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# Form **990-PF**

### **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545 0052

2009

For	cale	ndar year 2009 or tax year beginning DEC	1, 2009	and ending	NOV 30, 201			
G	Checl	call that apply Initial return	Initial return of a f	ormer public charity	Final retur	n		
		Amended return	Address char	nge	Name change			
Us	e the				A Employer identificatio	n number		
0	label herw	se DAVID B AND PAMELA M		ATION	26-3875836	5		
	prini		•	Room/suite	B Telephone number			
	or typ e Spe	, DO WEST TEMPEDON BINE	ET	3400	312 616-0300			
	tructi	one City of town State and Zir Code			C If exemption application is pending check here			
-	<u> </u>	CHICAGO, IL 60606			D 1 Foreign organization 2 Foreign organizations m	S check here		
H	_	type of organization X Section 501(c)(3) es		-4	2 Foreign organizations m check here and attach c	omputation		
<u> </u>			Other taxable private founding method X Cash	Accrual	E If private foundation sta			
		arket value of all assets at end of year   J Accounting   J Accoun	ther (specify)	Acciual	under section 507(b)(1			
•	<i>rom :</i> >\$	• • • • • • • • • • • • • • • • • • • •	mn (d) must be on cash	basis )	F If the foundation is in a under section 507(b)(1			
_	art i	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements		
<u> </u>		(The total of amounts in columns (b) (c) and (d) may not necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)		
	1	Contributions gifts grants etc received	52,458		N/A	(dual, papie dility)		
Z011	2	Check  from If the foundation is not required to attach Sch B	527255					
	3	Interest on savings and temporary cash investments						
ဂ	4	Dividends and interest from securities	6,331	6,331		STATEMENT 2		
_	5a	Gross rents						
5	b	Net rental income or (loss)						
ي •	6a	Net gain or (loss) from sale of assets not on line 10	1,090			STATEMENT 1		
Revenue	b	Gross sales price for all assets on line 6a 27,160			<u> </u>			
ě	7	Capital gain net income (from Part IV line 2)		26,915				
2 "	8	Net short term capital gain						
Revenue	9	Income modifications Gross sales less returns		<del></del>	<u> </u>	<del>  _</del>		
7)	10a	and allowances	<b>—</b> ———		<del></del>			
	1	Less Cost of goods sold RECEIVED		··· <u></u>				
	11	Gross profit or (loss) Other income		<u> </u>	-			
	12	Total Add lines 1 through 11	が よ 59,879	33,246				
_	13	Compensation of officers directors trustees etc	<u>E</u> 0	0		0		
	14	Other employee salaries and water N UT						
	15	Pension plans employee benefits						
Ses	16a	Legal fees STMT 3	5,237	5,237		0		
Expenses	b	Accounting fees STMT 4	875	875		0		
Ä	C	Other professional fees						
ive		Interest			· · · · · · · · · · · · · · · · · · ·			
and Administrative	1	Taxes STMT 5	619	619		0		
		Depreciation and depletion				<del> </del>		
Ē	1	Occupancy						
ק	1	Travel conferences and meetings Printing and publications			<del></del>			
ā	1	Other expenses STMT 6	168	168		0		
Operating	24	Total operating and administrative						
Sera		expenses Add lines 13 through 23	6,899	6,899		0		
Õ	25	Contributions gifts grants paid	21,350			21,350		
	l.	Total expenses and disbursements						
_	<u> </u>	Add lines 24 and 25	28,249	6,899		21,350		
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	31,630	<del></del>				
	1	Net investment income (if negative enter 0)	<del></del>	26,347				
0225		Adjusted net income (if negative enter 0)			N/A	222 22		

923501 02 02 10 LHA For Privacy Act and Paperwork Reduction Act Notice see the instructions

MN

_		90-PF (2009) DAVID B. AND PAMELA M.	WAUD FOUNDATION Beginning of year	<u> 26 –                                   </u>	3875836 Page 2
P	<u>art</u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	3,960.	<del></del>	
		Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable >			
		Less: allowance for doubtful accounts			
	5	Grants receivable .			
	6	Receivables due from officers, directors, trustees, and other			
	ł	disqualified persons			·
	7	Other notes and loans receivable			,
		Less: allowance for doubtful accounts			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			<del></del>
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 7	228,750.	255,138.	297,402.
	C	Investments - corporate bonds .			
	11	Investments - land, buildings, and equipment basis	-		
		Less accumulated depreciation			
	12	Investments - mortgage loans			· · · · · · · · · · · · · · · · · · ·
	13	Investments - other			<del></del>
	14	Land, buildings, and equipment: basis	-		5.1
		Less accumulated depreciation	-	·	
	15	Other assets (describe			<u> </u>
	16	Total assets (to be completed by all filers)	232,710.	264,340.	306,604.
	17				<del></del>
	18	Grants payable			
Ś	19	Deferred revenue			,
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			,,
abi	21	Mortgages and other notes payable			1
=	22	Other liabilities (describe >)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ψ		and complete lines 24 through 26 and lines 30 and 31.		ľ	
ဥ	24	Unrestricted			
ajai	25	Temporarily restricted			,
or Fund Balances	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here		]	
<u>P</u>	0.7	and complete lines 27 through 31.	0.	0.	
ets	27	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds	232,710.	264,340.	
et/	29 30	Total net assets or fund balances	232,710.	264,340.	,
Z	30	Total liet assets of fully palatices	232,710	204,540.	,
_	31	Total liabilities and net assets/fund balances	232,710.	264,340.	
P	art	III Analysis of Changes in Net Assets or Fund I	Balances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), lin	e 30		<del></del>
-		st agree with end-of-year figure reported on prior year's return)		1	232,710.
2		r amount from Part I, line 27a		2	31,630.
		r increases not included in line 2 (itemize)	·	3	0.
		lines 1, 2, and 3		4	264,340.
		eases not included in line 2 (itemize)		5	0.
6_	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	264,340.
					Form <b>990-PF</b> (2009)

	ID B. AND PAMEL and Losses for Tax on			AT:	ION		26-387	<u> 5836</u>	Page 3
(a) List and desc	ribe the kind(s) of property sold (e	.g., real estate,		1, b	low acquired Purchase		Date acquired no., day, yr.)	(d) Dat	
	rehouse; or common stock, 200 s			D	- Donation			(mo., da	
1a 500 SHARES OF	NORTHERN TRUST	CORP	<del></del>	-	P	1-1-2	2/15/08	03/1	9/10
d									
_ <del>e</del>	(f) Depreciation allowed	(n) Co	st or other basis	<del>                                     </del>			(h) Gain or (loss)	<del></del>	
(e) Gross sales price	(or allowable)		expense of sale	İ			) plus (f) minus (		
a 27,160.			24	5.				26	,915.
_b		<del> </del>	· <del></del>						· · · · · · · · · · · · · · · · · · ·
c d		<del> </del>	·		<del></del>				
e									
Complete only for assets showing	g gain in column (h) and owned b	·					ins (Col. (h) gain		
(i) F.M.V. as of 12/31/69		xcess of col. (i) r col. (j), if any			coi. (k), Lo	but not less than sses (from col. (	h))		
<u>a</u>		ļ			<u></u>		<u> </u>	26	<u>,915.</u>
b c				$\dashv$					
_d				7					
e					<del>-</del>				
2 Capital gain net income or (net ca	pital loss) { If gain, also ent If (loss), enter -	ter in Part I, line -0- in Part I, line	7 27	}	2			26	,915.
3 Net short-term capital gain or (los		and (6):							
If gain, also enter in Part I, line 8,  If (loss), enter -0- in Part I, line 8	column (c).			}	3		N/A		
Part V Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	Inve	estment	Incom	ne		
(For optional use by domestic private	foundations subject to the section	n 4940(a) tax or	n net investment in	icome.	)				
If section 4940(d)(2) applies, leave th	nis part blank.								
Was the foundation liable for the sect	ion 4942 tax on the distributable a	amount of any v	ear in the base per	riod?				Yes	X No
If "Yes," the foundation does not qual	ify under section 4940(e). Do not o	complete this pa	art.						
1 Enter the appropriate amount in 6	1	tructions before	making any entri					(d)	
(a) Base period years Calendar year (or tax year beginnir	(b) Adjusted qualifying d	Istributions	Net value of no	(c) Inchari	table-use as	sets	Distrib (col. (b) divi	(d) ution ratio ided by col.	(c))
2008	19 117	0.			174,6	16.		<del></del> -	00000
2007									
2006								·	
2 Total of line 1, column (d)						_	2	.00	0000
3 Average distribution ratio for the 5 the foundation has been in exister		il on line 2 by 5,	or by the number	or yea	rs		3	.00	0000
4 Enter the net value of noncharitab	le-use assets for 2009 from Part X	(, line 5					4	287	715.
5 Multiply line 4 by line 3							5		0.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6		263.
7 Add lines 5 and 6							7		263.
8 Enter qualifying distributions from		no 1b. and	plate that earl usi-	n n 10/	. tav rata		8	21,	350.
If line 8 is equal to or greater than See the Part VI instructions.	mile 7, Check the BOX in Part VI, III	ie in' sua comb	nete that part using	y a 1%				<del></del>	
							Fo	rm 990-P	E (2000)

_	n 990-PF (2009) DAVID B. AND PAMELA M. WAUD FOUNDATION 26-387 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	111041		113)
10	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	,		
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   X and enter 1%		5	263.
v	of Part I, line 27b		<del>_</del>	.05.
,	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		,	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2			63.
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-			63.
6	Credits/Payments:			.05.
_	2009 estimated tax payments and 2008 overpayment credited to 2009			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)  6c 500.			
	Backup withholding erroneously withheld  6d			
	Total credits and payments. Add lines 6a through 6d		5	00.
ν	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	-		
0	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			37.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax			0.
	art VII-A Statements Regarding Activities			_ <del>•</del>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Τ.	Yes	No
14	any political campaign?	1a	1	Х
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	<del>                                     </del>	X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	"		
	distributed by the foundation in connection with the activities.	1:		
	Did the foundation file Form 1120-POL for this year?	10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	"	-	<del></del> -
u	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0.	} -	'	
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1.	]	
6	managers. > \$ 0.	_	}	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
_	If "Yes," attach a detailed description of the activities.	-	_	<del></del>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		′	
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	`	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
-	If "Yes," attach the statement required by General Instruction T.	7	ļ .	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			] <i>.</i> -
-	By language in the governing instrument, or		,	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	
	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 instructions)	.		
	IL	1		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		,	
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? 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 names and addresses	10		X
		m <b>990</b>	-PF	2009)

	90-PF (2		DAVID													2	26-3	3875	<u> 83</u>	6	Page 6
		Statem						r Whic	h Fo	m 4	720 M	ay Be	Req	uire	d (cor	ntinu	ed)				<del></del>
5a Du	uring the	year did the	foundation	pay or	ncur any	amour	nt to:												1	ŀ	
•		on propagan			•		-	•							<u> </u>	Yes	X	No			
(2	•	nce the outco	-	specific	public ele	ection (	(see sec	tion 495	5); or to	carry	on, direct	lly or indi	rectly,			1		1	1		
		oter registrati							_						<u> </u>		X				
•	•	de a grant to a				-									L	Yes	X	No	]	}	j
(4	•	de a grant to a	-			charita	ible, etc.	., organiz	ation de	scribe	d in secti	on				1	·	1	1		
		)(1), (2), or (3	•												<u> </u>	Yes	X	No	}		
(5	•	le for any pur	-		-		le, scien	itific, liter	ary, or e	educat	ional pur	ooses, or	tor		_	۱	(Tee)	١	ĺ	'	İ
	-	evention of ci	•												Щ.	Yes	X	No	1		
	-	ver is "Yes" to		_							eptions (	iescribea	ın Keş	gulatio	ons			/ 3	<b> </b>	ł	1
		.4945 or in a		-	-					ns) r							N/	A	5b		
	-	ons relying or								tha ta		. :			•				1		1
		er is "Yes" to	-		es the tou	ungauc	m ciaim	exempli	on irom	ine ia:	x Decause							M.			İ
	•	e responsibili	-		d b O			FO	10.45 E	/~/\		1	A\r		لـــا	Yes	لــا	No			
		attach the st									ume on								ſ		[
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		e during the ta		c the fo	undation :	a narh	to a nre	ohihitad t	av chalt	or tran	eaction?					Vac	X	No		-	1
	•	the f <u>oundatio</u>	• •				•					nn?				1 69	N/		76	+	-
			tion Ab										nac	iers	. Hia	hlv		<u> </u>	1 .0		<u> </u>
Part	VIII	Paid En	nployee	s, an	d Cont	tract	ors			-,				,	,	,					
List	all offi	cers, direct	tors, trust	ees, fo	oundatio	on ma	nagers	and th	eir cor	npen	sation.										
										<b>(b)</b> Tit	le, and a	/erage			ensatio	n	(d) Cont	ributions i benefit pla	0		xpense
			(a) Name	and ad	dress				n		er week ( o positio		(	lf not ente	paid, r-0-}		and d	leferred ensation	"		nt, other vances
																1					
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2 Con	npensa	tion of five	highest-p	oaid er	nployee	s (oth	er than	n those					ente	<u>r "N</u>	ONE."	17	(d) cont	rib utua a a t			
	(a) Nai	me and addre	ss of each e	emplov	ee paid m	ore tha	an \$50.0	000		` 'hoi	tle, and av urs per w	eek T	(c)	Comp	ensatio	n   e	mployee i	ributions t benefit pla leferred	is	accour	kpense nt, other
										devo	ted to po	sition	100				compe	ensation		allow	rances
	N	ONE							_												
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otal n	<u>umber o</u>	f other emplo	yees paid o	over \$50	1,000								_					<u> </u>	- 00	<del></del>	0
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Form 990-PF (2009) DAVID B. AND PAMELA M. WAUD FOUNDATION	<u> 26-3875</u>	836 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of serving	ce	(c) Compensation
NONE		
		· · · · · · · · · · · · · · · · · · ·
		···
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities	<b></b>	0
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 beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		<del></del>
2		
3		
4		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		741100111
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	Form	990-PF (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructi	ons.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a 2	76,722.
b	Average of monthly cash balances	1b	10,993.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d 2	87,715.
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 2	87,715.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 2	87,715.
6	Minimum investment return. Enter 5% of line 5	6	14,386.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	14,386.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	263.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,123.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14,123.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	14,123.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>21,350.</u>
b	Program-related investments - total from Part IX-B	_1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	21,350.
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	5	263.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	21,087.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for the section	
	40.40(=) and unknown of toxy or though years		

Part XIII Undistributed Income (see instructions)

a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009		(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d)</b> 2009
a Enter amount for 2009 only b Total for prior years:  2	•	,			14,123.
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8 Excess distributions carryover from 2004 not applied on line 5 or line 7  9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009	corpus to satisfy requirements imposed by		1		•
not applied on line 5 or line 7  9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009	section 170(b)(1)(F) or 4942(g)(3)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009					
Subtract lines 7 and 8 from line 6a	not applied on line 5 or line 7	0.			
10 Analysis of line 9:  a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009	9 Excess distributions carryover to 2010.				
a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009	Subtract lines 7 and 8 from line 6a	0.			
a Excess from 2005 b Excess from 2006 c Excess from 2007 d Excess from 2008 e Excess from 2009	10 Analysis of line 9:				
c Excess from 2007 d Excess from 2008 e Excess from 2009					
d Excess from 2008 e Excess from 2009	b Excess from 2006			1	•
e Excess from 2009	c Excess from 2007				
	d Excess from 2008		ļ		
Form <b>990. DF</b> (2000)	e Excess from 2009				

Part XIV Private Operating F	oundations (see in			N/A	/5836 Page
1 a If the foundation has received a ruling of	<del></del>		<del></del>	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the foun			l in section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig louridation described	Prior 3 years	1 4342())(3) UI [] 43	1
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for	(4) 200	(-)	(0, 200)		(0) 10101
each year listed  b 85% of line 2a	<del></del>		<del> </del>	<del></del>	
c Qualifying distributions from Part XII,	<del></del>			<del></del>	<del> </del>
line 4 for each year listed					
d Amounts included in line 2c not				<u> </u>	<del></del>
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
` '				-	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	1				
b "Endowment" alternative test - enter			1		
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		<u> </u>	<del> </del>		<del></del>
(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			<del> </del>	<del></del>	
and 5 or more exempt	-				
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			<u> </u>		<del></del>
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or mo	ore in assets
at any time during t					
1 Information Regarding Foundation	on Managers:		· · · · · · · · · · · · · · · · · · ·		
a List any managers of the foundation wh	o have contributed more	than 2% of the total cor	itributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2).)			
SEE STATEMENT 9	<u> </u>				·
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large port	on of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	Programs:		
Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions t	to preselected charitable	organizations and does		
a The name, address, and telephone num					· · · -
	•				
			<del></del>		
<b>b</b> The form in which applications should t	e submitted and informat	ion and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	l areas, charitable fields	kinds of institutions, or	other factors:	
ary . comession or minimum on award	_, as as gray aprilled		,		
923601 02-02-10					Form <b>990-PF</b> (2009)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or **Amount** status of contribution Name and address (home or business) recipient a Paid during the year PUBLIC JC CAMPBELL FOLK SCHOOL NONE GENERAL OPERATING FUND 1,350. 1 FOLK SCHOOL ROAD CHARITY BRASSTOWN, NC 28902 ROBERT H. LURIE NONE PUBLIC 5,000. GENERAL OPERATING FUND COMPREHENSIVE CANCER CHARITY CENTER - 675 N. ST. CLAIR 21ST FLOOR YELLOWSTONE ASSOCIATION NONE PUBLIC 5,000. GENERAL OPERATING FUND CHARITY P.O. BOX 117 YELLOWSTONE NP, WY 82190 REBUILD AFRICA NONE PUBLIC 10,000. GENERAL OPERATING FUND CHARITY 38 PORTER ROAD CAMBRIDGE, MA 02140 21,350. **▶** 3a Total b Approved for future payment NONE Total

Part XVI-A Analysis of Income-Producing Activity
--

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		ed by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
	<del>-</del>		<del>-</del>		<del></del>
<u> </u>			+ +		
<u> </u>	1		+		
d		<del></del>	+-+	<del></del>	
f			+		<del></del>
g Fees and contracts from government agencies	-		<del>  -</del>		
2 Membership dues and assessments	•		1		
3 Interest on savings and temporary cash	<del></del>	<del></del>			
investments					
4 Dividends and interest from securities			14	6,331.	
5 Net rental income or (loss) from real estate:		•			
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			<u> </u>		····
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	1,090.	
9 Net income or (loss) from special events			<del>                                     </del>		
O Gross profit or (loss) from sales of inventory			<del>  -</del>		
11 Other revenue:			1		
a	_		<del>                                     </del>		
b			╁╌┾╴		
b					
b					
b		0		7 421	0
b		0.		7,421.	0 7 421
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.			0 7,421
b	.)			13	0 7,421
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	.)			13	0 7,421
b c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
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b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
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b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
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b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421
b c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	s to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	Purposes	7,421

Р	art XV	Information Re Exempt Organ	egarding Transfers To	and Transactions	and Relation	onships With Nonch	aritable	9	
1	Did thi		rectly engage in any of the followi	ing with any other organizat	ion described in	section 501(c) of		Yes	No
•		•	)(3) organizations) or in section 5			30000011 00 1(0) 01			
a			ation to a noncharitable exempt o				- 1		
	(1) C	• •	ation to a mononantable exempt o	· garnzanon on			1a(1)		Х
	• •	ther assets		•			1a(2)		X
H		transactions:	• •		•	• • • •	14(2)		
		ales of assets to a noncharita	ble exempt organization				16(1)	]	X
	٠,,		ncharitable exempt organization		•		1b(2)		X
		ental of facilities, equipment,		•			1b(3)		X
	٠,	eimbursement arrangements	· · · · · · · · · · · · · · · · · · ·	•	•		1b(4)		X
		oans or loan guarantees	•		•	•	1b(5)		X
			mbership or fundraising solicitati	ons .		•	1b(6)		X
c			iling lists, other assets, or paid er		•		1c		X
ď		-	"Yes," complete the following sch		lways show the	fair market value of the goods		ets	
•		· ·	oundation. If the foundation receiv	• •		-		,	
		• • •	other assets, or services received		,	onen er enameg anvangemen	, 55.7		
(a)	Line no	(b) Amount involved	(c) Name of noncharitab		(d) Descr	ption of transfers, transactions, an		angeme	nts
<u>,,</u>		(-/-	N/A		<del>-   · · · · </del>	<u> </u>			
						<del></del>			
_	<del></del>					· · · · ·			
_									
						··	_		
_									
	<del> </del>					· · · · · · · · · · · · · · · · · · ·			
	- <del></del>								
	<del></del>								
		<del></del>	<u> </u>						
				<del></del>					
				·-····	<del>-                                     </del>	<u> </u>			
				<del></del>		<del> </del>			
20	lo tho	foundation directly or indirect	lly affiliated with, or related to, one	or more tay-evennt organ	uzatione describ				
20			r than section 501(c)(3)) or in sec		iizations acsonib	5 <b>u</b>	Yes	X	1 No
		"complete the following sch		.001 327 :			1 168		) NO
	11 165	(a) Name of org		(b) Type of organization	T	(c) Description of relation			
		N/A		(L) type of or games		(0)	-	<del></del> -	
		<del></del>							
					<del>                                     </del>		-		
						· <del></del>			
	Under pe	naities of perjury, I declare that I h	ave examined this return, including acc	ompanying schedules and stater	ments, and to the b	est of my knowledge and belief, it i	s true, corre	ot,	—
			r than taxpayer or fiduciary) is based or						
		(1) aurid 1	3. 11 Yourd	1619111	► TREA	SURER			
2	Sig	nature of officer or trustee	s. Www.	Date	Title	ID OTTAL		·	
위		Preparer's 201	. 00				rer's identify	ing num	ber
Sign Here	ა ≥	signature \\	L 8 1~		S/17/11	self- employed ▶ □			
ر ا	Paid Preparer's Use Only	Firm's name (or yours PASQ	UESK SHEPPARD I		<u> </u>	EIN ▶			
	S 6 5		BANK LANE			<u> </u>			—
	ادية		FOREST, IL 600	145		Phone no. 847	234-	5000	)
				· · · · · · · · · · · · · · · · · · ·			orm <b>990</b>		

FORM 990-PF GAIN C	OR (LOSS)	) FRO	M SALE	OF A	SSETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPERTY					ANNER QUIRED	DA ACQU	TE IRED	DATE S	OLE
500 SHARES OF NORTHERN TRUST	CORP			PUR	CHASED	12/1	5/08	03/19	/10
	(C) OST OR ER BASIS	E	(D) XPENSE SALE	OF	(E) DEPRE			(F) OR LOS	s
27,160.	26,070		<del></del>	0.		0.	<u></u>	1,0	90.
CAPITAL GAINS DIVIDENDS FROM	A PART IV	7	··· =						0.
TOTAL TO FORM 990-PF, PART I	, LINE 6	5A				-		1,0	90.
1011111 10 101111 170 117, 111111 1						=			-
	NDS AND I	INTER	EST FRO	OM SEC	CURITIE	: :S	STA'	TEMENT	2
	NDS AND I		EST FRO	CZ	CURITIE APITAL DIVIDE	GAINS	CO	TEMENT LUMN (A AMOUNT	
FORM 990-PF DIVIDEN	NDS AND I			C2	APITAL	GAINS	CO	LUMN (A	<b>)</b>
FORM 990-PF DIVIDEN	NDS AND I		AMOUNT	. Cz	APITAL	GAINS ENDS	CO	LUMN (A	31.
FORM 990-PF DIVIDEN  SOURCE  NORTHERN TRUST	NDS AND I		AMOUNT 6,331	. Cz	APITAL	GAINS ENDS	CO	LUMN (A AMOUNT	31.
FORM 990-PF DIVIDEN  SOURCE  NORTHERN TRUST	IDS AND I	GROSS	AMOUNT 6,331	. Cz	APITAL	GAINS ENDS	CO	LUMN (A AMOUNT	) 31. 31.
FORM 990-PF DIVIDEN  SOURCE  NORTHERN TRUST  TOTAL TO FM 990-PF, PART I,  FORM 990-PF	NDS AND 1	EROSS LEGAL	AMOUNT 6,331 6,331	CZ	APITAL DIVIDE	GAINS ENDS	CO:	LUMN (A AMOUNT 6,3	31. 31.
FORM 990-PF DIVIDEN  SOURCE  NORTHERN TRUST  TOTAL TO FM 990-PF, PART I,	IDS AND I	EROSS LEGAL	AMOUNT 6,331 6,331 FEES (FEES	CZ	APITAL DIVIDE	GAINS 0. 0. CC)	CO:	LUMN (AAMOUNT 6,3 6,3 TEMENT (D)	31. 31.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
	875.	875.			0.	
TO FORM 990-PF, PG 1, LN 16B	875.	875.			0.	
FORM 990-PF	TAX	ES	STATEMENT !			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
FEDERAL EXCISE TAX	619.	619.			0.	
TO FORM 990-PF, PG 1, LN 18 =	619.	619.			0.	
FORM 990-PF	OTHER E	XPENSES	STATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
INVESTMENT FEES ILLINOIS SEC OF STATE FEES	153. 15.				0.	
TO FORM 990-PF, PG 1, LN 23	168.	168.			0.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7	
DESCRIPTION		вос	OK VALUE	FAIR MARKE'	r	
NORTHERN TRUST ILLINOIS TOOL WORKS DIRECTV LIBERTY GLOBAL INC SER A LIBERTY GLOBAL INC SER C LIBERTY MEDIA CORP			104,280. 98,400. 28,472. 7,889. 11,649. 4,448.	100,60 142,89 28,24 8,89 12,54 4,2	90. 40. 50. 48.	
TOTAL TO FORM 990-PF, PART II	, LINE 10B		255,138.	297,40	02.	

FORM 990-PF PART VIII - LIST TRUSTEES AND	STATEMENT 8			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
DAVID B. WAUD 200 W. MADISON STREET, SUITE 3400 CHICAGO, IL 60606	CHAIRMAN TREAS	DIRECTOR 0.	0.	0.
PAMELA M. WAUD 200 W. MADISON STREET, SUITE 3400 CHICAGO, IL 60606	PRESIDENT SECR	ETARY DIRECT		0.
DANA E. WAUD 200 W. MADISON STREET, SUITE 3400 CHICAGO, IL 60606		0.	0.	0.
TUCKER L. WAUD 200 W. MADISON STREET, SUITE 3400 CHICAGO, IL 60606	DIRECTOR 1.00	0.	0.	0.
HALEY A. WAUD 200 W. MADISON STREET, SUITE 3400 CHICAGO, IL 60606	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.
	XV - LINE 1A UNDATION MANAGE	RS	STATI	EMENT 9

NAME OF MANAGER

DAVID B. WAUD PAMELA M. WAUD

## A Form 8868

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

 $\triangleright X$ • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization **Employer identification number** Type or print DAVID B. AND PAMELA M. WAUD FOUNDATION 26-3875836 File by the Number, street, and room or suite no. If a P.O box, see instructions. due date for filing your 200 WEST MADISON STREET, NO. 3400 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions CHICAGO, IL 60606 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Return **Application Application** Return Code is For Is For Code Form 990-T (corporation) Form 990 01 07 02 Form 1041-A Form 990-BL 08 03 Form 4720 09 Form 990-EZ 04 Form 5227 Form 990-PF 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 DAVID B. WAUD The books are in the care of ▶ 200 W. MADISON ST, SUITE 3400 - CHICAGO, IL 60606 Telephone No. ► 312 676 – 0300 FAX No > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JULY 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X tax year beginning <u>DEC</u> 1, 2009 , and ending NOV 30, 2010 If the tax year entered in line 1 is for less than 12 months, check reason: \_\_\_ Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)