

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

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 of a fo	ormer public charity	Final return			
Amended return	Address chan	ge 🔲	Name change			
Name of foundation			A Employer identification	number		
PEPPER FAMILY FOUNDAT						
C/O RICHARD S. PEPPER	····	······································	36-3540747			
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number			
643 NORTH ORLEANS	·		312-266-47			
City or town, state, and ZIP code			C If exemption application is p			
CHICAGO, IL 60654-36		<u> </u>	D 1. Foreign organizations 2. Foreign organizations me check here and attach co	eting the 85% test.		
H Check type of organization: X Section 501(c)(3) ex	kempt private foundation Other taxable private founds	ation	check here and attach co	mputation		
Section 4947(a)(1) nonexempt charitable trust I Fair market value of all assets at end of year J Account		Accrual	E If private foundation sta			
·	ther (specify)	Acciual	under section 507(b)(1)			
\$ 9,135,353. (Part I, colu	ımn (d) must be on cash l	pasis.)	F if the foundation is in a under section 507(b)(1)			
Part I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements		
(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	3,575,000.		N/A			
2 Check If the foundation is not required to attach Sch B						
interest on savings and temporary cash investments	130,794.	130,794.		STATEMENT 1		
4 Dividends and interest from securities	139,099.	139,099.		STATEMENT 2		
5a Gross rents						
b Net rental income or (loss)						
6a Net gain or (loss) from sale of assets not on line 10	18,731.					
b Gross sales price for all assets on line 6a 499,835. Capital gain net income (from Part IV, line 2)						
7 Capital gain net income (from Part IV, line 2)		18,731.				
8 Net short-term capital gain				 		
9 Income modifications VED 10a and allowances b Less Cost of goods sold of 2011		 .				
b Less Cost of goods sold of 2011				,		
b Less Cost of goods sold of 2011 Co		 -				
c Gross profit or (loss)						
12 Total. Add Thes This ough 11	3,863,624.	288,624.				
13 Compensation of officere, directors, trustees, etc	0.	0.		0.		
14 Other employee salaries and wages						
15 Pension plans, employee benefits						
9 16a Legal fees						
16a Legal fees STMT 3 C Other professional fees STMT 4	2,650.	2,650.	·	0.		
ថ្នាំ c Other professional fees STMT 4	14,476.	14,476.		0.		
17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications						
[18 Taxes STMT 5	1,998.	1,998.		0.		
19 Depreciation and depletion						
20 Occupancy						
21 Travel, conferences, and meetings						
	25.	25.		0.		
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23	23.	43.				
expenses. Add lines 13 through 23	19,149.	19,149.		0.		
25 Contributions, gifts, grants paid	2,410,500.			2,410,500.		
26 Total expenses and disbursements.			· · · · · · · · · · · · · · · · · · ·			
Add lines 24 and 25	2,429,649.	19,149.		2,410,500.		
27 Subtract line 26 from line 12:						
Excess of revenue over expenses and disbursements	1,433,975.			·		
b Net investment income (if negative, enter -0-)		269,475.				
c Adjusted net income (if negative, enter -0-)			N/A	<u> </u>		

Fo	rm 9	90-PF(2010) C/O RICHARD S. PEPPER		<u> 36-3</u>	3540747 Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	7		(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
	4	Savings and temporary cash investments	2,380,712.	3,564,994.	3,564,994.
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts			
	4	Pledges receivable -			
	_	Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	•			
	_	Less; allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
Ass	9	Prepaid expenses and deferred charges Investments - U.S. and state government obligations			
-		Investments - c.s. and state government obligations		-	
	1	: Investments - corporate stock			
	1 1	Investments - Corporate Dorids Investments - land, buildings, and equipment basis			
	''				
	12	Less accumulated depreciation Investments - mortgage loans			
	13	Investments - other STMT 7	5,096,950.	5,346,643.	5,570,359.
		Land, buildings, and equipment: basis	3,030,3301	3/310/0131	3/3/0/3331
	'-	Less accumulated depreciation			
	15	Other assets (describe	· · · · · · · · · · · · · · · · · · ·		
	16	Total assets (to be completed by all filers)	7,477,662.	8,911,637.	9,135,353.
		Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	İ	Foundations that follow SFAS 117, check here			
w		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
ᆲ	25	Temporarily restricted			
Ä	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31.	E 455 660	0 011 637	
ţ	27	Capital stock, trust principal, or current funds	7,477,662.	8,911,637.	
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	7 477 662	8,911,637.	
ž	30	Total net assets or fund balances	7,477,662.	0,911,037.	
	21	Total liabilities and net assets/fund balances	7,477,662.	8,911,637.	
_				0,011,007.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances 		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	7,477,662.
		r amount from Part I, line 27a		2	1,433,975.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	8,911,637.
		eases not included in line 2 (itemize)	hara (h) har 00	5	0.
<u>6</u>	rota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (d), line 30	6	8,911,637.

Part IV Capital Gains	and Losses fo	or Tax on In	vestmen	t Income					
(a) List and desc 2-story brick w	ribe the kind(s) of p arehouse; or commo	roperty sold (e.g on stock, 200 shs	, real estate, s. MLC Co.)		(b)	How acquired - Purchase - Donation		Date acquired io., day, yr.)	(d) Date sold (mo., day, yr.)
<u>1a</u>		 -			<u> </u>		<u> </u>		
b SEE ATTACHED	STATEMEN	IT			-		-	 _	
C	·						-		
<u>d</u>							-		<u> </u>
e	<u> </u>				<u> </u>	,	<u> </u>		<u> </u>
(e) Gross sales price	(f) Depreciation (or allow			st or other basis expense of sale				(h) Gain or (loss) plus (f) minus	
<u>a</u>									
<u>b</u>				· - · · · · · · · · · · · · · · · · · ·					
<u> </u>									
d 400 035				401 10	4				10 721
<u>e</u> 499,835.		\		481,10	4.				18,731.
Complete only for assets shown	1		I			,	ו) Gall) און (k)	ns (Col. (h) gain but not less tha	minus n -n-) or
(i) F.M.V. as of 12/31/69	(j) Adjuste as of 12/			col. (j), if any			Lo:	sses (from col. ((h))
a				<u></u>		<u> </u>			
b				·				 	
C									
d									
e									18,731.
	ſı	f gain, also enter	ın Part I, line	7	1				
2 Capital gain net income or (net ca		f (loss), enter -0			P	2			18,731.
3 Net short-term capital gain or (lo	ss) as defined in sec	tions 1222(5) an	ıd (6):						
If gain, also enter in Part I, line 8,			(0).		Ĵ				
If (loss), enter -0- in Part I, line 8	• •					3		N/A	
Part V Qualification L	Inder Section	4940(e) for	Reduced	Tax on Net	Inv	estment ir	ncom	e	
If section 4940(d)(2) applies, leave t Was the foundation liable for the sec If "Yes," the foundation does not qua Tenter the appropriate amount in	tion 4942 tax on the lify under section 49	40(e). Do not co	mplete this pa	art.					Yes X No
(a)	Cacif Coldinii Tor Cac		20110113 201010	making any onak					(d)
Base periód years Calendar year (or tax year beginni	ng in) Adjust	(b) ed qualifying dist		Net value of no		rıtable-use asse		Distrit (col. (b) div	oution ratio rided by col. (c))
2009			9,000.			,770,32			.295368
2008			6,450.			<u>,132,48</u>			2.133755
2007			2,759.			<u>,226,33</u>			1.330777
2006			7,260.			,263,19			.688668
2005		70	0,426.		_3	<u>,510,75</u>	6.		.199509
2 Total of line 1, column (d)								2	4.648077
3 Average distribution ratio for the	5-vaar haca noriod	divide the total o	n line 2 hv F	or by the number	ofvo	are		-	± • 0 ± 0 0 / /
the foundation has been in existe			m mie z by 5,	or by the number	oi ye			3	.929615
4 Enter the net value of noncharitat	ele-use assets for 20	10 from Part X, I	ine 5					4	6,991,266.
5 Multiply line 4 by line 3								5	6,499,186.
	/10/ of Dort I line	075)							
6 Enter 1% of net investment incon	ie (176 Ui Part I, line	210)						6	2,695.
7 Add lines 5 and 6							-	7	<u>6,501,881.</u>
8 Enter qualifying distributions from								8	2,410,500.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the bo	x in Part VI, line	1b, and comp	lete that part using	g a 19	% tax rate.			
 				······································				С.	orm 990-PF (2010)
023521 12-07-10								F	ли сесті (2010)

PEPPER FAMILY FOUNDATION Form 990-PF (2010) C/O RICHARD S. PEPPER Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here | Image: and enter "N/A" on line 1 Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 5,390. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 1 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-) 2 3 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: 2,800. a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6b b Exempt foreign organizations - tax withheld at source 8,000 c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 10,800. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 9 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 5,410. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 5.410. Refunded 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a X any political campaign? 1b b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. Х c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 . (2) On foundation managers. ► \$ 0. (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or 3 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A 4b b If "Yes," has it filed a tax return on Form 990-T for this year? X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year?

Form **990-PF** (2010)

X

8b

10

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)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresse

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

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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,

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Form 4720, to determine if the foundation had excess business holdings in 2010.)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form **990-PF** (2010)

4a

X

Yes X No

N/A

during the year?

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

0

Form 990-PF (2010)

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	320727
3 Five highest-paid independent contractors for professional services. If none, enter "NC	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	nformation such as the	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 N/A		
	- 	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	-	0.
Total, Aud intes Tullough 3		5 000 PE

Form **990-PF** (2010)

Form 990-PF (2010) C/O RICHARD S. PEPPER Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X 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 5,386,131. 1,711,601. b Average of monthly cash balances 1b c Fair market value of all other assets 10 7,097,732. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 3 7,097 3 Subtract line 2 from line 1d 106,466, Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 6,991,266. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 349,563. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here

and do not complete this part.) 349,563. Minimum investment return from Part X, line 6 5,390. Tax on investment income for 2010 from Part VI, line 5 Income tax for 2010. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c C 344,173. 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 2,410,500. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3b b Cash distribution test (attach the required schedule) 2,410,500. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Form 990-PF (2010)

Part XIII Undistributed Income (see instructions)

				
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				344,173.
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 526,628.				
b From 2006 2,087,902.	j	_		
c From 2007 2,857,924.	•			
dFrom 2008 2,359,926.	•			
e From 2009 1,173,232.	2 225 542			
f Total of lines 3a through e	9,005,612.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 2,410,500.			0	
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	^			
(Election required - see instructions)	0.			244 172
d Applied to 2010 distributable amount	2,066,327.			344,173.
e Remaining amount distributed out of corpus	2,000,327.			0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,071,939.			
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				
corpus to satisfy requirements imposed by		,		•
section 170(b)(1)(F) or 4942(g)(3)	0.	,		
8 Excess distributions carryover from 2005	}			
not applied on line 5 or line 7	526,628.			
9 Excess distributions carryover to 2011.]	ļ		
Subtract lines 7 and 8 from line 6a	10,545,311.			
IO Analysis of line 9:				
a Excess from 2006 2,087,902.				
b Excess from 2007 2,857,924.			1	
c Excess from 2008 2,359,926.]		
d Excess from 2009 1,173,232.				
e Excess from 2010 2,066,327.		<u></u>		Form 990-PF (2010)
				1 0 cm Marie 1 1 1 1 1 (0010)

Form **990-PF** (2010)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Informati			· · · · · · · · · · · · · · · · · · ·	
3 Grants and Contributions Paid During the	e Year or Approved for Future I	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year SEE ATTACHED LIST		:		2,410,500
				2,110,300
				}
	i			-
Total			<u> </u>	2,410,500
Total b Approved for future payment				2,410,300
y pproved to receive payment				
NONE				
		i		
Total			▶ 3b	0
23611 12-07-10				Form 990-PF (2010

36-3540747 Page 12

		ed business income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a			1		
b	_				. <u> </u>
c					
d	_	·-	-		
e	_				
f	_				
g Fees and contracts from government agencies		 	1 -		
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash				120 704	
investments			14	130,794. 139,099.	
4 Dividends and interest from securities			14	139,099.	
5 Net rental income or (loss) from real estate:			+	· 	
a Debt-financed property		- ·- · · · · · · · · · · · · · · · · ·	- -		
b Not debt-financed property		- A'' - FM	+		
Net rental income or (loss) from personal					
property Other investment income					
7 Other investment income					
3 Gain or (loss) from sales of assets other			18	18,731.	
than inventory			1 10	10,731.	
9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory					
1 Other revenue:	-		+ +		_
ab	-		+ +		
	1		1 1		
de	-				
2 Subtotal. Add columns (b), (d), and (e)	-	0		288,624.	(
	<u> </u>			13	288,624
3 Total, Add line 12, columns (b), (d), and (e)					
See worksheet in line 13 instructions to verify calculations.)	to the Acco	omplishment of E	xempt I	Purposes	
Line No. Explain below how each activity for which inc	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported :	n column (e) of Part XVI-			Dishment of

Form 990		.010) C	/O R]	CHARD	s.	PEPP	ER					36-	<u> 35407</u>	<u>47</u>	Pa	ge 13
Part)	(VII				rans	sfers To	and Trai	nsactions	and Re	lation	ships W	ith No	oncharita	able	•	
		Exempt (V 1	NI -
		ganization directl		-	-		-				ction 501(c) of		- 1	Yes	No
		other than section							nizations?							
	Cash	from the reportin	ig louridat	lion to a nonc	nantau	ne exempt d	nganization (JI.						./1\		v
		assets												a(1) a(2)		X
		sactions:											 	2(2)		
		of assets to a no	ncharitab	le exempt ora	anızati	on							11	b(1)		X
٠,		nases of assets fr												b(2)		X
		l of facilities, equ									•			b(3)		X
(4)	Reim	bursement arrang	gements										11	b(4)		X
(5)	Loans	s or loan guarant	ees										1	b(5)		X
(6)	Perfo	rmance of service	es or men	nbership or fu	ındrais	ıng solıcıtat	ions						11	(6)		X
	-	f facilities, equipn				-								1c		X
		ver to any of the				_		• •	-				-		ets,	
		s given by the rep i) the value of the						ı tair market vai	ue in any	transactio	on or snarir	ig arrang	ement, snow	/ IN		
(a) Line no	<u>`</u>	(b) Amount invol					le exempt or	nanization	(d)	Description	on of transfer	e transact	ions, and shari	na arr	andeme	nte
(4) 2.110 110	+	(0) / 11/100/11/11/10	-	(0) 114	1110 01	N/A	- Compton	gameanon	(5)	Возагра	011 01 11 12 10 10 1	o,	.0110, 12112 011221	ing wi	angeme	,,,,
	+															
																
											 					
			-													
	+	•	+						+-							
	+															
													<u>-</u>			
					-	-						****				
	T												•			
															_	
		idation directly oi	-		-			k-exempt organ	izations di	escribed						,
		501(c) of the Cod			01(c)(3)) or in sec	ction 527?						,	Yes	LX	No
<u>ь If "Y</u>	es, co	mplete the follow					(h) Tuno	of organization	1		(a) Dagge	ntion of r	olotionohin			
			ne of orgai	IIIZation			(b) Type (of organization	-		(c) Descri	ption of i	elationship			
			N/A.	$\overline{}$		$\overline{}$			 				•			
		-			/)			 							
			/				 		 			•	. .			
-			11	// 2												
		r penalties of perium omplets Declaration	, i deciare ti	hat I have orami	ned this	s return, inclu	ding accompan	ying schedules an ormation of which	d statemen	is, and to t	he best of my	y knowledg	ge and belief, it	ıs tru	e, correc	et,
Sign	and ¢	omprey beclarator			payer or	niduciary) is t	pased on an ini	ormation of which	preparer na				1.	,	4	
Here	1	rugea	7	Voy		_		<u> </u>	<u>///</u>	_	ECRET	ARY	Presio	(4	<u>Z_</u>	
		Signature of office			<u>г</u>	Dennassis		D'ate /	Deta		Title	1 .4	Готи			
		Print/Type prepa	arer's nam	16		Preparer's s	signature		Date		Check [self- emp	lf	PTIN			
Paid		MARK 2	ZIVKO	WTC		M	1. 7	7.	5/9	du	2011- 01111	noyou				
Prepa	rer	Firm's name			L THE	PARD	T.T.		3/7		Firm's E	INI ►	1			
Use O		i ii iii o nailic		BANK			THC A				1 11111 5	.164				
	- 1	Firm's address					50045				Phone r	10 R	47 23	1_1	500	<u> </u>

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

PEPPER FAMILY FOUNDATION 36-3540747 C/O RICHARD S. PEPPER 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 Form 990-PF X 501(c)(3) exempt private foundation 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** 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** J 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. I 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,

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).

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribution, 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

aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

religious, charitable, etc., contributions of \$5,000 or more during the year.

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)

Name of organization

· PEPPER FAMILY FOUNDATION C/O RICHARD S. PEPPER

Employer identification number

36-3540747

ranı	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RICHARD S. PEPPER 643 NORTH ORLEANS CHICAGO, IL 60610	<u>3,000,000.</u>	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
2	THE PEPPER COMPANIES, INC. 643 NORTH ORLEANS CHICAGO, IL 60610	\$ 575,000.	Person X Payroll
(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
023452 12-23		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2010)

of Part II

Name of organization · PEPPER FAMILY FOUNDATION Employer identification number

C/O RICHARD S. PEPPER

36-3540747

Part 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
		 s	
(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. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

	orm 990, 990-EZ, or 990-PF) (2010)		Page of of Par			
Name of org			Employer identification number			
	R FAMILY FOUNDATION CCHARD S. PEPPER		36 3540747			
Part III	Exclusively religious, charitable, etc., in	dividual contributions to section 50	36-3540747 1(c)(7), (8), or (10) organizations aggregating			
	more than \$1,000 for the year. Complete	columns (a) through (e) and the follow	wing line entry. For organizations completing			
	Part III, enter the total of exclusively religion \$1,000 or less for the year. (Enter this info	ormation once. See instructions.)				
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
}						
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
1						
<u> </u>		(e) Transfer of gift				
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee			
ĺ						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) i di pose di giit	(0, 000 0. g.n.	(c) = conputer of the great term			
}						
		(e) Transfer of gift				
<u> </u> -	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
						
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held			

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

PEPPER FAMILY FOUNDATION

CHARITABLE CONTRIBUTIONS

12/31/2010

	RECIPIENT	RECIPIENT	PURPOSE	
NAME AND ADDRESS	RELATIONSHIP	STATUS	OF GRANT	AMOUNT
Adler Planetarium 1300 South Lake Shore Drive Chicago, IL 60605	None	501 (c) (3)	Operating Funds	1,000.00
Advocate Condell Medical Center 801 South Milwaukee Avenue Libertyville, IL 60048	None	501 (c) (3)	Operating Funds	25,000.00
Art Institute of Chicago Michigan Avenue at Adams Chicago, IL 60602	None	501 (c) (3)	Operating Funds	35,000 00
Associated Colleges of Illinois 150 N. Wacker Drive #1350 Chicago, IL 60606	None	501 (c) (3)	Operating Funds	21,000 00
Barrington Area Council on Aging 6000 Garlands Lane, Suite 100 Barrington, IL 60010	None	501 (c) (3)	Operating Funds	5,000 00
Big Shoulders Fund 309 W. Washington, Suite 550 Chicago, IL 60606	None	501 (c) (3)	Operating Funds	10,000 00
Chicago Botanic Garden 1000 Lake Cook Road Glencoe, IL 60022	None	501 (c) (3)	Operating Funds	2,500.00
Chicago History Museum 1601 N. Clark Street Chicago, IL 60614	None	501 (c) (3)	Operating Funds	2,500.00
Chicago Sunday Evening Club 200 N. Michigan Ave. Chicago , IL 60601	None	501 (c) (3)	Operating Funds	1,000.00
Chicago Symphony Orchestra 67 E Adams Street Chicago, IL 60603	None	501 (c) (3)	Operating Funds	7,500.00
Dominican University 7900 West Division St. River Forest, IL 60305	None	501 (c) (3)	Operating Funds	50,000 00
The Episcopal Diocese Facilities 65 E. Huron Street Chicago, IL 60611	None	501 (c) (3)	Operating Funds	1,000,000 00

PEPPER FAMILY FOUNDATION

CHARITABLE CONTRIBUTIONS

12/31/2010

NAME AND ADDRESS	RECIPIENT RELATIONSHIP	RECIPIENT STATUS	PURPOSE OF GRANT	AMOUNT
Glen Brook Hospital 2100 Pfingsten Road Glenview, IL 60026	None	501 (c) (3)	Operating Funds	25,000 00
Hershima Kenya PO Box 408077 Chicago, IL 60640	None	501 (c) (3)	Operating Funds	5,000 00
Homan Square Community Center 3517 West Arthington St. Chicago, IL 60624	None	501 (c) (3)	Operating Funds	50,000 00
Hospice Foundation of Northeastern Illinois 410 S. Hagar Street Barrington, IL 60010	None	501 (c) (3)	Operating Funds	630,000.00
Kohl Children's Museum 2100 Patriot Boulevard Glenview, IL 60026	None	501 (c) (3)	Operating Funds	25,000.00
Lawrence Hall Youth Services 4833 N Francisco Ave Chicago, IL 60625	None	501 (c) (3)	Operating Funds	75,000 00
Lincoln Park Zoo 2200 N Cannon Dr Chicago, IL 60614	None	501 (c) (3)	Operating Funds	50,000.00
Max McGraw Wıldlife Foundation PO Box 9 Dundee, IL 60118	None	501 (c) (3)	Operating Funds	60,000 00
Museum of Science and Industry 57th and Lake Shore Drive Chicago, IL 60637	None	501 (c) (3)	Operating Funds	10,000.00
The Newberry Library 60 W Walton St Chicago, IL 60610	None	501 (c) (3)	Operating Funds	5,000 00
Northern Illinois University Altgeld Hall 135 DeKalb, IL 60115	None	501 (c) (3)	Operating Funds	10,000.00
North Shore University Health System 1033 University Place #450 Evanston, IL 60201	None	501 (c) (3)	Operating Funds	25,000 00
Northwestern University Athletic Dept	None	501 (c) (3)	Operating Funds	130,000 00

PEPPER FAMILY FOUNDATION

CHARITABLE CONTRIBUTIONS

12/31/2010

NAME AND ADDRESS	RECIPIENT RELATIONSHIP	RECIPIENT STATUS	PURPOSE OF GRANT	AMOUNT
2020 Ridge Avenue Evanston, IL 60208				
Northwestern University 1501 Central Street Evanston, IL 60208	None	501 (c) (3)	Operating Funds	5,000 00
Palos Community Hospital 12251 S 80th Ave Palos Heights, IL 60463	None	501 (c) (3)	Operating Funds	50,000.00
Purdue University 403 West Wood Street West Lafayette, IN 47907	None	501 (c) (3)	Operating Funds	10,000 00
Riley Children's Foundation 30 South Meridian Street, Suite 200 Indianapolis, IN 46204	None	501 (c) (3)	Endowment	25,000 00
Shrimer College 3424 S. State Street Chicago, IL. 60616	None	501 (c) (3)	Operating Funds	5,000 00
St. Leonard's Ministries 2100 West Warren Blvd Chicago, IL 60612	None	501 (c) (3)	Operating Funds	5,000 00
Swedish Covenant Hospital 5145 N California Ave Chicago, IL 60625	None	501 (c) (3)	Operating Funds	50,000 00
TOTAL TO FORM 990-PF, PART XV,	, LINE 3A			2,410,500.00

C/O RICHARD S. P		36-334	0/4/	PAGE I OF I
	sses for Tax on Investment Income		[/EX 11-11	
(a) List and 2-story b	d describe the kind(s) of property solo rick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a 50000 UNITS FE	DERAL FARM CR BK	S 5.625%	P	01/08/0910/19/10
	RGAN STANLEY MTN		P	10/15/0910/22/10
	G STRUCTURED PRO		P	05/27/0909/20/10
	DERAL NATL MTG 5		P	01/13/0907/28/10
	DERAL NATL MTG 5		P	12/26/08/05/17/10
	DERAL HOME LOAN		P	01/01/1004/01/10
	DERAL NATL MTG A		P	12/26/0802/01/10
FROM DB COMMOD	DERAL NATL MTG A	SSN 4.58	P	12/26/0806/28/10 12/31/1012/31/10
-	ITY FUND		P	12/31/1012/31/10
k FROM DB COMMOD			P	12/01/0912/31/10
FROM DB COMMOD			P	12/01/0912/31/10
m CAPITAL GAINS			_	
n				
0				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)
50,000.		52,456.		<2,456.
40,000.		40,000.		0.
100,000.		98,030.		1,970.
60,000.		62,127.		<2,127.
50,000.		50,027.		<27.
f 75,000.		75,055.		· <55.
75,000.		78,098.		<3,098.
h 25,000. ı 2,883.		24,968.		32. 2,883.
4,003.	<u> </u>	343.		
4,324.		243.	 	4,324.
152.				152.
17,476.				17,476.
				•
Complete only for assets showing	ng gain in column (h) and owned by th	he foundation on 12/31/69		sses (from col. (h))
(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	Gains (excess but r	of col. (h) gain over col. (k), not less than "-0-")
				<2,456.>
				0.
				1,970.
				<2,127.
		· · · · · · · · · · · · · · · · · · ·		<27.×
				<3,098.>
				32.
				2,883.
·				<343.>
(4,324.
				152.
1				17,476.
Capital gain net income or (net ca	pital loss) { If gain, also enter if If (loss), enter "-0-"	in Part I, line 7 " in Part I, line 7	2	18,731.
If gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) and column (c).	\ 1		
If (loss), enter "-0-" in Part I, line 8	<u> </u>		3	N/A

FORM 990-PF INTEREST ON SAVI	NGS A	ND TEM	PORARY CA	ASH II	NVESTMENTS	STATEMENT	1
SOURCE						TUUOMA	
HARRIS BANK SECURITIES AMERICA						24,45 106,33	
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A		:	130,79	94.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A))
DB COMMODITY FUND SECURITIES AMERICA, INC. VANGUARD INVESTMENTS			61. 5,913. 150,601.		0. 0. 17,476.	5,91 133,12	
TOTAL TO FM 990-PF, PART I, I	N 4		156,575.		17,476.	139,09	99.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		2,650.	2	,650.			0.
TO FORM 990-PF, PG 1, LN 16B		2,650.	2	,650.			0.
FORM 990-PF O	THER	PROFES	SIONAL FI	EES		STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
BANK & INVESTMENT FEES	1	4,476.	14,	476.			0.

FORM 990-PF	TAX	ES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
FEDERAL TAXES	1,998.	1,998		0.
TO FORM 990-PF, PG 1, LN 18	1,998.	1,998		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
STATE FEES	25.	25	•	0.
TO FORM 990-PF, PG 1, LN 23	25.	25		0.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 7
DESCRIPTION		LUATION ETHOD E	OOK VALUE	FAIR MARKET VALUE
OTHER INVESTMENTS		COST	5,346,643.	5,570,359.
TOTAL TO FORM 990-PF, PART I	I, LINE 13		5,346,643.	5,570,359.

	RT VIII - 1 TRUSTEES A	STATI	ement 8		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
RICHARD S. PEPPER 643 NORTH ORLEANS STR CHICAGO, IL 60610	REET	DIRECTOR, PRES	SIDENT, TREAS.	0.	0.
ROXELYN M. PEPPER 643 NORTH ORLEANS STR CHICAGO, IL 60610	REET	DIRECTOR, V.E	0.	0.	0.
THOMAS M. O'LEARY 643 NORTH ORLEANS STR CHICAGO, IL 60610	REET	SECRETARY 0.00	0.	0.	0.
J. DAVID PEPPER 643 NORTH ORLEANS STR CHICAGO, IL 60610	LEET	DIRECTOR 0.00	0.	0.	0.
LYNDA BOLLMAN 343 SOUTH GRAYFRIAR L INVERNESS, IL 60067	ANE	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 99	0-PF, PAGI	E 6, PART VIII	0.	0.	0.

Form **8868**

(Rev. January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Name of exempt organization PEPPER RAMILY FOUNDATION 26	interna	l Revenue Service	File a sepa	arate app	lication for each return.		<u> </u>		
to file income tex returns. Name of exempt organization print PEPPER FAMILY FOUNDATION C/O RICHARD S. PEPPER 36-3540747 Name of exempt organization PEPPER FAMILY FOUNDATION C/O RICHARD S. PEPPER 36-3540747 Name of exempt organization CRICHARD S. PEPPER 36-3540747 Name of exempt organization Sender organization CRICHARD S. PEPPER CRICHARD S. PEPPER 36-3540747 Name of exempt organization CRICHARD S. PEPPER CRICHARD S. PEPPER CRICHARD S. PEPPER Return Sender organization Server Code Is For Mally Is For Code Is For Code Is For Mally Is Code Is For Code Is For Code Is For Mally Is Code Is For Code Is For Mally Is Code Is For	If y Do n Elect requi of tim Perso visit u Pai A cor Part I	you are filing for an Aut you are filing for an Aut you are filing for an Aut ot complete Part II ur bronic filing (e-file). You red to file Form 990-T), ne to file any of the form onal Benefit Contracts, www.irs.gov/efile and count reporation required to file only	tomatic 3-Month Extension, complet ditional (Not Automatic) 3-Month Extension (Not Automatic) 3-Month Extension (Not automatic) 3-month (Not automatic	te only Patension, of an automa vou need a not need a need a not need a	complete only Part II (on page 2 of this attic 3-month extension on a previously find 3-month automatic extension of time to sion of time. You can electronically file Form 8870, Information Return for Transee instructions). For more details on the sion of time to the sion of time and the sion of time. You can electronically file Form 8870, Information Return for Transee instructions). For more details on the sion of the si	led Forr o file (6 form 88 nsfers A he elect	n 8868. months for a corpo 68 to request an ex ssociated With Cer ronic filing of this fo	oration dension tain	
PEPPER FAMILY FOUNDATION C/O RICHARD S. PEPPER Number, street, and room or suite no. If a P.O. box, see instructions. 643 NORTH ORLEANS Cty, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60654-3608 Enter the Return code for the return that this application is for (file a separate application for each return) Pepplication Return Application For Code (Fe For Code) Form 990 01 Form 990 IL 02 Form 1041-A 08 Form 990 01 Form 990 IL 02 Form 1041-A 08 Form 990-FZ 03 Form 14720 09 Form 990-FZ 03 Form 6059 111 Form 990-T (rust other than above) RICHARD S. PEPPER The books are in the care of ► 643 NORTH ORLEANS - CHICAGO, IL 60610 Telephone No. ► 312-265-4703 FAX No. ► If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is or part of the group, check this box ► and attach a list with the names and Enter the whole group, check this box If it is a palication is for Form 990-F, 990-F, 990-F, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Bit this application is for Form 990-F, 990-F, 990-F, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Bit this application is for Form 990-F, 990-F, 990-F, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Bit this application is for Form 990-F, 990-F, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Bit this application is for Form 990-F, 990-F, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Bit this payments made. Include any pnor year overpayment allowed as a credit. Bit this payments made. Include any pnor year overpayment allowed as a credit. Bit this payments made. Include any pnor year overpayment with this form, if required, by yusi									
C/O RICHARD S. PEPPER 36-3540747			• • • • • • • • • • • • • • • • • • •			Emplo	yer identification	number	
Number, street, and room or suite no. If a P.O. box, see instructions. 643 NORTH ORLEANS City, town or post office, state, and ZIP code. For a foreign address, see instructions.	print					36	-35/07/7		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60654-3608		the Northead Advant		ee instruc	tions		3340747		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60654-3608 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Sorm 990 O1 Form 990-T (corporation) Form 990-BL Form 990-EZ O3 Form 4720 O99 Form 990-PF O4 Form 5927 10 Form 990-PF O5 Form 6099 Title form 990-T (trust other than above) Form 990-T (trust ot	filing yo	Pur 643 NORT		00 11101140	10/10.				
Return Sept. Se		tions. City, town or po	est office, state, and ZIP code. For a fo	oreign add	ress, see instructions.				
Se For Code 15 For Code 15 For Code 15 For Code 15 For 1041 - A 107 Form 990 BL 02 Form 1041 - A 108 Form 990 BL 02 Form 1041 - A 108 Form 990 EZ 03 Form 4720 09 Form 990 FC 100 FC	Enter	the Return code for th	e return that this application is for (file	a separa	te application for each return)			04	
Form 990	Appli	Cation		Return	Application			Return	
Form 990-BL Form 990-EZ Form 1041-A Form 990-FZ Form 990-PF Form 870 Form 870 Form 870 Form 8870	s For	<u>r</u>		Code	is For			Code	
Form 990-EZ Form 990-PF Form 8870 Form 8970 Form 8870 Form 890-Form 8870 Form 8870 Form 8870 Form 8870 Form 8870 Form 8870 Fo									
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) RICHARD S. PEPPER The books are in the care of 643 NORTH ORLEANS - CHICAGO, IL 60610 Telephone No. 312-266-4703 FAX No. Fa									
Form 990-T (trust other than above) RICHARD S. PEPPER The books are in the care of 643 NORTH ORLEANS - CHICAGO, IL 60610 Telephone No. 312-266-4703 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 August 16 the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2010 Latax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 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 overpayment allowed as a credit. B Blance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 8,000.									
RICHARD S. PEPPER The books are in the care of ▶ 643 NORTH ORLEANS - CHICAGO, IL 60610 Telephone No. ▶ 312-266-4703 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. Irequest 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 is for the organization's return for: ▶ X calendar year 2010 or ▶ tax year beginning, and ending If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any pnor year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 8,000.			OO(a) Am (a)						
RICHARD S. PEPPER The books are in the care of ▶ 643 NORTH ORLEANS - CHICAGO, IL 60610 Telephone No. ▶ 312-266-4703 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2010 or ▶ tax year beginning , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 8,802. 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 pnor year overpayment allowed as a credit. 3b \$ 802. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 8,000.					·······				
The books are in the care of ▶ 643 NORTH ORLEANS - CHICAGO, IL 60610 Telephone No. ▶ 312-266-4703 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box	-OITI	390-1 (trust other than			F0111 8870			12	
Telephone No. ► 312-266-4703 FAX No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 Is for the organization's return for: X calendar year 2010 Tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	• Th	e books are in the care			CHICAGO, IL 60610				
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If it is for part of the group, check this box If 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 is for the organization's return for: X calendar year 2010 or X calendar year 2010 or Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.									
If the tax year entered in line 1 is for less than 12 months, check reason: If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. If the last with the names and EINs of all members the extension is for. and attach a list with the names and EINs of all members the extension is for. and attach a list with the names and EINs of all members the extension is for. and attach a list with the names and EINs of all members the extension is for. and attach a list with the names and EINs of all members the extension is for. and attach a list with the names and EINs of all members the extension is for. and attach a list with the names and EINs of all members the extension is for. and attach a list with the names and EINs of all members the extension is for. and attach a list with the names and EINs of all members the extension is for. and attach a list with the names and EINs of all members the extension is for. and all the organization of time until and above. The extension is for less than 12 months, check reason: If the tax paymad above. The extension is for the extension is for the extension is for the extension is for the ex				in the Un	ited States, check this box				
I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until	lf t								
AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X Calendar year 2010 Or Lax year beginning	ox 🕽	. If it is for part	of the group, check this box	and attac	ch a list with the names and EINs of all	<u>nember</u>	s the extension is	for.	
▶ X calendar year 2010 or ▶ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c. \$8,000.	1	•		•	·		ne extension		
tax year beginning, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions									
If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Initial return Final return Final return Final return Final return Sa									
Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 8,802. 8 8,000.		tax year beginning, and ending							
nonrefundable credits. See instructions. 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 overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ 8,802. 802.	2								
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 overpayment allowed as a credit. by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3b \$ 802. 8 ,000.	3a								
estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3b \$ 802.									
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 8,000.				-				000	
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 8,000.						3b	\$	802.	
			• • •			3c	ж Я	.000 -	