 | 279,498. | |
| 9 Net inco | me or (loss) from special events | | | | | |
| | rofit or (loss) from sales of inventory | | | | | |
| 11 Other re | venue a | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| е | | | <u> </u> | _ | 206 261 | |
| | Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) | | | | 306,261. | 306,261. |
| Part XVI Line No ▼ | Explain below how each activities the accomplishment of the for page 29 of the instructions) | ity for whi | ch income is reporte | ed in column | (e) of Part XVI-A cor | ntributed importantly to such purposes) (Se |
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| | 990-гг (| | | | | | 30 340000 | | | | age 13 |
|-------------|--------------------------------|---|---|--|--------------------|------------------|---|---------------------------------------|---------------|--|-------------|
| Pai | t XVII | | ion Regarding Organizations | Transfers To | o and Trans | sactions | and Relat | ionships W | ith Non | chari | table |
| 1 | ın se | ction 501(c) of t | directly or indirectly the Code (other than | n section 501(c |)(3) organizatio | | | | | Yes | No |
| а | organı Transf | zations? ers from the report | ing foundation to a non | chantable exempt | organization of | | | | | | |
| | (1) Ca | ash | | | | | | | 1a(| <u>) </u> | X |
| | (2) O | ther assets | | | | | | | 1a(2 | 2) | X |
| b | | transactions | | | | | | | | | ., |
| | | | noncharitable exempt o | | | | | | | | X_ |
| | | | from a noncharitable ex | | | | | | | | X |
| | | | quipment, or other asse | | | | | | | | X |
| | | | ngements | | | | | | | _ I | X |
| | | | ces or membership or f | | | | | | | | Х |
| С | | | pment, mailing lists, oth | - | | | | | | | Х |
| | | | of the above is | | | | | | | fair | market |
| | value | of the goods, | other assets, or ser | vices given by | the reporting | foundation | If the found | lation received | less than | n fair | market |
| | value | in any transaction | on or sharing arrar | gement, show | ın column (d) | the value | of the good | s, other assets | s, or serv | ices re | ceived |
| (a) l | ine no | (b) Amount involv | ved (c) Name of | nonchantable exemp | ot organization | (d) De | scription of transfe | rs, transactions, an | d shanno an | angeme | nts |
| | | N/A | (0)110000 | | g | N/A | - | ,, | | | |
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| 2a | | | tly or indirectly affilia | • | • | | | | | _ | |
| | | | de (other than section | 501(c)(3)) or in s | ection 527? | | | | Ш | Yes _ | <u>N</u> No |
| <u> </u> | If "Yes | s," complete the foll (a) Name of orga | | (b) Ty | pe of organization | | | (c) Description of re | elationship | | |
| _ | | (a) Name of orga | | (5) () | po or organization | | | (o) Besarpaon on te | nationismp | | |
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| İ | Under belief | penalties of perjury, it is true, correct, an | I declare that I have ex nd complete Declaration | xamined this return of preparer (other | , including accom | panying sch | edules and stater | nents, and to the | best of my | knowled | ige and |
| | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | and when me | 1110 = | - | ,, | 2214 | 1 115 |) 1. | , | |
| اء | — | al | 40 psigo | HUP P | THAVO | | <i>- 1///</i> | HOSTUT | 1 yrs | anc | L |
| Sign Here | ₹ Şı | gnature of officer or tr | rustee // | | 1 | Date ' | , <u>, , , , , , , , , , , , , , , , , , </u> | Title | arer's ideni | ıfura | |
| 핕 | | · · | Sudice XI | Mequire | ر Date | 1 | Check if | num | ber (See Sig | nature (| |
| ğ | aid arer's Only | Preparer's | WITH H. MEGUI | RE CPA | _ | /201 | self-employ | - | 30 of the ins | |) |
| <i>σ</i> | Paid Preparer's Use Only | Firm's name (of y | / | TILLY VIR | CHOW KRAUS | / ^ / | | EIN ▶ | P00073 | 1 047 , | - |
| | ž Š | self-employed), a | · · · · · · · · · · · · · · · · · · · | MICHIGAN A | | | . <u> </u> | | | | |

60601-5927 Phone no 312-729-8000

and ZIP code

CHICAGO, IL

| CAPITAL GAINS AND LOSSES FOR TAX ON INVEST | MENT INCOME |
|--|-----------------|
| CAPITAL GAINS AND LOSSES FOR TAX ON INVEST | INITIAL HACCINE |

| Kind of Property | | Description | | | P or D | 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 | | Gain or (loss) | |
| 374,646. | allowable | PROCTOR & G | | | 1 20 00010 | D | VAR 279,498. | VAR |
| TOTAL GAIN (L | oss) | | | | | | 279,498. | |
| | | | | | | | | |
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- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

| NET INVESTMENT INCOME | 26,763. | 26,763. |
|---|-----------------|---------|
| REVENUE AND EXPENSES PER BOOKS | 26,763. | 26,763. |
| | | TOTAL |
| DESCRIPTION | DIVIDEND INCOME | _ |

ATTACHMENT 2

| | נונונו | 1 |
|---|-------------|---------------------------|
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| _ | ב כ ל | 1 |
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| | _ | THE PERSON AND THE PERSON |

| CHARITABLE PURPOSES | 4,556. |
|---|-----------------|
| ADJUSTED NET INCOME | •0 |
| NET INVESTMENT INCOME | 2,244. |
| REVENUE AND EXPENSES PER BOOKS | 6,800. |
| | TOTALS |
| DESCRIPTION | ACCOUNTING FEES |

| FOUNDATION |
|------------|
| KAUFMAN |
| SHARON |
| AND |
| LEON |

36-3480084

ATTACHMENT 3

PART - TAXES FORM 990PE, REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

PAYROLL TAX

NET INVESTMENT INCOME

CHARITABLE PURPOSES

827.

1,148.

TOTALS

321.

- OTHER EXPENSES

PART I

FORM 990PE,

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| CHARITABLE <u>PURPOSES</u> 15. | 15. |
|--|--------|
| NET INVESTMENT INCOME_ 150. | 150. |
| REVENUE AND EXPENSES PER BOOKS 115. | 265. |
| | TOTALS |
| DESCRIPTION ILLINOIS ANNUAL FILING FEE BANK FEES | |

36-3480084

FORM 990PF, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

526. 526. ENDING FMV ATTACHMENT 5 526. 526. ENDING BOOK VALUE TOTALS PREPAID TAXES DESCRIPTION

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

PROCTOR & GAMBLE

TOTALS

ATTACHMENT 6

ENDING BOOK VALUE

ENDING FMV

144,436.

144,436.

359,820.

359,820.

ATTACHMENT 6

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION

TEMPLETON EMERGING MARKETS INC

TOTALS

| 7 | |
|-------|--|
| ENT | |
| ACHM] | |
| ATT/ | |
| | |

36-3480084

ENDING BOOK VALUE

ENDING FMV

45,754.

64,524.

| | COMPENSATION | . 000. | 5,000. | 5,000. |
|---|---|---|---|---|
| FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | DIRECTOR/TREASURER 2.00 | ASSISTANT VICE PRESIDENT 12.00 | VICE-PRESIDENT/DIRECTOR 4.00 |
| FORM 990PE, PART VIII - LIST | NAME AND ADDRESS | TERI HEYDEN 2056 WINDY HILL HIGHLAND PARK, IL 60035 | LINDA ALLEN 11847 GORHAM AVE #105 BRENTWOOD, CA 90049 | JACK HEYDEN 2056 WINDY HILL HIGHLAND PARK, IL 60035 |

| 5,000. | 5,000. | 5,000. | .0 | 15,000. |
|----------------------------|-----------------------------------|---------------------------------|-------------------------|--------------|
| DIRECTOR/TREASURER 2.00 | ASSISTANT VICE PRESIDENT 12.00 | VICE-PRESIDENT/DIRECTOR 4.00 | VICE PRESIDENT/DIRECTOR | GRAND TOTALS |

SHARON KAUFMAN 1770 ORCHID COURT HIGHLAND PARK, IL 60035

| _ | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|----------------------------|---|----------------------------------|--------|
| _ | AND | | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| ADAM DON FOUNDATION | NONE 501(C)(3) | GENERAL FUND | 400 |
| ALS ASSOCIATION | NONE 501(C)(3) | GENERAL FUND | 100 |
| ALZHEIMER'S ASSOCIATION | NONE 501(C)(3) | GENERAL FUND | 350 |
| AMERICAN CANCER SOCIETY | NONE 501(C)(3) | GENERAL FUND | 200 |
| AMERICAN HOLOCAUST MUSEUM | NONE 501(C)(3) | GENERAL FUND | 5,000 |
| ANTI DEFAMATION LEAGUE | NONE 501(C)(3) | GENERAL FUND | 100 |

ATTACHMENT 10

36-3480084

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

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|---|---|----------------------------------|--------|
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| AZUMAH STUDENT ASSISTANCE PROGRAM FDN | NONE 501 (C) (3) | GENERAL FUND | 009 |
| BNAI JEHOSHUA BETH ELOHIM | NONE 501(C)(3) | GENERAL FUND | 250 |
| BNAI TORAH | NONE 501(C)(3) | GENERAL FUND | 4,258 |
| CANCER WELLNESS CENTER | NONE > 501(C)(3) | GENERAL FUND | 100 |
| CHICAGO COALITION FOR HOMELESS | NONE 501(C)(3) | GENERAL FUND | 100 |
| CHILDREN'S MEMORIAL HOSPITAL FOUNDATION | NONE 501(C)(3) | GENERAL FUND | 750 |

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| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | |
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| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIEIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| GLENKIRK FOUNDATION | NONE 501(C)(3) | GENERAL FUND | 100 |
| GUIDE DOGS FOR THE DESERT | NONE 501(C)(3) | GENERAL FUND | 100 |
| GUIDING LIGHT FOR BLIND | NONE 501(C)(3) | GENERAL FUND | 100 |
| HAITI RELIEF | NONE 501(C)(3) | GENERAL FUND | 100 |
| ISRAELI SPORTS CENTER FOR DISABLED | NONE 501 (C) (3) | GENERAL FUND | 930 |
| JEWISH EDUCATION TEAM | NONE 501(C) (3) | GENERAL FUND | 150 |

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | |
|----------------------------|--|----------------------------------|--------|
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURFOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| JEMISH FED OF PALM SPRINGS | NONE 501(C)(3) | GENERAL FUND | 1,000 |
| JEMISH NATIONAL FOUNDATION | NONE 501(C)(3) | GENERAL FUND | 250 |
| JEWISH UNITED FUND | NONE 501(C)(3) | GENERAL FUND | 5,875 |
| KOHLS CHILDREN MUSEUM | NONE 501(C) (3) | GENERAL FUND | 200 |
| LAKESIDE CONGREGATION | NONE 501(C)(3) | GENERAL FUND | 450 |
| LITTLE CITY | NONE 501(C)(3) | GENERAL FUND | 150 |

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| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | |
|--------------------------------------|--|-----------------------------------|--------|
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION. | AMOUNT |
| LYNN SAGE CANCER RESEARCH | NONE 501(C)(3) | GENERAL FUND | 250 |
| MERIT SCHOOL OF MUSIC | NONE 501(C)(3) | GENERAL FUND | 100 |
| NORTH SHORE HEALTH SYSTEM FOUNDATION | NONE 501(C)(3) | GENERAL FUND | 100 |
| PALM SPRINGS ART MUSEUM | NONE 501(C)(3) | GENERAL FUND | 150 |
| PARKINSON'S DISEASE CENTER | NONE 501 (C) (3) | GENERAL FUND | 150 |
| RABBI NESSELSON DISCRETIONARY FUND | NONE \$01 (C) (3) | GENERAL FUND | 300 |

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| T XV - GRANTS AND CONTRIBUTIONS |
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| FORM 990PF, |

| RECIPIENT NAME AND ADDRESS. | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|----------------------------------|--|----------------------------------|--------|
| VOLUNTEER POOL HIGHLAND PARK | NONE 501(C)(3) | GENERAL FUND | 150 |
| WORLD JEWISH CONGRESS FOUNDATION | NONE 501(C)(3) | GENERAL FUND | 150. |
| WITH | NONE 501(C)(3) | GENERAL FUND | 150 |
| YEA' HIGHLAND PARK | NONE 501(C)(3) | GENERAL FUND | 400 |

FEDERAL ELECTIONS

REGULATION REFERENCE: IRC 4942(H)(2)

PURSUANT TO IRC SECTION 4942(H)(2) AND REGULATION 53.4942(A)-3(D)(2), THE ABOVE REFERENCED FOUNDATION HEREBY ELECTS TO TREAT CURRENT-YEAR QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF CORPUS.

Ost Vici Pres, Finance (TITLE)

| Form 8868 (Rev | / 1-2011) | | | | Page 2 | | |
|--------------------------------------|---|----------------|--|---------------------------|-----------------|--|--|
| If you are | filing for an Additional (Not Automatic) 3-Mo | nth Extens | ion, complete only Part II and che | ck this box | . ▶ X | | |
| Note. Only o | complete Part II if you have already been grant | ed an autor | matic 3-month extension on a previou | ısly filed Form 8868 | | | |
| If you are | filing for an Automatic 3-Month Extension, c | omplete or | niv Part I (on page 1) | • | | | |
| Part II | Additional (Not Automatic) 3-Month Ex | | | copies needed) | | | |
| Type or | Name of exempt organization | | | Employer identification | n number | | |
| print | LEON AND SHARON KAUFMAN FOUND | иотта | | 36-3480084 | ı | | |
| File by the | Number, street, and room or suite no. If a P.O. box | | tions | 30 3100004 | <u> </u> | | |
| extended | | , 500 11100100 | NO.13 | | | | |
| due date for | 1770 ORCHID COURT | foreign odd | rose and instructions | | | | |
| filing your return See | City, town or post office, state, and ZIP code. For a foreign address, see instructions. HIGHLAND PARK, IL 60035 | | | | | | |
| instructions | HIGHLAND PARK, IL 60035 | | | | | | |
| Enter the Re | eturn code for the return that this application is | for (file a se | eparate application for each return) | | . 04 | | |
| Application | | Return | Application | | Return | | |
| ls For | | Code | Is For | | Code | | |
| Form 990 | - | 01 | | | | | |
| Form 990-BI | | 02 | Form 1041-A | | 08 | | |
| Form 990-E | | 03 | Form 4720 | | 09 | | |
| | | 04 | Form 5227 | | 10 | | |
| Form 990-PI | | | ··- ·- · · · · · · · · · · · · · · · · | | 11 | | |
| | (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | | |
| | (trust other than above) | 06 | Form 8870 | | 12 | | |
| | ot complete Part II if you were not already gra | anted an at | utomatic 3-month extension on a pr | eviously filed Form 8 | 868. | | |
| | s are in the care of JACK HEYDEN | | | | | | |
| Telephon | e No. ► 847 831-1795 | | FAX No ► | | | | |
| If the orga | anization does not have an office or place of b | usiness in t | the United States, check this box | | ▶∟ | | |
| | or a Group Return, enter the organization's fou | | | | nis is | | |
| for the whole | e group, check this box ▶ 📗 1 | f it is for pa | rt of the group, check this box | ▶ and at | tach a | | |
| | names and EINs of all members the extension | | • | | | | |
| | est an additional 3-month extension of time unti | | 08/15 . | 20 11 | | | |
| • | lendar year, or other tax year beginnir | | 10/01 , 20 09 , and ending | | 20 10 | | |
| 6 If the ta | ax year entered in line 5 is for less than 12 mor | | | Final return | <u> </u> | | |
| | - | יד אאר. ד | IME IS NEEDED TO COMPLET | E AND FILE | | | |
| | ACCURATE RETURN. | 101 | 1111 10 112000 10 0011120 | | | | |
| | ACCORATE RETORN. | | | · | | | |
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| | and the form one PL 000 PL 000 PE 00 | 00 T 4700 | as 6060 onter the tentature to | v 1000 00v | | | |
| | application is for Form 990-BL, 990-PF, 99 | 90-1, 4/20 | , or 6069, enter the tentative ta | 1 1 | 0 | | |
| | undable credits. See instructions | | | 8a \$ | 0. | | |
| | application is for Form 990-PF, 990-T, | | - | | | | |
| estima | ted tax payments made. Include any pr | or year o | overpayment allowed as a credit | and any | | | |
| | nt paid previously with Form 8868 | | | 8b \$ | 0. | | |
| c Baland | ce Due. Subtract line 8b from line 8a Include | your paym | nent with this form, if required, by u | sing EFTPS | | | |
| (Electr | onic Federal Tax Payment System) See instru | ictions | | 8c \$ | 0. | | |
| | Sign | nature an | nd Verification | | | | |
| Under penaltie it is true, correc | s of perjury, I declare that I have examined this form, it, and complete, and that I am authorized to prepare this form | including acc | | to the best of my knowled | dge and belief, | | |
| Signature ▶ 6 | Stephen (en. | | Title • CAA | Date > 5// | 0/4 | | |
| | BAKER TILLY VIRCHOW KRAUSE, LLE |) | | Form 8868 | (Rev 1-2011) | | |

BAKER TILLY VIRCHOW KRAUSE, LLP 205 N MICHIGAN AVE 28TH FLOOR CHICAGO, IL 60601-5927

__ 8868

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

File a separate application for each return

OMB No 1545-1709

| Internal Revenue | e Service | ► File a | separate ap | plication for each return. | | | |
|---|----------------|--|---------------|---|-------------------------|-------------|--|
| If you are | filing for an | Automatic 3-Month Extension, co | mplete on | ly Part I and check this box | | ▶\X | |
| If you are | filing for an | Additional (Not Automatic) 3-Mor | nth Extens | ion, complete only Part II (on page | 2 of this form) | | |
| Do not comp | olete Part II | unlessou have already been grant | ted an auto | matic 3-month extension on a previo | usly filed Form 8868 | | |
| | | | | u need a 3-month automatic extens | | | |
| | | | | tomatic) 3-month extension of time | | | |
| | | | | d in Part I or Part II with the excep | | | |
| Return for | Transfers A | ssociated With Certain Persona | I Benefit (| Contracts, which must be sent to | the IRS in paper for | ormat (see | |
| | | | | sit www.irs.gov/efile and click on e-f | ile for Charities & Non | orotits | |
| | | Month Extension of Time. On | | | | | |
| A corporation | required to | file Form 990-T and requesting an | automatic | 6-month extension - check this box a | ind complete | | |
| Part I only . | | | | | | ▶□ | |
| | | | , REMICs, | and trusts must use Form 7004 to re | quest an extension of t | ime | |
| to file income | | | | | Employer identification | number | |
| Type or | l | empt organization | | | Employer identification | number | |
| print | | ND SHARON KAUFMAN FOUND | | | 36-3480084 | | |
| File by the | Number, str | eet, and room or suite no. If a P.O. box | , see instruc | tions | | | |
| due date for filing your | | RCHID COURT | | | | | |
| return See | City, town o | r post office, state, and ZIP code For a | foreign add | ress, see instructions | | | |
| instructions | HIGHLA | ND PARK, IL 60035 | ···· | | | | |
| Enter the Re | turn code fo | r the return that this application is f | or (file a se | parate application for each return) | | . 04 | |
| Application | | | Return | Application | | Return | |
| Is For | | | Code | Is For | | Code | |
| Form 990 | | | 01 | Form 990-T (corporation) | | 07 | |
| | | | 02 | Form 1041-A | | 08 | |
| Form 990-BL | | | - | | | 09 | |
| Form 990-EZ | | | 03 | Form 4720 | | | |
| Form 990-PF | | | 04 | Form 5227 | | 10 | |
| | | or 408(a) trust) | 05 | Form 6069 | | 11 | |
| Form 990-T | (trust other t | han above) | 06 | Form 8870 | | 12 | |
| | | care of ► JACK HEYDEN | | FAV.N. | | | |
| | | 847 831-1795 | | FAX No ► | | . \square | |
| | | es not have an office or place of be | | | | ▶ 📖 | |
| | | teturn, enter the organization's fou | | | If th | | |
| for the whole | group, che | eck this box▶ 🔲 🍴 | fit is for pa | rt of the group, check this box | ▶ | ach | |
| a list with the | names and | I EINs of all members the extension | n is for | | | | |
| 1 I reque | st an autom | atic 3-month (6 months for a corpo | ration requ | ired to file Form 990-T) extension of t | ime | | |
| until | | 05/15_, 20_11, to file the e | exempt orga | anization return for the organization r | amed above The exte | ension is | |
| for the | organization | n's return for | | | | | |
| ▶∟∃ | calendar ye | ear 20 or | | | | | |
| ▶ calendar year 20 or ▶ tax year beginning 10/01 , 20 09 , and ending 09/30 , 20 10 | | | | | | | |
| | • | red in line 1 is for less than 12 mon counting period | iths, check | reason Initial return | Final return | | |
| | | is for Form 990-BL, 990-PF, 99 dits. See instructions | 90-T, 4720 | , or 6069, enter the tentative tax | k, less any 3a \$ | 0. | |
| | | | 4720. oi | 6069, enter any refundable ci | | | |
| | | ments made Include any prior yea | | | 3b \$ | | |
| | | | | nent with this form, if required, by us | | | |
| (Electro | onic Federa | l Tax Payment System) See instru | ctions | | 3c \$ | 0. | |
| | | | | with this Form 8868, see Form | 3453-EO and Form 8 | 879-EO for | |
| payment ins | tructions | | | | | | |
| | | | | | | | |