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Form **990**-**PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

2010

OMB No 1545-0052

For	calendar year 2010, or tax year beginning		, and ending	****	
	heck all that apply: Initial return	Initial return of a fo	rmer public charity	Final retur	n
	Amended return	Address chang	је 🔲	Name change	
Nar	ne of foundation			A Employer identificatio	n number
L	STAHL FAMILY CHARITAB			06-1764358	3
Nun	nber and street (or P O box number if mail is not delivered to street	address)		B Telephone number	7.0.0
<u> </u>	2250 E. DEVON AVE.		225	773-267-27	
City	or town, state, and ZIP code	0		C if exemption application is	
	DES PLAINES, IL 6001	·		D 1. Foreign organization 2. Foreign organizations months of the check here and attach of	eeting the 85% test,
HC	theck type of organization: X Section 501(c)(3) ex	tempt private foundation Other taxable private founda	tion	check here and attach o	omputation
<u> </u>	=		Accrual	E If private foundation sta under section 507(b)(1	
	· 1 —	ther (specify)	L Acciual		
(<i>ii</i>		mn (d) must be on cash b	pasis.)	F If the foundation is in a under section 507(b)(1	
D	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
FC	(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	1,500.		N/A	1 .
	2 Check X if the foundation is not required to attach Sch B	.,			
	3 Interest on savings and temporary cash investments	42,734.	42,734.		STATEMENT 1
	4 Dividends and interest from securities	4.	4.		STATEMENT 2
=	5a Gross rents				
107	b Net rental income or (loss)				
- ا	6a Net gain or (loss) from sale of assets not on line 10	4,361.			
∍ Ĕ	b Gross sales price for all 363,613.				
AUG I	7 Capital gain net income (from Part IV, line 2)		4,361.		
₹ =	8 Net short-term capital gain				
2	9 Income modifications Gross sales less returns				
	10a and allowances				
2	b Less Cost of goods sold				<u> </u>
3	c Gross profit or (loss)				
)	11 Other income	48,599.	47,099.		
	12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	40,355.	1,000.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				1
ses					
X	c Other professional fees				
Ş.	c Other professional fees 17 Interest AUG 0 4 2011				
rati	18 Taxes				
nist	19 Depreciation and depletion N. UT				
Ë	20 Occupancy				
Ă	21 Travel, conferences, and meetings				ļ
ă	22 Printing and publications	2 607	2 (07	<u> </u>	
ing	23 Other expenses STMT 3	3,607.	3,607.		0.
Operating and Administrative Exper	24 Total operating and administrative	3,607.	3,607.		0.
Ö	expenses. Add lines 13 through 23	72,000.	3,007.		72,000.
-	25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	72,000		-	12,000
	Add lines 24 and 25	75,607.	3,607.		72,000.
	27 Subtract line 26 from line 12:	,	3,007.	-	1 .2,000.
	Subtract line 20 from line 12. Bexcess of revenue over expenses and disbursements	-27,008.			
	b Net investment income (if negative, enter -0-)	= 7, 7 2 3	43,492.		· · · · · · · · · · · · · · · · · · ·
	c Adjusted net income (if negative, enter -0-)			N/A	
0235		the instructions	-	· · · · · · · · · · · · · · · · · · ·	Form QQQ_DE (2010)

12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

STAHL FAMILY CHARITABLE FOUNDATION

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
1		Savings and temporary cash investments	345,815.	276,754	276,754.
		Accounts receivable ►		· · · · · · · · · · · · · · · · · · ·	
	J	Less: allowance for doubtful accounts			1
					
	4	Pledges receivable	ļ		
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	•	Less: allowance for doubtful accounts			
	۰	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·		
Assets					
155		Prepaid expenses and deferred charges			
1		Investments - U.S. and state government obligations			
		Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			<u> </u>
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	1,080,713.	1,135,979	. 1,135,979.
	14	Land, buildings, and equipment; basis ▶			
		Less accumulated depreciation	1		
	45				
	10	Other assets (describe)			
		The second state of the second	1,426,528.	1,412,733	1,412,733.
_	_	Total assets (to be completed by all filers)	1,420,320.	1,412,733	1,412,733.
		Accounts payable and accrued expenses			4
	18	Grants payable			4
e S	19	Deferred revenue			_
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			_
abi	21	Mortgages and other notes payable			
⊐	22	Other liabilities (describe)		•]
					7
	23	Total liabilities (add lines 17 through 22)	0.	0	
_	<u> </u>	Foundations that follow SFAS 117, check here			7
	ļ	and complete lines 24 through 26 and lines 30 and 31.			
es	ا ا	•			
č		Unrestricted		 	-
ala	25	Temporarily restricted			-
Fund Balanc	26	Permanently restricted			_
Š		Foundations that do not follow SFAS 117, check here			
Ŧ		and complete lines 27 through 31.			
Net Assets or	27	Capital stock, trust principal, or current funds	-1,299,580.	-1,299,580	•
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0	•
As	29	Retained earnings, accumulated income, endowment, or other funds	2,726,108.	2,712,313	•
let	30	Total net assets or fund balances	1,426,528.	1,412,733	7
_				•	7
	31	Total liabilities and net assets/fund balances	1,426,528.	1,412,733	
=					
LP	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30	I	
		st agree with end-of-year figure reported on prior year's return)		1	1,426,528.
	•	•			
		r amount from Part I, line 27a	SEE STA		
		r increases not included in line 2 (itemize)	SEE STA		
		lines 1, 2, and 3		4	
		reases not included in line 2 (itemize)			
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		
					Form 990-PF (2010)

Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income						
(a) List and descr 2-story brick wa	ibe the ki rehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	, real estate, . MLC Co.)		(b) I	low ac - Purch - Dona	quired nase ition	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a										
b SEE ATTACHED	STA!	PEMENT	 							
d d					-					
e			<u> </u>		+-				_	
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis xpense of sale					un or (loss (f) minus (
8										
<u>b</u>										_
C			-							
e 363,613.				359,25	2.					4,361.
Complete only for assets showing	g gain in	column (h) and owned by t	he foundation				(1	Gains (Ci	ol. (h) gaın	
		(j) Adjusted basis		cess of col. (i)			col.	(k), but n	ot less that	n -0-) or
(i) F.M.V. as of 12/31/69	·	as of 12/31/69		col. (j), if any				Losses	(from col. (n))
a										_
b										
C										
<u>d</u>										4 261
е					-	1				4,361.
2 Capital gain net income or (net ca	pıtal loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 7	}	2				4,361.
3 Net short-term capital gain or (los			d (6):		٦					
If gain, also enter in Part I, line 8,	column (d	C).			- -	3			N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	-	ent Inc	ome	14/11	-
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation does not quate a Enter the appropriate amount in the section of the	tion 4942 Ify under	tax on the distributable am section 4940(e). Do not co	mplete this pa	rt.						Yes X No
Base period years		(b) Adjusted qualifying dist	ributions	Net value of no	(c) nchai	ritable-	use assets		Distrit	(d) oution ratio rided by col. (c))
Calendar year (or tax year beginni	ng in)		4,656.	100 70.00 07 110			7,169		COI. (D) UIV	.057113
2009		'7	$\frac{2}{3},760.$		$\frac{1}{1}$.49	$\frac{7,105}{5,334}$!		.049327
2007	- 		2,907.				$\frac{5,153}{9,153}$.051374
2006			6,000.				4,174			.050170
2005										
2 Total of line 1, column (d)			-			_		2		.207984
3 Average distribution ratio for the the foundation has been in existe	-	•	n line 2 by 5,	or by the number	of ye	ars		3		.051996
4 Enter the net value of noncharitat	le-use as	sets for 2010 from Part X, I	ine 5					4		1,325,028.
5 Multiply line 4 by line 3								5		68,896.
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						6		435.
7 Add lines 5 and 6								7		69,331.
8 Enter qualifying distributions from								8		72,000.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, ct	neck the box in Part VI, line	1b, and comp	lete that part usin	ig a 1º	% tax r	ate.			orm 990. PE (2010)

Form 990-PF (2010) STAHL FAMILY CHARITABLE Part VII-B Statements Regarding Activities for Which I			06-17643	58	Page 6
5a During the year did the foundation pay or incur any amount to:	TOTTI 4720 Way be I	required (contin	ueu)		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o					ŀ
any voter registration drive?	•		es 🗓 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				1
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es 🗓 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Y	es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations	. 1		ł
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		. —			
expenditure responsibility for the grant?		[/A	es L No		
If "Yes," attach the statement required by Regulations section 53 494	• •				İ
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u> </u>			
a personal benefit contract?		Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b	<u> </u>
If "Yes" to 6b, file Form 8870.	h . lb d				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		[] Ye	es X No	71.	-
b If 'Yes,' did the foundation receive any proceeds or have any net income attributions. About Officers Dispersion Trust		nagara Highli		7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation ivia	magers, migni	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.			· · · · · · · · · · · · · · · · · · ·	
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	xpense int, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allo	wances
	DIRECTOR P	ART TIME			
2250 E. DEVON AVE., SUITE 225				ĺ	
DES PLAINES, IL 60018	0.00	0.	0.		0.
	DIRECTOR P	ART TIME			
2250 E. DEVON AVE., SUITE 225					_
DES PLAINES, IL 60018	0.00	0.	0.	<u> </u>	<u> </u>
	DIRECTOR P	ART TIME			
2250 E. DEVON AVE., SUITE 225	0.00				•
DES PLAINES, IL 60018	0.00	0.	0.	<u> </u>	0.
		}			
2 Compensation of five highest-paid employees (other than those inc	l cluded on line 1), If none.	enter "NONE."	<u> </u>	<u></u>	
	(b) Title, and average	1	(d) Contributions to employee benefit plans and deferred	(e) E	xpense unt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accou allo	unt, other wances
NONE			compensation		
				<u> </u>	
	1				
		L			
	<u> </u>	L	<u> </u>	<u> </u>	
Total number of other employees paid over \$50,000			<u> </u>	000 =	0
			Form	99U-P	F (2010)

ightharpoons

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
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	1,090,101.
b	Average of monthly cash balances	1b	1,090,101. 255,105.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	1,345,206.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,345,206.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	20,178.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,325,028.
6	Minimum investment return. Enter 5% of line 5	6	66,251.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	66,251.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	435.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	65,816.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	65,816.
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	65,816.
P	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
' a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	72,000.
	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:		
-	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	72,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	 	. = , 3000
٠	Income. Enter 1% of Part I, line 27b	5	435.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	71,565.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (se	e instructions)			
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				65,816.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005		1		
b From 2006 27, 239.				
c From 2007 3,635.				
d From 2008 93.				
eFrom 2009 10,236.	41 000			
f Total of lines 3a through e	41,203.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 72,000.		:	0.	
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		0.		· · · · · · · · · · · · · · · · · · ·
c Treated as distributions out of corpus	0.	i		
(Election required - see instructions)	0.			65,816.
d Applied to 2010 distributable amount	6,184.			03,010.
e Remaining amount distributed out of corpus	0,104.			0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 31, 4c, and 4e Subtract line 5	47,387.			
b Prior years' undistributed income. Subtract				· · · · · · · · · · · · · · · · · · ·
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously		j		
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			ł	
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	17 207			
Subtract lines 7 and 8 from line 6a	47,387.			
10 Analysis of line 9:				
a Excess from 2006 b Excess from 2007 27, 239.				
10.006				
dExcess from 2009				
0 / 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment	· · · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 6				
Total			▶ 3a	72,000.
b Approved for future payment				
				1
NONE				
		(li
		1		
		<u> </u>		
Total			▶ 3b	0.

Form 990-PF (2010) STAHL FAMILY	CHARITABLE	E FOUNDATIO)N	06-1	764358 Page 12
Part XVI-A Analysis of Income-Pro	ducing Activitie	es			
Enter gross amounts unless otherwise indicated.	Unrelated	ousiness income		y section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b	_				
c	_		\perp		
d			ļl		
e	_				
f				<u> </u>	· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies	<u></u>	<u> </u>			
2 Membership dues and assessments					
3 Interest on savings and temporary cash			اما	40 504	
investments			14	42,734.	
4 Dividends and interest from securities			14	4.	
5 Net rental income or (loss) from real estate:			<u> </u>		
a Debt-financed property					
b Not debt-financed property			 		<u> </u>
6 Net rental income or (loss) from personal					
property	ļ <u> </u>				
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	4,361.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:					
8	_				
b					
C	_		 		
d	_	· · · · · · · · · · · · · · · · · · ·	 		
e	_		ļ	47 000	
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.		47,099.	
13 Total. Add line 12, columns (b), (d), and (e)				13	47,099.
(See worksheet in line 13 instructions to verify calculations					···-
Part XVI-B Relationship of Activitie	es to the Accon	nplishment of Ex	xempt P	urposes	
Line No Explain below how each activity for which	income in reported in	nolumn (a) of Part VVI A	contributor	Importantly to the accomm	lichment of
the foundation's exempt purposes (other t			COMMINUTED	importantly to the accomp	distribution
The restriction of exempt purposes (earlier t		0 101 04011			
				 	
		· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·			
					
		·		· · · · · · · · · · · · · · · · · · ·	·
					

023621 12-07-10

•	_						
Part >		FAMILY CHARITY		N 06-17 nd Relationships With Nonc	764358 haritable		ge 13
, are z	Exempt Organ		and transactions at	ia neiationships with None	iiai itabie		
1 Did	the organization directly or indi	rectly engage in any of the follow	ring with any other organization	described in section 501(c) of		Yes	No
the	Code (other than section 501(c)(3) organizations) or in section 5	527, relating to political organiz	ations?			
	• •	ation to a noncharitable exempt o	organization of:				
٠,	Cash				1a(1)	∤	X
• •	Other assets				1a(2)	}	Х
	er transactions:	hl			45/40		v
	Sales of assets to a noncharita				1b(1)		X
		ncharitable exempt organization			1b(2) 1b(3)		X
	Rental of facilities, equipment, Reimbursement arrangements				1b(3)		X
	Loans or loan guarantees				1b(5)	\dashv	X
		embership or fundraising solicitat	nns		1b(6)		X
		uling lists, other assets, or paid e			1c		X
	-			ays show the fair market value of the good	للنب	ets.	
	· · · · · · · · · · · · · · · · · · ·			in any transaction or sharing arrangemen			
		other assets, or services received					
(a)Line no	(b) Amount involved	(c) Name of noncharitati	ole exempt organization	(d) Description of transfers, transactions,	and sharing arra	ingemei	nts
		N/A					
						-	
	·						
	<u> </u>						
	 		····				
	·						
							
					···· ——		
		<u> </u>				_	
		··	<u></u> ,				
•					·		—
							
	 						
	 						
ın s	· · · · · · · · · · · · · · · · · · ·	tly affiliated with, or related to, or r than section 501(c)(3)) or in se		ations described	Yes	X] No
	(a) Name of org		(b) Type of organization	(c) Description of relati	onship		
	N/A		1,1,2,				
						-	
Sign Here		e that I have examined this return, incluarer (other than tappayer or fiduciary) is		statements, and to the best of my knowledge an eparer has any knowledge TRUSTEE	d belief, it is trui	e, correc	xt,
	Signature of officer or tri		Date	Title			
Paid	Print/Type preparer's na ALLEN J. H CPA	IOWELL,	\$ 1CPA	Date Check if PT self- employed	IN		
Prepa	arer Firm's name ► WIN	EBERG SOLHEIM	HOWELL & SHAIN	I, PC Firm's EIN ►			

312/372-0440

Use Only

Firm's address ▶ 180 N LASALLE ST, STE 2200

CHICAGO, IL 60601

Phone no.

	ATTABLE FOUNDATIO	ON 00-17	04330 F	AGE I OF I
	sses for Tax on Investment Income		I(b) How acquired	(c) Date acquired (d) Date sold
	f describe the kind(s) of property sold rick warehouse; or common stock, 20		P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
'·	TTER WIS NT ANTIC			06/16/0906/01/10
	SETTS EDL FING A		P	09/24/0903/22/10
			P	08/04/1011/22/10
	ROLINA ST PORTS		P	12/07/09/08/02/10
	DEPT OF HSG & CM		P	02/04/1006/15/10
	TY NJ UTILS AUTH		P	
	N HSG & ECONOMIC	DEV AUTH		12/07/09/09/01/10
g 10000 AUSTIN T		ma .	P	07/27/09/11/15/10
	LLE ILL DEBT CER			07/23/09/08/27/10
	LLE FLA UTILS SY			08/27/08/12/02/10
50000 LOS ANGE			P	03/23/0907/01/10
	ST BLDG AUTH RE		P	10/03/08/10/15/10
	SBURG FLA HEALTH	FACS	P	09/25/08/04/29/10
m 50000 UNION CN			P	08/27/08/10/01/10
n 10000 UNIVERSI	TY SC ATHLETIC FA	ACS	P	08/27/0805/03/10
0				<u></u>
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis) Gain or (loss)
	(or allowable)	plus expense of sale	(e) p	lus (f) minus (g)
a 45,000.		45,000.		0.
b 10,100.		10,060.		40.
c 20,000.		20,010.		-10.
d 5,000.		5,041.		-41.
e 10,000.		10,000.		0.
f 10,000.		10,000.		0.
g 10,000.		10,007.		-7.
h 50,000.		49,860.	···-	140.
43,523.		39,204.		4,319.
50,000.		50,000.		0.
k 25,000.		24,948.		52.
$\frac{23,000}{1}$		25,001.		-11.
m 50,000.		50,099.		-99.
n 10,000.		10,022.		-22.
0		10,0220		
	II ng gain in column (h) and owned by t	the foundation on 12/31/69	(1) 1 00	ses (from col. (h))
	(i) Adjusted basis	(k) Excess of col. (i)	Gains (excess of	of col. (h) gain over col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any		ot less than "-0-")
3				0.
<u>a</u> b				40.
				-10.
<u>c</u>				-41.
 				0.
<u>e</u>	<u> </u>			0.
1				
<u>g</u>	 			$\phantom{00000000000000000000000000000000000$
<u>h</u>	<u> </u>			
<u> </u>				4,319.
1	<u> </u>			<u>0.</u>
<u>k</u>	ļ			52.
1	ļ		· · · · · · · · · · · · · · · · · · ·	<u>-11.</u>
m				-99.
n				-22.
0				
	r If gain, also enter	in Part Lline 7		
2 Capital gain net income or (net ca	apital loss) { If gain, also enter "-0	- in Part I, line 7	2	4,361.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and	d (6):		
If gain, also enter in Part I, line 8,	column (c).	}		4-
If (loss), enter "-0-" in Part 1, line	<u>B</u>		3	N/A
	·			

FORM 990-PF INTEREST ON SAVI	NGS A	AND TEM	PORARY CA	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
CENTRUST FIDELITY INVESTMENTS FIRST CHICAGO						1 41,2 1,3	
TOTAL TO FORM 990-PF, PART I,	LIN	E 3, CO	LUMN A			42,7	34.
FORM 990-PF DIVIDEND	S ANI	O INTER	EST FROM	SECUI	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
FIDELITY INVESTMENTS			4.		0.		4.
TOTAL TO FM 990-PF, PART I, L	N 4		4.		0.		4.
FORM 990-PF	(OTHER E	XPENSES			STATEMENT	3
DESCRIPTION	EXPI	(A) ENSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTEI NET INCOM		
INVESTMENT EXPENSES FILING FEES		3,582.	3	,582.			0.
TO TODY 000 DE DG 1 137 03		3,607.	3	,607.			0.
TO FORM 990-PF, PG 1, LN 23							
FORM 990-PF, PG 1, LN 23	- IN I			·	ALANCES	STATEMENT	4
	IN I			·	ALANCES	STATEMENT	4
FORM 990-PF OTHER INCREASES		NET ASS	ETS OR F	UND BA			

FORM 990-PF OT	THER INVESTMENTS		_	STATE	EMENT	5
DESCRIPTION	VALUATION METHOD	BOOK V	ALUE		MARKET	ŗ
FIDELITY/CYPRESS CAPITAL PARTNERS	FMV	1,13	5,979.	1,	135,97	79.
TOTAL TO FORM 990-PF, PART II, L	INE 13	1,13	5,979.	1,	135,97	79.
	AND CONTRIBUTIO DURING THE YEAR			STATI	EMENT	6
RECIPIENT NAME AND ADDRESS	RECIPIENT REL AND PURPOSE			IENT TUS	AMOUI	NT
AMERICAN FOUNDATION FOR SUICIDE PREVENTION	NONE GENERAL CHARIT	ABLE	501(C) ORGANI		1,00	00.
BETTY FORD CENTER	NONE GENERAL CHARIT	ABLE	501(C) ORGANI		5,00	00.
CURE - CHILDHOOD CANCER	NONE GENERAL CHARIT	ABLE	501(C) ORGANI		15,2	50.
DANA-FARBER CANCER INSTITUTE	NONE GENERAL CHARIT	ABLE	501(C) ORGANI		40,7	50.
DELANCEY STREET FOUNDATION	NONE GENERAL CHARIT	ABLE	501(C) ORGANI		5(00.
FOOD ALLERGY INITIATIVE	NONE GENERAL CHARIT	'ABLE	501(C)		2,50	00.

STAHL FAMILY CHARITABLE FOUNDATION				
NORTHERN ILLINOIS FOOD DEPOSITORY	NONE GENERAL CHARITABLE	501(C)3 ORGANIZATI	1,500.	
TEEN CHALLENGE OF SOUTHERN CALIFORNIA	NONE GENERAL CHARITABLE	501(C)3 ORGANIZATI	1,000.	
THE AYN RAND INSTITUTE	NONE GENERAL CHARITABLE	501(C)3 ORGANIZATI	2,000.	
WELLNESS PLACE	NONE GENERAL CHARITABLE	501(C)3 ORGANIZATI	2,500.	
TOTAL TO FORM 990-PF, PART XV,	, LINE 3A		72,000.	

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

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box										
If you	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)						
	complete Part II unless you have already been granted a		•							
	onic filing (e-file). You can electronically file Form 8868 if y									
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										
	to file any of the forms listed in Part I or Part II with the ex-									
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.rs.gov/efile and click on e-file for Chities & Naprofits. Part I 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										
Part I only										
	er orporations including 120-C fers), prtnerships, ÆM icome ax raums.	IICs, ad	tusts met se Form 0104 o request a	n eten	sion of Inte					
Type o	Name of exempt organization			oyer identification	number					
print File by th	STAHL FAMILY CHARITABLE FOUNDATION				06-1764358					
due date filing your return Se	date for Number, street, and room or suite no. If a P.O. box, see instructions 1 2250 F. DEVON AVE. NO. 225									
instructio	.		ress, see instructions.							
	DES PLAINES, IL 60018									
						- 				
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 4				
Applic	ation	Return	Application			Return				
IsiFor		Code	Is For			Code				
Form 9	90	01	Form 990-T (corporation)	,		07				
Form 990-BL 02 Form 1041-A						08				
Form 990-EZ 03 Form 4720						09				
	Form 990-PF 04 Form 5227					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				
	PFS GROUP	- -								
• The	books are in the care of > 2250 E. DEVON	AVE.	STE. 225 - DES PLAI	NES	, IL 60018	3				
	ephone No. ► 773-267-2700		FAX No. ▶							
• If the organization does not have an office or place of business in the United States, check this box										
	as is for a Group Return, enter the organization's four digit			is is fo	r the whole group, o	check this				
box . If it is for part of the group, check this box										
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until										
AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension										
i	is for the lorganization's return for:									
▶ X calendar year 2010 or										
i	tax year beginning	ar	nd ending		•					
•		<u> </u>								
2 If the tax year entered in line 1 is for less than 12 months, check reason										
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax, less any	T						
	nonrefundable credits. See instructions.	J. 2000,		3a	s	0.				
	If this application is for Form 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and	1	- *					
	estimated tax payments made. Include any prior year over			3b	s	0.				
	Balance due, Subtract line 3b from line 3a. Include your pa	† 	Ť	<u>~</u> .						
by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c					 \$	0.				
	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									
LHA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)										