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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

Treated as a Private Foundation

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

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning , and ending							
G Check all that apply Initial return			Initial return	Initial return of a fo	· —	Final return	
Amended return Address change Name change							· · ·-
Name of foundation A Employer id							number
ED UIHLEIN FAMILY FOUNDATION 20-572362							
Nu	nber a	•	if mail is not delivered to street	address)		B Telephone number	
		736 N. WES	STERN AVENUE		339	847-473-30	
Cit	y or t	own, state, and ZIP code		-		C If exemption application is p	
		LAKE FORES				D 1. Foreign organizations	s, check here
H	_	• •	X Section 501(c)(3) ex			Foreign organizations me check here and attach co	mputation
<u></u>		ction 4947(a)(1) nonexem		Other taxable private founda		E If private foundation sta	tus was terminated
			end of year J Accounting		Accrual	under section 507(b)(1)	
		Part II, col. (c), line 16)	Ott	her (specify) mn (d) must be on cash t	nasis)	F If the foundation is in a under section 507(b)(1)	
_	\$						(d) Disbursements
P	art	(The total of amounts in colunecessarily equal the amoun	ımns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for chantable purposes (cash basis only)
	1	Contributions, gifts, gran		5,482,537.		N/A	(400) 400 400 400
	2		on is not required to attach Sch. B	0,101,001			
	2	Interest on savings and temp			· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
	1	cash investments Dividends and interest from	om securities	101,898.	101,898.		STATEMENT 2
	5:	Gross rents					
	1 -	Net rental income or (loss)		-			
_	6	Net gain or (loss) from sale of	f assets not on line 10	<65,751.	>		STATEMENT 1
9		Gross sales price for all assets on line 6a	91,505.	, , , , , , , , , , , , , , , , , , , ,			
Revenue	7		Part IV, line 2)		0.		
α	8	Net short-term capital ga	un		H ' IIII' hust oo hiin o		
	9	Income modifications	•			DECEN	/rn
	10	Gross sales less returns and allowances		<u> </u>	,- ₁₉ ,, , , , , , , , , , , , , , , , , , ,		The state of the s
		Less Cost of goods sold				 	2011
		Gross profit or (loss)			· · · · · · · · · · · · · · · · · · ·		Pn(1 12
	11	Other income		F F10 604	101,898.		<u> </u>
_	12	Total. Add lines 1 through		5,518,684.	101,898.	H OGDEN	0.
	13	Compensation of officers, dir		0.		11	
	14	Other employee salaries	•				
9	15	, , , ,	e pelielitz				
Ì	10	a Legal fees	STMT 3	2,850.	0.		2,850.
3	<u>{</u>	b Accounting fees c Other professional fees	51111 0	270000			
9	1	Interest					
	18		STMT 4	439.	439.		0.
	19						
•	20	· ·					
	21		i meetings				
	22	Printing and publication	S				
5	23	Other expenses	STMT 5	27,115.	10,456.	<u>, </u>	16,659.
	24				10 00=		10 500
	3	expenses. Add lines 13		30,404.		•	19,509. 2,741,191.
- '	25	Contributions, gifts, gra		2,741,191.	<u> </u>	-	2,741,191.
3	26	Total expenses and dis	bursements.	2 371. 505	10,895.		2,760,700.
? —	+-	Add lines 24 and 25	- 10	2,771,595.	10,033.	<u> </u>	2,100,100.
	27	Subtract line 26 from lin		2,747,089.			
		a Excess of revenue over expert b Net investment income		2/14/1000.	91,003.		·
		c Adjusted net income (if			1 27000	N/A	
	,	- released not mount (ii	deniet o /				

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the Instructions. 918-26 22

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Dort	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		заг		
Pari	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-bearing	1,218,342.	4,008,661.	4,008,661.	
2	Savings and temporary cash investments				
3	Accounts receivable			The state of the s	
	Less allowance for doubtful accounts				
4					
	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	1			
<u>ه</u> ا	Inventories for sale or use				
70	Prepaid expenses and deferred charges				
¥ 10	a Investments - U.S. and state government obligations				
	b Investments - corporate stock STMT 6	3,130,260.	3,087,030.	3,239,694.	
	c Investments - corporate bonds		•		
	Investments - land, buildings, and equipment basis		, , , , , , , , , , , , , , , , , , , 		
	Less. accumulated depreciation	1	j		
12	Investments - mortgage loans				
13					
14		****	11 1		
' '	Less accumulated depreciation	1			
15	Other assets (describe				
13	Other assets (describe >				
16	Total assets (to be completed by all filers)	4,348,602.	7.095.691.	7,248,355.	
	Accounts payable and accrued expenses				
18	• •				
٦.,	· · · · · · · · · · · · · · · · · · ·				
Liabilities					
# 20					
E 21					
22	Other habilities (describe	-			
23	Total liabilities (add lines 17 through 22)	0.	0.		
- 120	Foundations that follow SFAS 117, check here				
1	and complete lines 24 through 26 and lines 30 and 31.		İ		
8 2					
25 au Ce			-		
9 26					
<u>بر</u> ا	Foundations that do not follow SFAS 117, check here				
큔	and complete lines 27 through 31.				
Net Assets or Fund Balance	•	0.	0.		
sets		0.	0.		
ASS 20		4,348,602.	7,095,691.		
30 Set		4,348,602.	7,095,691.		
2 3) Intat liet desert of infine parations	2/020/0020	.,,		
31	Total liabilities and net assets/tund balances	4,348,602.	7,095,691.		
Par	Analysis of Changes in Net Assets or Fund E	Balances			
1 To	tal net assets or fund balances at beginning of year - Part II, column (a), line	e 30			
(m	ust agree with end-of-year figure reported on prior year's return)		1	4,348,602.	
2 En	ter amount from Part I, line 27a	2	2,747,089.		
	ner increases not included in line 2 (itemize)		- 3	- 0.	
	d lines 1, 2, and 3		4	7,095,691.	
5 De	creases not included in line 2 (itemize)		5	0.	
6 To	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	7,095,691.	
				Form 990-PF (2010)	

Part IV Capital Gains	and Loss	ses for Tax on Ir	ivestment	: Income					
2-story brick w	cribe the kind arehouse; or	(s) of property sold (e g common stack, 200 sha	., real estate, s. MLC Co.)		(b) D	How acquired - Purchase - Donation		Date acquired no., day, yr.)	(d) Date sold (mo , day, yr.)
8							ļ		
b SEE ATTACHED	STATE	MENT			├-		├ —		
<u>t </u>					╄		╁		
<u>4</u>					\vdash		+		
(e) Gross sales price		preciation allowed or allowable)		t or other basis opense of sale				(h) Gain or (loss) plus (f) minus	
3					_				
<u>b</u>						<u>. </u>		~	
6				-					
91,506.				100,02	0.				<8,514.
Complete only for assets showi		uran (h) and owned by	the foundation				(I) Ga	ins (Col. (h) gain	minus
(I) F.M.V. as of 12/31/69	(1)	Adjusted basis of 12/31/69	(k) Ex	cess of col. (I) col. (I), if any			col. (k) Lo	, but not less that isses (from col.	n -0-) or (h))
<u> </u>	ļ								
<u>b</u>	 					<u> </u>			
<u> </u>								 -	
<u>d</u>	 							·	<8,514.
<u> </u>	l		-in Death Kenni		7				
Capital gain net income or (net ca	•	If gain, also enter of the lift (loss), enter of	- in Part I, line		}	2			<8,514.
Net short-term capital gain or (to if gain, also enter in Part I, line 8	, column (c).	in sections 1222(5) ar	nd (6):		}	3		N/A	
It (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Se	ction 4940(e) for	Reduced	Tax on Net	Inv	estment l	псоп		
Vas the foundation liable for the set f 'Yes," the foundation does not qua Enter the appropriate amount in	alify under se	ction 4940(e). Do not co	omplete this pa	rt					Yes X No
(a) Base period years		(b) Adjusted qualifying dis			(c)) iritable-use ass	ets	Distri (col. (b) di	(d) bution ratio vided by col. (c))
Calendar year (or tax year beginn 2009	(ing in)		8,696.	 	4	,257,63	19.	(00127 0.	.654990
2008			5,970.		4	,845,26	54.		.329388
2007			1,000.			698,08			.001432
2006			0.			30,99	97.		.000000
2005									
									.985810
! Tatal of line 1, column (d) Average distribution ratio for the	5-year base	period - divide the total	on line 2 by 5,	or by the number	r of ye	ears		2	
the foundation has been in exist	ence if less th	an 5 years			•••••	********	····	3	.246453
Enter the net value of noncharita	ible-use asset	s for 2010 from Part X,	line 5					4	4,317,843.
Multiply line 4 by line 3			.,					5	1,064,145.
Enter 1% of net investment inco	me (1% of Pa	irt I, line 27b)	· · · · · · · · · · · · · · · · ·		•••••				910.
7 Add lines 5 and 6				·			}	7	1,065,055
B Enter qualifying distributions fro	m Part XII, lii	18 4					[8	2,760,700.
If line 8 is equal to or greater tha See the Part VI instructions	ın line 7, ched	k the box in Part VI, line	16, and comp	lete that part usir	1g a 1	% tax rate			
22221 12.07.10									om 990-PF (2010)

ED UIHLEIN FAMILY FOUNDATION

Form 990-PF (2010)

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Form	990-PF(2010) ED UIHLEIN FAMILY FOUNDATION 20-5	572362	21	P	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see ins	truc	tion	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%			9:	10.
	of Part I, line 27b				
C	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-)				0.
3	Add lines 1 and 2			9:	10.
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-			9.	10.
6	Credits/Payments				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 129.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,500.				
đ	Backup withholding erroneously withheld 6d 6d		_		
	Total credits and payments Add lines 6a through 6d		1	, 6	$\frac{29.}{14.}$
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				14.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			7	05.
	Enter the amount of line 10 to be Credited to 2011 estimated tax ► 705 - Refunded ► 11				0.
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>		res	No
	any political campaign?	<u> </u>	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	-1	1b		<u>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			1	
	distributed by the foundation in connection with the activities.			1	17
_	Did the foundation file Form 1120-POL for this year?		1 C		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1	
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .	Ì		1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		ŧ	1	
	managers ▶ \$			1	Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2		<u> </u>
_	If "Yes," attach a detailed description of the activities.	-		1	1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		,	1	Х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3 4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/a	4a 4b	-	
	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
อ	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.				ĺ
U	By language in the governing instrument, or				į
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			1	
	remain in the governing instrument?		6	Х	ĺ
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)				ĺ
Ų.	IL				
ħ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	_			ŀ
	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 2010 or the taxable year beginning in 2010 (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

			-	n
12	, ,	62	i	Page

Pa	rt 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 instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► RICHARD UIHLEIN Telephone no ►847-47	3-3	000	
	Located at ▶736 N WESTERN AVE #339, LAKE FOREST, IL ZIP+4 ▶60	045		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		_X_
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
	the foreign country			
Pa	art 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.		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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	ļ		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
t	o 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 22 of the instructions)?	1b	ļ	X
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			v
	before the first day of the tax year beginning in 2010?	10	-	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))	:		
•	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 20102 Yes X No			
	If "Yes," list the years			
١	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) to all years listed, answer "No" and attach statement - see instructions.)	2b		1
	otation of management (-20	-	-
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
0.	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3	during the year?			
	b. If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2010.) N/A	3b		1
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	X
	b Did the foundation invest during the year any amount in a manner that would populate the sharkable purpose that	1	1	1
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X
_				

Form 990-PF (2010) ED UIHLEIN FAMILY FOUNDA	TT ON		20-572362	2 1' ' Pagè 6
Part VII-B Statements Regarding Activities for Which F				- 1 Paye 6
5a During the year did the foundation pay or incur any amount to	• · · · · · · · · · · · · · · · · · · ·			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), o				
any voter registration drive?	i to carry on, amount or mone		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		s X Na	
(4) Provide a grant to an organization other than a chantable, etc., organization			0 (22) 110	
509(a)(1), (2), or (3), or section 4940(d)(2)?	1 400011000 111 0000011	T Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fe	<u>.</u>	0 (32) (10	
the prevention of cruelty to children or animals?	or cododdonal purposes, or n		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uno	for the excentions described ii		V C223 110	
section 53 4945 or in a current notice regarding disaster assistance (see instru		, riogalations	N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h			▶ □	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		ned		
expenditure responsibility for the grant?		/A 🖂 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 494		•		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promising on	□ Y _P	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			ib X
If "Yes" to 6b, file Form 8870	orgonal bonont contract		 	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			, _	7b
Information About Officers Directors Trust		nagers. Highly		- 1 1
Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their			·	
1 List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
RICHARD E. UIHLEIN	DIDECMOD / DDEC			
	DIRECTOR/PRES	IDENT		
736 N WESTERN AVE #339				
736 N WESTERN AVE #339 LAKE FOREST, IL 60045	0.00	0.	0.	0.
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS		0.	0.	
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS 736 N WESTERN AVE #339	0.00 DIRECTOR/SECR	0. ETARY		0.
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS 736 N WESTERN AVE #339 LAKE FOREST, IL 60045	0.00 DIRECTOR/SECR	O. ETARY	0.	
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS 736 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG	0.00 DIRECTOR/SECR	O. ETARY		0.
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS 736 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG 736 N WESTERN AVE #339	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA	O. ETARY O. SURER	0.	0.
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS 736 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG	0.00 DIRECTOR/SECR	O. ETARY		0.
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS 736 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG 736 N WESTERN AVE #339	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA	O. ETARY O. SURER	0.	0.
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS 736 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG 736 N WESTERN AVE #339	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA	O. ETARY O. SURER	0.	0.
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS 736 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG 736 N WESTERN AVE #339 LAKE FOREST, IL 60045	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA	O. ETARY O. SURER	0.	0.
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS 736 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG 736 N WESTERN AVE #339	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA 0.00	O. ETARY O. SURER	0.	0.
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS 736 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG 736 N WESTERN AVE #339 LAKE FOREST, IL 60045	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA	O. ETARY O. SURER	0.	0.
T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 Compensation of five highest-paid employees (other than those included in the second secon	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA 0.00 cluded on line 1). If none,	0. ETARY 0. SURER 0.	O . (d) Contributions to employee benefit plans and deterred	0. 0. 0.
736 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS 736 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG 736 N WESTERN AVE #339 LAKE FOREST, IL 60045 2 Compensation of five highest-paid employees (other than those incompany)	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA 0.00 cluded on line 1). If none,	0. ETARY 0. SURER 0.	O . (d) Contributions to employee benefit plans and deterred	0. 0. 0.
T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 Compensation of five highest-paid employees (other than those included in the second secon	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA 0.00 cluded on line 1). If none,	0. ETARY 0. SURER 0.	O . (d) Contributions to employee benefit plans and deterred	0. 0. 0.
T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 Compensation of five highest-paid employees (other than those included in the second secon	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA 0.00 cluded on line 1). If none,	0. ETARY 0. SURER 0.	O . (d) Contributions to employee benefit plans and deterred	0. 0. 0.
T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 Compensation of five highest-paid employees (other than those included in the second secon	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA 0.00 cluded on line 1). If none,	0. ETARY 0. SURER 0.	O . (d) Contributions to employee benefit plans and deterred	0. 0. 0.
T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 Compensation of five highest-paid employees (other than those included in the second secon	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA 0.00 cluded on line 1). If none,	0. ETARY 0. SURER 0.	O . (d) Contributions to employee benefit plans and deterred	0. 0. 0.
T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 Compensation of five highest-paid employees (other than those included in the second secon	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA 0.00 cluded on line 1). If none,	0. ETARY 0. SURER 0.	O . (d) Contributions to employee benefit plans and deterred	0. 0. 0.
T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 Compensation of five highest-paid employees (other than those included in the second secon	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA 0.00 cluded on line 1). If none,	0. ETARY 0. SURER 0.	O . (d) Contributions to employee benefit plans and deterred	0. 0. 0.
T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 Compensation of five highest-paid employees (other than those included in the second secon	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA 0.00 cluded on line 1). If none,	0. ETARY 0. SURER 0.	O . (d) Contributions to employee benefit plans and deterred	0. 0. 0.
T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 LUCIA UIHLEIN HIGGINS T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 FREDERICKA ANNE GOLDENBERG T36 N WESTERN AVE #339 LAKE FOREST, IL 60045 AKE FOREST, IL 60045 Compensation of five highest-paid employees (other than those included in the second seco	0.00 DIRECTOR/SECR 0.00 DIRECTOR/TREA 0.00 cluded on line 1). If none,	0. ETARY 0. SURER 0.	O . (d) Contributions to employee benefit plans and deterred	0. 0. 0.

023551 12-07-10

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	ihiy	
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	service	(c) Compensation
NONE		
		ļ
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		0
the state of the s		
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 THE ED UIHLEIN FOUNDATION IS ORGANIZED AND OPERATED FOR	THE	
SOLE PURPOSE OF MAKING CASH CONTRIBUTIONS TO QUALIFYING	Inc	
PUBLIC CHARITIES. THE FOUNDATION DOES NOT ENGAGE IN ANY		0.
2 OTHER DIRECT CHARITABLE ACTIVITIES.		<u> </u>
ZOTHER DIRECT CHARITABLE ACTIVITIES:		
		0.
3		
<u> </u>		
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 NONE		
		0.
2		
All other program-related investments. See instructions	Ì	
3 NONE		
		_
		0.
Total. Add lines 1 through 3		0.

P	Minimum Investment Return (All domestic foundations mu	st complete this part.	Foreign foun	dations,	see instructions.)
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	3,014,601. 1,368,996.
b	Average of monthly cash balances			1b	1,368,996.
	Fair market value of all other assets			1 c	
đ	Total (add lines 1a, b, and c)			1 d	4,383,597.
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	4,383,597.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, s	ee instructions)		4	65,754.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on F	Part V, line 4		5	4,317,843.
6	Minimum investment return. Enter 5% of line 5			6	215,892.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part)	(j)(5) private operating fo	oundations an	d certain	
1	Minimum investment return from Part X, line 6			1	215,892.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	910.		
b		2b			
C	Add lines 2a and 2b			2c	910.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	214,982.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	214,982.
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 X	III, line 1		7	214,982.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo	oses			
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26			1a	2,760,700.
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	e, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the				
a	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	d Part XIII, line 4		4	2,760,700.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invest				
	income Enter 1% of Part I, line 27b			5	910. 2,759,790.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years wh	ien calculating whether th	e foundation (qualifies fo	r the section
	40.40(a) and united of the unit began years				

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI, line 7				214,982.
2 Undistributed income, if any, as of the end of 2010	//////////////////////////////////////			TOTAL
a Enter amount for 2009 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2010	1100 to 100 100 100 100 100 100 100 100 100 10			**************************************
a From 2005	İ			
b From 2006				
c From 2007				
d From 2008 1,321,877.				
e From 2009 2,577,233.				
f Total of lines 3a through e	3,899,110.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 \triangleright \$ 2,760,700.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				things were the second
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			 	######################################
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount		i H., ,	·	214,982.
e Remaining amount distributed out of corpus	2,545,718.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,444,828.			
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 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	······································	.! 'illigaa 'i'aadka aastaaaa	<u>''' </u>	
corpus to satisfy requirements imposed by	İ			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				······································
Subtract lines 7 and 8 from line 6a	6,444,828.			
IO Analysis of line 9	•			
a Excess from 2006	}			
b Excess from 2007	• .		-	70.5
t Excess from 2008 1,321,877. d Excess from 2009 2,577,233.				
B Excess from 2010 2,545,718.				
			·	

3 Grants and Contributions Paid During the Y	ear 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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year	or substantial contributor	recipient		
SEE STATEMENT 7			20	2,741,191.
Total b Approved for future payment			32	2, 141, 171.
NONE				
Total			▶ 3b	0.

Part XVI-A	Analysis of	Income-Producing	Activities
* ~~; * ~ * * * * * * *	,,		

Enter gross amounts unless otherwise indicated	Unrelated business income			ded by section 512, 513, or 514	(8)		
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income		
1 Program service revenue	code		code				
a N/A			 				
b							
C			ļ				
d							
e			ļ				
	ļ						
g Fees and contracts from government agencies			ļ				
2 Membership dues and assessments			ļ		· · · · · · · · · · · · · · · · · · ·		
3 Interest on savings and temporary cash							
Investments							
4 Dividends and interest from securities			14	101,898.			
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				ļ			
7 Other investment income							
8 Gain or (loss) from sales of assets other							
than inventory	U.		18	<65,751.	>		
9 Net income or (loss) from special events		-					
10 Gross profit or (loss) from sales of inventory							
11 Other revenue				·			
				 	·		
<u> </u>							
d			 				
12 Subtotal Add columns (b), (d), and (e)		0.		36,147.	0.		
12 Subtotal Add Columns (b), (d), and (e)			<u>'L </u>		36,147.		
				""—	30/11/6		
(See worksheet in line 13 instructions to verify calculations)							
Part XVI-B Relationship of Activities to	the Acc	omplishment of E	xemp	ot Purposes			
Line No. Explain below how each activity for which incor			A contri	buted importantly to the accor	nplishment of		
the foundation's exempt purposes (other than t	y providing fu	inds for such purposes)					
N/A							
	-	•		-			
		····································		· -			
					 		

		е
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		
	f	Yes N
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a Transfers from the reporting foundation to a noncharitable exempt organization of		
(1) Cash	1a(1)	
(2) Other assets	1a(2)	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
b Other transactions		
(1) Sales of assets to a noncharitable exempt organization	1b(1)	
(2) Purchases of assets from a noncharitable exempt organization	1b(2)	
(3) Rental of facilities, equipment, or other assets	1b(3)	
(4) Reimbursement arrangements	16(4)	
(5) Loans or loan guarantees	1b(5)	-
(6) Performance of services or membership or fundraising solicitations	1b(6)	
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value	<u>1c</u>	7
1) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, to N / A	ransactions, and sharing a	rrangements
N/A		
		
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described	·	
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	Yes	X I
b If "Yes," complete the following schedule (b) Type of experience (c) Description	ion of relationship	

2a	Is the foundation directly or indirectly affiliated with, or re-	ated to, one or more tax-exempt organizations d	
	in section 501(c) of the Code (other than section 501(c)(3	3)) or in section 527?	Yes X No
b	If "Yes," complete the following schedule		
	(a) Name of organization	(b) Type of organization	(c) Description of relationship
	N/A		
			· · · · · · · · · · · · · · · · · · ·
	Linder receipton of political indeplace that I have examined this	return including accompanying schedules and statemer	nts, and to the best of my knowledge and belief, it is true, correct,
	and complete Declaration of afrepage lotter tean expaner of	fiduciary) is based on all information of which preparer h	as any knowledge
	Ign 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 12/2/11	▶ President
H	ere human / / / / / / / / / / / / / / / / / / /	16/011	- 6
	Consture of officer or trustee	Data ¹	Titla

Signature of officer or trustee Check _____ if PTIN Print/Type preparer's name Preparer's signature Date self- employed Paid REBECCA GOTTFRIED Firm's name ► DELOITTE TAX Firm's EIN **Preparer Use Only** Firm's address ► 555 EAST WELLS STREET, SUITE 1400 MILWAUKEE, WI 53202 414-271-3000 Phone no

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Employer identification number Name of the organization ED UIHLEIN FAMILY FOUNDATION 20-5723621 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

- 1		
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Name of organization

Employer identification number

ED UIHLEIN FAMILY FOUNDATION

20-5723621

Page

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RICHARD UIHLEIN 736 N WESTERN AVE #339 LAKE FOREST, IL 60045	\$5,482,537.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

ED UIHLEIN FAMILY FOUNDATION

20-5723621

ran II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	190 990-F7 or 990-PF) (201

of Part III

Employer identification number

(e) Transfer of gift ame, address, and ZIP + 4 Relationship of transferor to transferee gift (e) Use of gift (e) Transfer of gift ame, address, and ZIP + 4 Relationship of transferor to transferee gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held (gift (h) Description of how gift is held (h) Description of how gift is held (h) Description of how gift is held (h) Description of how gift is held		LEIN FAMILY FOUNDATION			20-5723621		
(e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (gift (h) Description of how gift is held (h) Description of how gift is held (h) Description of how gift is held (h) Description of how gift is held (h) Description of how gift is held (h) Description of how gift is held (h) Description of how gift is held (h) Description of how gift is held (h) Description of how gift is held (h) Description of how gift is held (h) Description of how gift is held	art III	more than \$1,000 for the year. Complet Part III, enter the total of exclusively religi	e columns (a) through (e) and the four contributions of the four contr	ollowing line en of	or (10) organizations aggregating try. For organizations completing		
gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is held (gift (c) Use of gift (d) Description of how gift is held (gift (c) Use of gift (d) Description of how gift is held	a) No. from Part I	(b) Purpose of gift			(d) Description of how gift is held		
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Relationship of transferor to transferee gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift			(e) Transfer of gift				
(e) Transfer of gift	-	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee		
(e) Transfer of gift							
	a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
name, address, and ZIP+4 Relationship of transferor to transferee	ļ.		(e) Transfer of gift				
		Transferee's name, address,	and ZIP + 4	Relations	hip of transferor to transferee		
	-	Transferee's name, address, a	•	Relations	hîp of transferor to transfe		

b 400 SHARES TRANSOCEAN LTD P 03/07/ c .45 SHARES EXXON MOBIL CORP P 03/06/ d .06 SHARES FRONTIER COMMUNICATIONS CORP P 06/03/ e 360 SHARES FRONTIER COMMUNICATIONS CORP P 02/26/ 1 600 SHARES KELLOGG CO P 02/29/	ired (d) Date sold (mo., day, yr.) 8206/10/1 0806/10/1 0806/28/1 0807/02/1 0807/13/1 0809/02/1
14 900 SHARES BP AMOCO P L C SPONSORED ADR D 09/24/h 400 SHARES TRANSOCEAN LTD P 03/07/c . 45 SHARES EXXXON MOBIL CORP P 03/06/c . 45 SHARES EXXXON MOBIL CORP P 03/06/c . 66 SHARES FRONTIER COMMUNICATIONS CORP P 02/26/c . 67 SHARES FRONTIER COMMUNICATIONS CORP P 02/26/c . 67 SHARES SHARES FRONTIER COMMUNICATIONS CORP P 02/26/c . 67 SHARES WALGREEN CO D 05/15/c . 67 SHARES WALGREEN CO D 05/15/c . 67 SHARES WALGREEN CO D 05/15/c . 68 SHAR	0806/10/1 0806/28/1 0807/02/1 0807/13/1 0809/02/1
C .45 SHARES EXXON MOBIL CORP d .06 SHARES FRONTIER COMMUNICATIONS CORP P .02/26/ e .360 SHARES KENONTER COMMUNICATIONS CORP p .02/29/ g .00 SHARES KELLOGG CO D .05/15/ h CAPITAL GAIN DISTRIBUTIONS	0806/28/1 0807/02/1 0807/13/1 0809/02/1
d .06 SHARES FRONTIER COMMUNICATIONS CORP P 06/03/ e 360 SHARES FRONTIER COMMUNICATIONS CORP P 02/26/ f 060 SHARES FRONTIER COMMUNICATIONS CORP P 02/26/ g 300 SHARES WALGREEN CO D 05/15/ h CAPITAL GAIN DISTRIBUTIONS	0807/02/1 0807/13/1 0809/02/1
### 360 SHARES FRONTIER COMMUNICATIONS CORP P 02/26/ 1 600 SHARES KELLOGG CO P 02/29/ 2 300 SHARES WALGREEN CO D 05/15/ h CAPITAL GAIN DISTRIBUTIONS	0807/13/1 0809/02/1
1 600 SHARES KELLOGG CO	0809/02/1
g 300 SHARES WALGREEN CO h CAPITAL GAIN DISTRIBUTIONS	
Capital Gain Distributions	0309/02/1
i k k	
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (e) plus (f) minus (e) plus (f) minus (f) cost or other basis plus expense of sale (e) plus (f) minus (f) cost or other basis plus expense of sale (f) plus (f) minus (f) cost or other basis plus expense of sale (f) plus (f) minus (f) cost or other basis plus expense of sale (f) plus (f) minus (f) cost or other basis plus expense of sale (f) plus (f) minus (f) cost or other basis plus expense of sale (f) plus (f) minus (f) cost or other basis plus expense of sale (f) plus (f) plus (f) minus (f) cost or other basis plus expense of sale (f) cost or other basis plus expense or sale (f) cost or other basis plus expense of sale (f) cost or other basis plus expense of sale (f) cost or other basis plus expense or sale (f) cost or other basis plus expense or other basis plus expense or other basis plus expense o	
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(a) Gross sales price (1) Depreciation allowed (2) Cost or other basis plus expense of sale (2) plus (1) minus (28, 791. 7, 270. 17, 708. 49, 019. 25. 39. 1. 25. 39. 1. 27, 592. 3, 435. 29, 850. 30, 605. 8, 508. 9, 651. 4, 032. 29. 30. 30, 605. 3	l —————
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28,791. 7,270. 17,708. 49,019. 25. 39. 1. 2,592. 3,435. 29,850. 30,605. 8,508. 9,651. 4,032. 9,651. (i) FM.V as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any (ii) but not less than "-(iii) but not less than "-(iii) but not less than "-(iiii)) but not less than "-(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	
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25. 39. 1. 2,592. 3,435. 29,850. 30,605. 8,508. 9,651. 4,032. 9,651. 4,032. (i) FM.V as of 12/31/69 (ii) FM.V as of 12/31/69 (ii) FM.V as of 12/31/69 (iii) FM.V as of 12/31/69 (iv) Excess of col. (i) Over col. (i), if any but not less than '	<31,311
2 , 592 . 3 , 435 . 29 , 850 . 30 , 605 . 8 , 508 . 9 , 651 . 4 , 032 . Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FM.V as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (l) over col. (j), if any (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the foundation on 12/31/69 (li) Losses (from column (h) and owned by the founda	<14
2,592. 3,435. 29,850. 30,605. 8,508. 9,651. 4,032. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any (l) Losses (from col Gains (excess of col. (h) gain but not less than "-(<1
29,850. 8,508. 9,651. 4,032. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M.V as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis over col. (i) over col. (i) but not less than "-(<843
8,508. 4,032. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FM.V as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Excess of col. (i) over col. (ii) but not less than '-d'	<755
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V as of 12/31/69 (ii) F.M.V as of 12/31/69 (iii) F.M.V as of 12/31/69 (iv) Excess of col. (iv) Gains (excess of col. (h) gain but not less than '-(-)	<1,143
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M.V as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) Gains (excess of col. (h) gain over col. (j), if any but not less than '-(4,032
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F M.V as of 12/31/69 (ii) F M.V as of 12/31/69 (iii) F M.V as of 12/31/69 (iv) Excess of col. (i) Gains (excess of col. (h) gain over col. (j), if any but not less than '-(
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(i) F.M.V as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) F.M.V as of 12/31/69 (iv) Excess of col. (i) Gains (excess of col. (h) gain but not less than "-(/h)\
	aver col. (k),
	21,521
	<31,311
	<14
	<1
	<843
	<755
	<1,143
	4,032
Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 } 2	<8,514
Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	-0/014

FORM 990-PF	GAIN OR (LOSS) F	FROM SALE	OF A	ASSETS	SI	ATEMENT 1
(A) DESCRIPTION OF PROPER	TY			AANNER CQUIRED	DATE ACQUIRED	DATE SOLD
900 SHARES BP AMOCO P	L C SPONSORED AL	OR	DC	ONATED	09/24/82	06/10/10
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	C. GAT	(F) N OR LOSS
28,791			0.		0.	<31,600.
(A) DESCRIPTION OF PROPER	ЧТY			MANNER CQUIRED	DATE ACQUIRED	DATE SOLD
400 SHARES TRANSOCEAN	LTD		PUF	RCHASED	03/07/08	06/10/10
(B)	(C)	(D)		(E)		(F)
GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE SALE	OF	DEPRE	C. GAI	n or loss
17,708	49,019.		0.		0.	<31,311.>
(A) DESCRIPTION OF PROPER	RTY			MANNER CQUIRED	DATE ACQUIRED	DATE SOLD
.45 SHARES EXXON MOBI	L CORP		PUI	RCHASED	03/06/08	06/28/10
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	C. GAI	(F)
25	39.		0.		0.	<14.3

(A) DESCRIPTION OF PROPERTY				ANNER QUIRED		TE IRED	DATE SOLD
.06 SHARES FRONTIER COM	- MUNICATIONS COR	₹ P	PUF	RCHASED	06/0	3/08	07/02/10
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	c.	GAIN	(F)
0.	1.		0.		0.		<1.>
(A) DESCRIPTION OF PROPERTY	_			IANNER QUIRED		TE IRED	DATE SOLD
360 SHARES FRONTIER COM	MUNICATIONS COR	LP	PUF	CHASED	02/2	6/08	07/13/10
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE	С.	GAIN	(F)
2,592.	3,435.		0.		0.		<843.>
(A) DESCRIPTION OF PROPERTY	_	-	AC	ANNER QUIRED	ACQU	TE	DATE SOLD
600 SHARES KELLOGG CO			PUF	RCHASED	02/2	9/08	09/02/10
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E)	c.	GAIN	(F) OR LOSS
29,850.	30,605.		0.		0.		<755.>
(A) DESCRIPTION OF PROPERTY				MANNER CQUIRED		TE IRED	DATE SOLD
300 SHARES WALGREEN CO	_		DC	NATED	05/1	5/03	09/02/10
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E)	c.	GAIN	(F)
8,508.	13,767.		0.		0.		<5,259.>

(A) DESCRIPTION OF PROPERTY			MANNE ACQUIR			DATE	SOLD
CAPITAL GAIN DISTRIBUTIONS		F	URCHAS	ED	 -		
GROSS COS	C) T OR BASIS	(D) EXPENSE OF SALE	•	(E) PREC.	(F GAIN O	-	ss
4,032.	0.	0		0.		4,	032.
CAPITAL GAINS DIVIDENDS FROM	PART IV					_	0.
TOTAL TO FORM 990-PF, PART I,	LINE 6A					<65,	751.>
FORM 990-PF DIVIDEND	S AND INT	EREST FROM	SECURI	TIES	STATE	MENT	2
SOURCE	GROS	SS AMOUNT		AL GAINS IDENDS		MN (TNUO	
NORTHERN TRUST		101,898.		0.		101,	898.
TOTAL TO FM 990-PF, PART I, I	N 4	101,898.		0.		101,	898.
FORM 990-PF	ACCOUN	ring fees			STATE	MENT	3
DESCRIPTION	(A) EXPENSES PER BOOK	(B) NET INVE S MENT INC		(C) ADJUSTE NET INCO		(D) ARIT URPO	ABLE
ACCOUNTING FEES	2,85	0.	0.			2,	850.
TO FORM 990-PF, PG 1, LN 16B	2,85	0.	0.			2,	850.

FORM 990-PF	TAX	ES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
FOREIGN TAXES PAID	439.	439	9.	0.
TO FORM 990-PF, PG 1, LN 18	439.	439	9.	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOM		
FILING FEES CONSULTING FEES INVESTMENT FEES WIRE TRANSFER FEES OFFICE SUPPLIES	13. 16,000. 10,456. 286. 360.	10,45	0. 0. 6. 0.	13. 16,000. 0. 286. 360.
TO FORM 990-PF, PG 1, LN 23	27,115.	10,450	6.	16,659.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6
DESCRIPTION		1	BOOK VALUE	FAIR MARKET VALUE
DETAIL AVAILABLE IN TAXPAYER	'S FILE		3,087,030.	3,239,694.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		3,087,030.	3,239,694.

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ACCURACY IN ACADEMIA 4455 CONNECTICUT AVENUE N.W. SUITE 330 WASHINGTON, DC 20008	NONE GENERAL	PUBLIC	3,000.
ACCURACY IN MEDIA 4455 CONNECTICUT AVENUE N.W. SUITE 330 WASHINGTON, DC 20008	NONE GENERAL	PUBLIC	3,000.
AMERICANS FOR PROSPERITY FOUNDATION 2111 WILSON BLVD. ARLINGTON, VA 22201	NONE GENERAL	PUBLIC	25,000.
AMERICA'S MAJORITY FOUNDATION 7808 FOSTER, SUITE B OVERLAND, KS 66204	NONE GENERAL	PUBLIC	20,000.
APOSTLE ISLANDS AREA COMMUNITY FUND 324 WEST SUPERIOR STREET, SUITE 212 DULUTH, MN 55802	NONE GENERAL	PUBLIC	500.
CAMP JORN PO BOX 430 MANITOWISH WATERS, WI 54545	NONE GENERAL	PUBLIC	10,000.
CAPTAIN FREDERICK PABST MANSION, INC. 2000 W. WISCONSIN AVENUE MILWAUKEE, WI 53233	NONE GENERAL	PUBLIC	750.
CENTER FOR COMPETITIVE POLITICS 124 S. WEST STREET ALEXANDRIA, VA 22314	NONE GENERAL	PUBLIC	15,000.

ED UIHLEIN FAMILY FOUNDATION			20-5 ³ 7236 2 1
CHICAGO HISTORICAL SOCIETY 1601 NORTH CLARK STREET CHICAGO, IL 60614	NONE GENERAL	PUBLIC	2,000.
CHICAGO ZOOLOGICAL SOCIETY 3300 GOLF ROAD BROOKFIELD, IL 60513	NONE GENERAL	PUBLIC	2,500.
CLARE BOOTHE LUCE POLICY INSTITUTE 112 ELDEN STREET, SUITE P HERNDON, VA 20170	NONE GENERAL	PUBLIC	20,000.
DELTA WATERFOWL FOUNDATION PO BOX 3128 BISMARCK, ND 58502	NONE GENERAL	PUBLIC	250.
EAGLE FORUM EDUCATION & LEGAL DEFENSE P.O. BOX 618 ALTON, IL 62002	NONE GENERAL	PUBLIC	1,000.
EISENHOWER MEDICAL CENTER 39000 BOB HOPE DRIVE RANCHO MIRAGE, CA 92270	NONE GENERAL	PUBLIC	1,000.
ENDOMETRIOSIS FOUNDATION OF AMERICA 872 FIFTH AVENUE NEW YORK, NY 10065	NONE GENERAL	PUBLIC	800.
ENRICHED COMMUNITY 1632 23RD STREET ZION, IL 60099-2345	NONE GENERAL	PUBLIC	250.
THE FEDERALIST SOCIETY 1015 18TH STREET, N.W., SUITE 425 WASHINGTON, DC 20036	NONE GENERAL	PUBLIC	100,000.
FRANK WARD TRUST 855 SKOKIE HIGHWAY, SUITE D LAKE BLUFF, IL 60044	NONE GENERAL	PUBLIC	500.

ed uihlein family foundation			20-5723621
GILDER LEHRMAN INSTITUTE OF AM. HISTORY 19 WEST 44TH STREET, SUITE 500 NEW YORK, NY 10036	NONE GENERAL	PUBLIC	7,000.
GREAT LAKES ADAPTIVE SPORTS ASSOCIATION 400 E. ILLINOIS ROAD LAKE FOREST, IL 60045	NONE GENERAL	PUBLIC	2,000.
GROVE CITY COLLEGE 100 CAMPUS DRIVE GROVE CITY, PA 16127	NONE GENERAL	PUBLIC	5,000.
GUARDIAN ANGELS OF S.W. FLORIDA 1429 60TH AVENUE W STE 200 BRADENTON, FL 34207	NONE GENERAL	PUBLIC	10,000.
HAZELDEN CHICAGO PO BOX 11 CENTER CITY, MN 55012-0011	NONE GENERAL	PUBLIC	500.
THE HEARTLAND INSTITUTE 19 SOUTH LASALLE STREET, SUITE 903 CHICAGO, IL 60603	NONE GENERAL	PUBLIC	1,000.
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE, NE WASHINGTON, DC 20002-4999	NONE GENERAL	PUBLIC	20,000.
HIGH FRONTIER PO BOX 1325 FORT DAVIS, TX 79734	NONE GENERAL	PUBLIC	2,000.
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	NONE GENERAL	PUBLIC	10,000.
ILLINOIS POLICY INSTITUTE 190 S. LASALLE STREET, SUITE 2130 CHICAGO, IL 60603	NONE GENERAL	PUBLIC	250,000.

EĎ UIHĽĘIN FAMILY FOUNDATION			20-5723621
INSTITUTE FOR HUMANE STUDIES 3301 NORTH FAIRFAX DRIVE ARLINGTON, VA 22201	NONE GENERAL	PUBLIC	120,000.
LA CASA ZACHARIAS CENTER 4275 OLD GRAND AVENUE GURNEE, IL 60031	NONE GENERAL	PUBLIC	10,000.
LAKE COUNTY COMMUNITY FOUNDATION 114 SOUTH GENESEE STREET, SUITE 505 WAUKEGAN, IL 60085	NONE GENERAL	PUBLIC	1,000.
LAKE FOREST HOSPITAL 660 N. WESTMORELAND ROAD LAKE FOREST, IL 60045	NONE GENERAL	PUBLIC	10,000.
LAKE FOREST SYMPHONY 50 E. OLD MILL ROAD LAKE FOREST, IL 60045	NONE GENERAL	PUBLIC	1,000.
LAKELAND DISCOVERY CENTER PO BOX 237 MANITOWISH WATERS, WI 54545	NONE GENERAL	PUBLIC	50,000.
LINCOLN PARK ZOO PO BOX 14903 CHICAGO, IL 60614	NONE GENERAL	PUBLIC	1,000.
MEDIA RESEARCH CENTER 325 SOUTH PATRICK STREET ALEXANDRIA, VA 22314	NONE GENERAL	PUBLIC	300,000.
METRO SQUASH 5655 SOUTH UNIVERSITY AVENUE CHICAGO, IL 60697	NONE GENERAL	PUBLIC	5,000.
NATIONAL LEGAL AND POLICY CENTER 107 PARK WASHINGTON COURT FALLS CHURCH, VA 22046		PUBLIC	50,000.

ED UIHLEIN FAMILY FOUNDATION			20-5723621
NATIONAL RIGHT TO WORK LEGAL DEFENSE FOUNDATION 8001 BRADDOCK ROAD STE 600 SPRINGFIELD, VA 22151	NONE GENERAL	PUBLIC	50,000.
THE NITTANY CHRISTIAN SCHOOL 1221 W. WHITEHALL ROAD STATE COLLEGE, PA 16801	NONE GENERAL	PUBLIC	100,000.
PACIFIC LEGAL FOUNDATION 3900 LENNANE DRIVE, SUITE 200 SACRAMENTO, CA 95834	NONE GENERAL	PUBLIC	2,000.
PRO LIFE ACTION LEAGUE 6160 N. CICERO AVE., SUITE 600 CHICAGO, IL 60646	NONE GENERAL	PUBLIC	2,500.
SHEDD AQUARIUM 1200 S. LAKE SHORE DRIVE CHICAGO, IL 60605	NONE GENERAL	PUBLIC	2,500.
SIDEWALK SUNDAY SCHOOL 1312 27TH STREET ZION, IL 60099	NONE GENERAL	PUBLIC	1237441.
STUDENTS FOR LIBERTY PO BOX 17321 ARLINGTON, VA 22216	NONE GENERAL	PUBLIC	1,000.
THE JACK MILLER CENTER 111 PRESIDENTIAL BLVD. STE 146 PHILADELPHIA, PA 19004	NONE GENERAL	PUBLIC	155,000.
THE LEADERSHIP INSTITUTE 1101 NORTH HIGHLAND STREET ARLINGTON, VA 22201	NONE GENERAL	PUBLIC	100,000.
THE LOVETT SCHOOL 4075 PACES FERRY RD NW ATLANTA, GA 30327	NONE GENERAL	PUBLIC	15,000.

ED UITLEIN FAMILY FOUNDATION			20-5723621
THE SEEING EYE P.O. BOX 375 MORRISTOWN, NJ 07963-0375	NONE GENERAL	PUBLIC	500.
U.S. SPORTSMEN'S ALLIANCE FOUNDATION 801 KINGSMILL PKWY COLUMBUS, OH 43229	NONE GENERAL	PUBLIC	200.
WASHINGTON LEGAL FOUNDATION 2009 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	NONE GENERAL	PUBLIC	10,000.
WATERFOWL FESTIVAL PO BOX 929 EASTON, MD 21601	NONE GENERAL	PUBLIC	3,000.
YMCA OF METROPOLITAN CHICAGO 801 N. DEARBORN CHICAGO, IL 60610	NONE GENERAL	PUBLIC	1,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A	_	2,741,191.

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

Form 8868 (Rev. 1-2011)

• it yo	u are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		,	► (<u>A</u> .)
If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fil	ed For	m 8868.	
	onic filing (e-file). You can electronically file Form 8868 if y					poration
	d to file Form 990-T), or an additional (not automatic) 3-mol				•	
	to file any of the forms listed in Part I or Part II with the exc				•	
	al Benefit Contracts, which must be sent to the IRS in pap					
	ww.irs.gov/efile and click on e-file for Charities & Nonprofits		(see instructions). For more details on the	ie eiec	tronic tiling of this	ionn,
			hand awaren (an annua anadad)		·	
Part					·	
•	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete		
Part I d	•					-
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ICs, and ti	rusts must use Form 7004 to request an	exten.	sion of time	
						
Туре о	Name of exempt organization			Empl	loyer identificatio	n number
print				00 5500505		
File by th	ED UIHLEIN FAMILY FOUNDATION	ON		2	0-5723621	
due date	for Number, street, and room or suite no. If a PO box, s	ee Instruci	tions.			
filing you return So		339				
nstruction		oreign add	ress, see instructions.			
	LAKE FOREST, IL 60045					
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	agn	01	Form 990-T (corporation)			07
		02	Form 1041-A			08
Form 9						09
	990-EZ	03	Form 4720			
	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	990-T (trust other than above)	06	Form 8870			12
	RICHARD UIHLEI		220 TAKE BODBOW T	. .	0045	
	books are in the care of > 736 N WESTERN	AVE #		т о	0045	
	ephone No. ► 847-473-3000		FAX No. ►		 .	
If th	e organization does not have an office or place of busines	s in the Ur	nited States, check this box		•	>
If th	ils is for a Group Return, enter the organization's four digit	_				
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and ElNs of all	memb	ers the extension	ıs for.
1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time unt	nl –		
	AUGUST 15, 2011 , to file the exemp	t organiza	tion return for the organization named a	bove	The extension	
	s for the organization's return for:					
1	X calendar year 2010 or					
	tax year beginning	, an	d ending			
2	f the tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return Fina	al retur	'n	
	Change in accounting period					
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any			
			1,629.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year over	•		3b	\$	129.
	Balance due. Subtract line 3b from line 3a. Include your pa				-	
	by using EFTPS (Electronic Federal Tax Payment System).	-	•	3c	\$	1,500.
	on. If you are going to make an electronic fund withdrawal					
vauul	m. If you are going to make an electronic fund withdrawar	ricu ano F	onn cood, see i onn ofocico and rolli	JU13.	_o ioi payment in	<u> </u>

For Paperwork Reduction Act Notice, see Instructions.