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11/10/2011

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

OMB No 1545-0052

		of the Treasury	İ		eated as a Privat					2010
_		renue Service			e able to use a copy of the , and ending	return to s	satisfy state re	porting	requirements	
		all that apply	Initial re		tal return of a former p	ublic char			Final return	
<b>u</b> (	JIICK	all triat apply	<u>}−−</u> -	ed return	Address change		Name cha	nne nne	Final letum	
Na Na	me of f	loundation	Antende	od rotarii	- riddress orlange	<del></del>			loyer identification num	nher
,							^		-728757 <u>1</u>	
S	COT	T FAMILY	FOUNDAT	TION			В		hone number (see page	10 of the instructions)
				is not delivered to street	address)	Room/s			2-782-5800	,
	/0	JONES LAN	NG, 200	E RANDOLPH			c		mption application is pen	ding, check here
Cit	y or tov	wn, state, and ZIP co	de				D	1. Fo	oreign organizations, chec	k here 🔷 🗍
		AGO		IL 6060				2. Fo	oreign organizations meet	ing the
<u>H</u> (	Check	type of organization	on $\overline{\mathbf{X}}$ Section	on 501(c)(3) exempt p	rivate foundation			85	i% test, check here and a	ttach computation 🔷 🗌
		n 4947(a)(1) none			axable private foundat	on	E	•	ate foundation status was	_ \ \
_		rket value of all as		J Accounting met		Accrual		section	on 507(b)(1)(A), check he	re ▼ L
)	_	ear (from Part II,		Other (spec			F		foundation is in a 60-mon	
] _					must be on cash basis		1	unae	r section 507(b)(1)(B), che	
P	art I	•		penses (The total of	(a) Revenue a expenses per		) Net investm	ent	(c) Adjusted net	(d) Disbursements for charitable
£				<ul> <li>d) may not necessarily educate in the interest of the instructions;</li> </ul>	hooks	(-)	ıncome	••••	income	purposes
_	T <sub>1</sub>				1,209,	154				(cash basis only)
	2		-	erved (attach schedule)  not required to attach So	<del></del>	± 7 ±				
	3			rary cash investments						<del></del>
	4	Dividends and in	_		72,	178	70,	772		
	5a	Gross rents								
au	b	Net rental incom	ne or (loss)				*******			<del></del>
Ž	6a	Net gain or (loss) from	• •	n line 10	951,	548				
Revenue	Ь	Gross sales pnce for a	Il assets on line 6a	1,635,33	30					
æ	7	Capital gain net	income (from	Part IV, line 2)			948,	204		
	8	Net short-term of	apıtal gaın						0	
	9	Income modifica	ations	•						
	10a	Gross sales less re	eturns & allowand	es	_					! 
	b	Less Cost of go		L			<del></del>			
	C	Gross profit or (	, ,	·						
2011	11	Other income (a		e) STMT 1		266	1 010	36		· · · · · · · · · · · · · · · · · · ·
	12	Total. Add lines			2,232,	0	1,019,	012	0	
Ses Tes	13 14	Other employee		ctors, trustees, etc	<del> </del>				<del></del>	
	15	Pension plans, e								
(g	16a	Legal fees (attac		311.5		_   _			Drap	10 (5)
ũ	Ь	Accounting fees		ule)					RECE	IVLU
Ş.		Other professional			2 16,:	11	16,	111		S
Z.E	17	Interest	•	·	18,		18,		E NOV 2	1 2011 19
25	18		e) (see page 14 of the	e instructions) STMT		256		256		S
<b>E</b>	19	Depreciation (attac							0005	
ē	20	Occupancy							LOGDE	N. UT
₽ D	21	Travel, conferen	ces, and meet	ıngs						
Operating and Administrative Exper	22	Printing and pub	lications							<del></del>
ρ	23	Other expenses (att so		STMT 4	31,	02	31,	702		
ati	24	-		rative expenses.			<i></i>		ļ	
ě		Add lines 13 thro	-		67,4		67,	422	0	105 500
Ö	25	Contributions, gr	-		406,5			122		406,599
	26			nts. Add lines 24 and 25	474,0	21	67,	122	0	406,599
	27	Subtract line 26		o and dishussesses	1 750 (			]		
	a	Net investment	•	s and disbursements	1,758,8	23	951,	500		
	þ					-	901,	الادر	0	
	<u> </u>	Adjusted net inc		ve, enter -U-)						5. 000 BE (004)

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_	rait 1	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	73,911	69,231	69,231
	2	Savings and temporary cash investments			
	3	Accounts receivable ◆			
	}	Less: allowance for doubtful accounts ◆			
	4	Pledges receivable ◆			
		Less allowance for doubtful accounts ◆	l l		
	5	Grants receivable			
į	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the	ļ		
		instructions)	1	}	
i	7	Other notes and loans receivable (att. schedule)			
		Less, allowance for doubtful accounts ♦ 0			
ø	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule) SEE STMT 5	1,149,378	870,807	995,300
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ◆	<del></del>		
	٠.	Less accumulated depreciation (attach sch )			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule) SEE STATEMENT 6	942,696	2,608,962	2,816,406
	14	Land, buildings, and equipment basis •	3127,030	2,000,702	
		Less accumulated depreciation (attach sch ) •			
	15	Other assets (describe ◆ )			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	2,165,985	3,549,000	3,880,937
	17	Accounts payable and accrued expenses	272037303	373237000	27000733.
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ◆ )			
ı	23	Total liabilities (add lines 17 through 22)	0	0	
٦		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.	1	Ì	
nces	24	Unrestricted	1		
흴	25	Temporarily restricted			
ã	26	Permanently restricted			
Net Assets or Fund Balar		Foundations that do not follow SFAS 117, check here ◆ X			
깂		and complete lines 27 through 31.		İ	
5	27	Capital stock, trust principal, or current funds	2,165,985	3,549,000	
9	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
8	29	Retained earnings, accumulated income, endowment, or other funds			
B	30	Total net assets or fund balances (see page 17 of the			
ة		instructions)	2,165,985	3,549,000	
Z	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	2,165,985	3,549,000	
	<u>Part II</u>	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus	t agree with	} }	
	end-o	f-year figure reported on prior year's return)		1	2,165,985
2	Enter	amount from Part I, line 27a		2	1,758,893
3	Other	increases not included in line 2 (itemize) ◆		3	
4		nes 1, 2, and 3		4	3,924,878
		ases not included in line 2 (itemize) ◆ SEE STATEMENT 7		5	375,878
6	Total (	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b)	), line 30	6	3,549,000
					Form 990-PF (2010)

	Part IV Capital Gains a	nd Losses for Tax on Investme	ent Inc	ome				
		be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs. MLC Co.)			(b) How acquired P—Purchase D—Donation		Pate acquired o , day, yr )	(d) Date sold (mo , day, yr )
1	1a SEE WORKSHEET							
_	<u> </u>				<del></del>			
	<u> </u>							
	<u>d</u>							
_	<u> </u>	(f) Depreciation allowed		(a) Cost or	other basis		(h) Com	or (lead)
	(e) Gross sales price	(or allowable)			other basis nse of sale		(h) Gain (e) plus (f)	minus (g)
-	a							
	b							
	c							
	d							
	Complete only for constant shows	on some markets (b) and owned by the fo	datio	n nn 10/01/6	20			
_	Complete only for assets showin	ng gain in column (h) and owned by the fo	Junualio					(h) gain minus less than -0-) <b>or</b>
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (i) (j), if any			om col (h))
	a							
_	<u>b</u>					-		
_	<u>c</u>	<del></del>						<del></del>
_	e							
	Capital gain net income or (net c	capital loss) If gain, also enter in If (loss), enter -0- in				2		948,204
3	Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and (6						
	If gain, also enter in Part I, line 8	, column (c) (see pages 13 and 17 of the	instruct	tions) 📭	•			
	If (loss), enter -0- in Part I, line 8					3		12,939
		nder Section 4940(e) for Reduc				me		
		e foundations subject to the section 4940	(a) tax o	n net investi	ment income )			
lf s	section 4940(d)(2) applies, leave the	his part blank						
Wa	as the foundation liable for the sec	tion 4942 tax on the distributable amount	t of any	year in the b	ase period?			Yes X No
if "	'Yes," the foundation does not qua	lify under section 4940(e) Do not comple	ete this p	oart				
1		each column for each year; see page 18	of the in	structions b	efore making any en	tries		
	(a) Base period years	(b)	_	Not unline	(c)			(d) bution ratio
	Calendar year (or tax year beginning		, 725		of noncharitable-use ass	1.	(col (b) di	vided by col (c))
	2009 2008		$\frac{725}{253}$		1,815,4 1,884,9	486		0.076963 0.096690
	2007		550		2,934,			0.063231
	2006		, 211		2,857,8			0.080204
	2005		328		2,442,			0.092654
								-
	Total of line 1, column (d)					- 1	2	0.409742
3	<u> </u>	5-year base period—divide the total on lii	-	5, or by the		- (		0 001040
	number of years the foundation h	has been in existence if less than 5 years				ŀ	3	0.081948
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5							4	3,002,255
_							_	246 020
5	Multiply line 4 by line 3					-	5	246,029
6	Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	9,516
7	Add lines 5 and 6						7	255,545
		<b>-</b>						
8	Enter qualifying distributions from		. اسمم		and comment of the comment	L	8	406,599
	•	n line 7, check the box in Part VI, line 1b,	and cor	npiete that p	part using a 1% tax ra	ate. Se	e tne	
	Part VI instructions on page 18							

DAA

instructions) •

27)? If "Yes," complete Part XIV

names and addresses

11/15 INT

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

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 on page

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

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

98

9

X 8b

Х

P	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ♦ NA			_
14	The books are in care of ◆ STUART SCOTT Telephone no ◆ 312-2	228-	222	0
	200 E RANDOLPH			
	Located at ♦ CICAGO IL ZIP+4 ♦ 6060.	L		
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  At any time of large sole adaptives 2010, did the foundation have an interest in our appropriate and account to the sole and the sol		<b>V</b>	<b>.</b>
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	ا مد ا	Yes	No X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter	16_		_
	the name of the foreign country ◆	}		
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			L.,
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a				
	(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? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No  Yes X No  No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No	ŀ		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1		
	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.)  Yes $X$ No			
b	termination of government service, if terminating within 90 days.)  If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		
U	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  N/A	1ь		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2010?  N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and		- 1	
	6e, Part XIII) for tax year(s) beginning before 2010?		ı	
	If "Yes," list the years ♦ 20 , 20 , 20 , 20			
Ь	Are there any years listed in 2a for which the foundation is <b>not</b> 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 page 22 of the instructions.)  N/A	_	1	
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	2b		
·	◆ 20 , 20 , 20 , 20		1	
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		.	
-	at any time during the year? Yes $X$ No			
ь	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or		- 1	
	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	]	1	
	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		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		1	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		<u>X</u>
	Fo.	m <b>99</b> 0		2010)

F	OOO DE (OOAO) COOMU EAN	III V EOINDAMION	26 7	287571	•		D 6
	990-PF (2010) SCOTT FAM art VII-B Statements Rec	parding Activities for Which F			tinued)		Page (
_	During the year did the foundation		Ullii 4/20 May De n	required (COII	urided)		
Ja			otion 4045(o)\2	П,	Yes X No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  (2) Influence the outcome of any specific public election (see section 4955); or to carry on,						1	- 1
	• • • • • • • • • • • • • • • • • • • •	·	b), or to carry on,	П,	Yes X No		
	directly or indirectly, any voter	_	2	<del>}</del> {			
	· ·	I for travel, study, or other similar purpo		U '	Yes X No	1	1
	•	tion other than a charitable, etc., organi		т.	. <del>.</del> .		
		r section 4940(d)(2)? (see page 22 of th	•	□ '	Yes X No		
		than religious, charitable, scientific, liter	ary, or educational			1	
		of cruelty to children or animals?		ليا	Yes X No		
Ь	If any answer is "Yes" to 5a(1)-(5),	, did <b>any</b> of the transactions fail to qualif	fy under the exceptions d	lescribed in	_		
	Regulations section 53.4945 or in a	a current notice regarding disaster assis	stance (see page 22 of th	e instructions)?	_N/A	5b	
	Organizations relying on a current	notice regarding disaster assistance ch	eck here		<b>◆</b> ∐		1
C	If the answer is "Yes" to question 5	ia(4), does the foundation claim exempt	tion from the tax				
	because it maintained expenditure	responsibility for the grant?		N/A 🗌 '	Yes No	1	
	If "Yes," attach the statement requ	red by Regulations section 53 4945-5(c	i).				
6a	Did the foundation, during the year	, receive any funds, directly or indirectly	, to pay premiums				- 1
	on a personal benefit contract?				Yes X No	. [	- 1
b	Did the foundation, during the year	, pay premiums, directly or indirectly, or	n a personal benefit conti	act?		6ь	X
	If "Yes" to 6b, file Form 8870		•				
7a	At any time during the tax year, wa	s the foundation a party to a prohibited	tax shelter transaction?		Yes X No		
		ny proceeds or have any net income at		on?	N/A	7b	
Pε	rt VIII Information Abou	it Officers, Directors, Trustees			Paid Employ	ees,	
	Irt VIII Information Abou and Contractors	ut Officers, Directors, Trustees	s, Foundation Man	agers, Highly		ees,	
	Irt VIII Information Abou and Contractors		s, Foundation Man	agers, Highly	18).	ees,	
	art VIII Information Abou and Contractors list all officers, directors, trustees,	it Officers, Directors, Trustees	pensation (see page 22 (b) Title, and average	of the Instruction (c) Compensation	(d) Contributions to	 Г	nse account
	art VIII Information Abou and Contractors list all officers, directors, trustees,	ut Officers, Directors, Trustees	coensation (see page 22  (b) Title, and average hours per week	of the Instruction (c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans and deferred	(e) Expe	inse account,
	art VIII Information Abou and Contractors list all officers, directors, trustees,	it Officers, Directors, Trustees	pensation (see page 22 (b) Title, and average	of the Instruction (c) Compensation	(d) Contributions to employee benefit	(e) Expe	
11	art VIII Information Abou and Contractors list all officers, directors, trustees,	it Officers, Directors, Trustees	coensation (see page 22  (b) Title, and average hours per week	of the Instruction (c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans and deferred	(e) Expe	
1 L	art VIII Information Abou and Contractors list all officers, directors, trustees, (a) Name	It Officers, Directors, Trustees foundation managers and their comp	coensation (see page 22  (b) Title, and average hours per week devoted to position	of the Instruction (c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	
1 L	and Contractors and Contractors List all officers, directors, trustees, (a) Name	of Officers, Directors, Trustees  foundation managers and their comp  and address  HOBE SOUND	constion (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE	of the Instruction (c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	
ST 9	Information About and Contractors  List all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD	officers, Directors, Trustees foundation managers and their comp and address  HOBE SOUND FL 33455	coensation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00	of the Instruction (c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	
ST 9	Information About and Contractors  List all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT	officers, Directors, Trustees foundation managers and their comp and address  HOBE SOUND FL 33455 HOBE SOUND	censation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE	of the Instruction (c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	
ST 9	Information About and Contractors  List all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT	officers, Directors, Trustees foundation managers and their comp and address  HOBE SOUND FL 33455 HOBE SOUND	censation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE	of the Instruction (c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	
ST 9	Information About and Contractors  List all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT	officers, Directors, Trustees foundation managers and their comp and address  HOBE SOUND FL 33455 HOBE SOUND	censation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE	of the Instruction (c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	
1 L ST 9 AN 9	Information About and Contractors  Ist all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT  S BEACH RD	of Officers, Directors, Trustees  foundation managers and their composition  e and address  HOBE SOUND  FL 33455  HOBE SOUND  FL 33455	coensation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00	of the Instruction (c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	
1 L ST 9 AN 9	Information About and Contractors  Ist all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT  S BEACH RD  Compensation of five highest-pai	officers, Directors, Trustees foundation managers and their comp and address  HOBE SOUND FL 33455 HOBE SOUND	coensation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00	of the Instruction (c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	
1 L ST 9 AN 9	Information About and Contractors  Ist all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT  S BEACH RD	of Officers, Directors, Trustees  foundation managers and their composition  e and address  HOBE SOUND  FL 33455  HOBE SOUND  FL 33455	coensation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00	of the Instruction (c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	
1 L ST 9 AN 9	Information About and Contractors  Ist all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT  S BEACH RD  Compensation of five highest-pai	of Officers, Directors, Trustees  foundation managers and their composition  e and address  HOBE SOUND  FL 33455  HOBE SOUND  FL 33455	coensation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00	of the Instruction (c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation  0  ctions).	(e) Experiment	allowances
1 L ST 9 AN 9	Information About and Contractors  Ist all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT  S BEACH RD  Compensation of five highest-pail if none, enter "NONE."	of Officers, Directors, Trustees  foundation managers and their composition  e and address  HOBE SOUND  FL 33455  HOBE SOUND  FL 33455	censation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  One  TRUSTEE  0.00  TRUSTEE  0.00	of the Instruction (c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	
1 L ST 9 AN 9	Information About and Contractors  Ist all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT  S BEACH RD  Compensation of five highest-pail if none, enter "NONE."	to Officers, Directors, Trustees foundation managers and their comp and address  HOBE SOUND FL 33455 HOBE SOUND FL 33455  d employees (other than those included)	(b) Title, and average On the first of the control	of the Instruction (c) Compensation (If not paid, enter -0-)  0	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit	(e) Expe	allowances (
1 L ST 9 AN 9	Information About and Contractors  List all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT  S BEACH RD  Compensation of five highest-pail if none, enter "NONE."	to Officers, Directors, Trustees foundation managers and their comp and address  HOBE SOUND FL 33455 HOBE SOUND FL 33455  d employees (other than those included)	censation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  One  TRUSTEE  0.00  TRUSTEE  0.00	of the Instruction (c) Compensation (If not paid, enter -0-)  0	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred deferred compensation	(e) Expe	allowances (
ST 9 AN 9	Information About and Contractors  List all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT  S BEACH RD  Compensation of five highest-pail if none, enter "NONE."	to Officers, Directors, Trustees foundation managers and their comp and address  HOBE SOUND FL 33455 HOBE SOUND FL 33455  d employees (other than those included)	censation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  One  TRUSTEE  0.00  TRUSTEE  0.00	of the Instruction (c) Compensation (If not paid, enter -0-)  0	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred deferred compensation	(e) Expe	allowances (
ST 9 AN 9	Information About and Contractors  List all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT  S BEACH RD  Compensation of five highest-pail if none, enter "NONE."	to Officers, Directors, Trustees foundation managers and their comp and address  HOBE SOUND FL 33455 HOBE SOUND FL 33455  d employees (other than those included)	censation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  One  TRUSTEE  0.00  TRUSTEE  0.00	of the Instruction (c) Compensation (If not paid, enter -0-)  0	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred deferred compensation	(e) Expe	allowances (
ST 9 AN 9	Information About and Contractors  List all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT  S BEACH RD  Compensation of five highest-pail if none, enter "NONE."	to Officers, Directors, Trustees foundation managers and their comp and address  HOBE SOUND FL 33455 HOBE SOUND FL 33455  d employees (other than those included)	censation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  One  TRUSTEE  0.00  TRUSTEE  0.00	of the Instruction (c) Compensation (If not paid, enter -0-)  0	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred deferred compensation	(e) Expe	allowances (
ST 9 AN 9	Information About and Contractors  List all officers, directors, trustees,  (a) Name  UART SCOTT  S BEACH RD  N SCOTT  S BEACH RD  Compensation of five highest-pail if none, enter "NONE."	to Officers, Directors, Trustees foundation managers and their comp and address  HOBE SOUND FL 33455 HOBE SOUND FL 33455  d employees (other than those included)	censation (see page 22  (b) Title, and average hours per week devoted to position  TRUSTEE  0.00  TRUSTEE  0.00  One  TRUSTEE  0.00  TRUSTEE  0.00	of the Instruction (c) Compensation (If not paid, enter -0-)  0	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred deferred compensation	(e) Expe	allowances (

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

<u>Form 9</u> 90-PF <u>(2</u>	010) SCOTT FAMILY FOUNDATION	36-7287571	Page	<u> </u>	
Part VIII	Information About Officers, Directors, Trustees, Foundand Contractors (continued)				
3 Five high	est-paid independent contractors for professional services (see page	23 of the instructions). If none, enter "NO	NE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation	<del>,</del> _	
NONE					
_ <del></del>					
		<u>-</u>	_		
Total number of	f others receiving over \$50,000 for professional services		•	0	
Part IX-A	Summary of Direct Charitable Activities		_ <del></del> -		
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.					
1 N/A					
2					
3					
4					
Part IX-B	Summary of Program-Related Investments (see page	e 24 of the instructions)		_	
	largest program-related investments made by the foundation during the tax year on li		Amount	_	
1 N/A					
2			<del></del>		
_					
All other program	n-related investments. See page 24 of the instructions				
-					

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

_	art X Minimum Investment Return (All domestic foundations must complete this part. For	eian fo	oundations.
•	see page 24 of the instructions.)	J	,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	1	
а	Average monthly fair market value of securities	1a	2,976,404
b	Average of monthly cash balances	1b	71,571
c	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	3,047,975
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	_2	0
3	Subtract line 2 from line 1d	3	3,047,975
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	45,720
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,002,255
6	Minimum Investment return. Enter 5% of line 5	6	150,113
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	)
	foundations and certain foreign organizations check here ◆ and do not complete this part )	<u> </u>	
1	Minimum investment return from Part X, line 6	1	150,113
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI.)	]	
C	Add lines 2a and 2b	2c	9,516
3	Distributable amount before adjustments Subtract line 2c from line 1	3	140,597
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	140,597
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	) )	
	line 1	7	<u>140,597</u>
P	art XII Qualifying Distributions (see page 25 of the instructions)		
	actually mig promount (000 page 20 of the methodione)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		405 500
8	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	406,599
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	_	
a	Suitability test (prior IRS approval required)	3a	<del></del> _
ь	Cash distribution test (attach the required schedule)	3b	400 500
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	406,599
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	0 516
_	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	9,516 397,083
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	397,083

Form **990-PF** (2010)

<u>P</u>	art XIII Undistributed Income (see page 26 of	the instructions)			
1	Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	<b>(d)</b> 2010
	line 7				140,597
2	Undistributed income, if any, as of the end of 2010.				
а	Enter amount for 2009 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2010				
а	From 2005 106, 245	7			
b	From 2006 101, 200				
C	From 2007 46,842	7			
d	From 2008 88,169	4			
е	From 2009 49,392	4			
f	Total of lines 3a through e	391,848			
4	Qualifying distributions for 2010 from Part XII,		·		
	line 4 ◆ \$406,599				
а		<u> </u>			
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)				· · · · · · · · · · · · · · · · · · ·
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2010 distributable amount	255 222			140,597
е _	3	266,002			
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same				
•	amount must be shown in column (a).)				
6	Enter the net total of each column as				
_	indicated below:	657,850			
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income. Subtract	057,650		<del></del>	
U	line 4b from line 2b				
^	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			1	
d	Subtract line 6c from line 6b Taxable				
_	amount—see page 27 of the instructions	l			
е	Undistributed income for 2009 Subtract line				<del></del>
	4a from line 2a Taxable amount—see page		1		
	27 of the instructions				
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) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2005 not		İ		
	applied on line 5 or line 7 (see page 27 of the				
	instructions)	106,245			
9	Excess distributions carryover to 2011.	[	1		
	Subtract lines 7 and 8 from line 6a	551,605			<del></del>
10	Analysis of line 9		İ		
a	Excess from 2006 101, 200		1		
þ	Excess from 2007 46,842		}		
C	Excess from 2008 88,169		İ		
d	Excess from 2009 49,392	-	į	1	
<u>e</u>	Excess from 2010 266, 002				

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or status of **Amount** contribution recipient Name and address (home or business) Paid during the year SEE STATEMENT 9 406,599 Total **♦**\_3a 406,599 Approved for future payment N/A

Total

**♦** 3b

Part XVI-	A Analysis of Income-Producing Act	ivi <u>ties</u>				
	nounts unless otherwise indicated		d business income (b) Amount	(c) Exclusion	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See page 28 of
1 Program s	ervice revenue			code		the instructions)
8						
						<del> </del>
f						
g Fees a	and contracts from government agencies					
2 Membersh	ip dues and assessments	L				
3 Interest on	savings and temporary cash investments					
	and interest from securities	523000	1,397	14	70,781	
5 Net rental	income or (loss) from real estate					<del></del>
	nanced property					
	bt-financed property					
6 Net rental	income or (loss) from personal property					
	stment income			15	36	
	ss) from sales of assets other than inventory	523000	3,344	18	948,204	<u>.</u>
	e or (loss) from special events	<u> </u>				
•	it or (loss) from sales of inventory	ļ				
11 Other reve	<del></del>	<b></b>				
	SHAM GLOBAL EQUITY			18	-86	
	SHAM GLOBAL EQY OTHER LOSS	<del></del>		18	-216	<u></u>
		<del>  </del>				
e		<b></b>	4.741		1 010 710	
	Add columns (b), (d), and (e)	<u></u>	4,741		1,018,719	1 022 460
	line 12, columns (b), (d), and (e)	\			. 13	1,023,460
Part XVI-E	et in line 13 instructions on page 29 to verify calculation  Relationship of Activities to the Ac		ent of Evernt Du	ITDOSA	<u> </u>	
Line No.	Explain below how each activity for which income i					
	accomplishment of the foundation's exempt purpos instructions)					of the
N/A						
	<u> </u>					
						<del></del>
					<u></u>	
			<del></del>			
	<del>                                     </del>					
<del></del>						
		<del> </del>			<del></del>	
		<del></del>			<del></del>	
					····· <u>·</u> ····	<del></del>
	<del>                                     </del>		<del></del>		<del></del>	<del></del>
						<del></del>
	<del>                                     </del>					
		<del></del>				
	<del>                                     </del>					<del></del>

		10) SCOTT FAN				36	-7287571	ith Nasaha	ritable	Pa	<u>ge 1</u>
Part )	AVII	Information Regardates Exempt Organization	-	ansiers To al	no i ransactio	ns and Hei	ationships w	ith Noncha	ritable		
1 Did	the ora	anization directly or ind		ne in any of the fr	ollowing with any	other organizat	on described			Yes	No
	_	01(c) of the Code (other			-						<del>                                     </del>
	janization	• •	J. W.G	o., ou , (o, (o, o, ga		JOI. 01. 02. 1 10.0	g to parmean		i		
-		om the reporting found	lation to a ne	onchantable exen	npt organization o	of.			1		1
	Cash				. 5				1a(1)	Ĺ	X
(2)	Other a	ssets							1a(2)		X
<b>b</b> Oth	ner trans	actions:									
(1)	Sales o	f assets to a noncharit	able exempt	t organization					1b(1)	<u> </u>	X
(2)	Purcha	ses of assets from a no	oncharitable	exempt organiza	tion				1b(2)	<b> </b>	X
• •		of facilities, equipment,		sets					1b(3)	<u> </u>	X
		irsement arrangements	3						1b(4)	<u> </u>	X
		or loan guarantees			-14 - 4 -				1b(5)	<b>-</b>	X
		nance of services or me		-					1b(6)	-	X
	_	acilities, equipment, m	-	-		man (h) abayıldı	alwaya ahaw tha f	laur markat	1c	L	1 4
		er to any of the above a goods, other assets, o		•	-	• •	-				
		transaction or sharing	_		-						
(a) Lir		(b) Amount involved		of noncharitable ex			option of transfers, tr		haring arrang	ements	 s
N/A									<del></del>		
	_										
		ļ	<u> </u>								
		ļ			<del> </del>	<b></b>	<del></del>	. <del></del>			
			<u> </u>			ļ <u>-</u>					
			ļ		<del></del>	<b> </b>	<del>-</del>				
		<del></del>	<u> </u>	<del></del>		<del> </del>	<del></del>				
					· · · · · · · · · · · · · · · · · · ·						
			L		<del></del>	<del> </del>	<del></del>	<del></del>			
2a is t	he found	ation directly or indirec	tly affiliated	with, or related to	one or more tax	-exempt organ	zations		- , <del></del>		
		section 501(c) of the							☐ Y	s X	No
<b>b</b> If "\	Yes," cor	nplete the following scl	hedule							_	
	(a)	Name of organization		(b) Type of	organization		(c) Descrip	tion of relationsh	ıp		
N/A	<u> </u>							·-			
_				ļ					<del> </del>		
<del></del>						<u> </u>					
İ	Under pe	nalties of perjury, I declare	that I have ex	xamined this return, n of preparer (other	including accompan than taxpaver or fidu	ying schedules ai iciary) is based or	nd statements, and to all information of wi	o the best of my k	nowledge and	j ne	
Sign	<b>N</b>	1	/ \ <del>- ,</del>		//	14/1			any momos	,-	
Here	Sign	ature of officer or trustee	no		Date	<del></del>	TRUS	J.F.E			
					<del>/</del>		20				_
Pald	L CUUNT	ype preparer's name			Preparer's signa		ilbare/	]	Date /	Check	
Palo Preparer	DAVIT	J. BLOCKOWIC	7.		DAYTON	PLOCKOWIC	7	11	1/0/4	seif-em	ployed
Use Only				& TOGNOC		D. Monte	- <i>V</i>	PTIN	P00442	400	<del></del> -
				E AVE STE		<del>-</del>		Firm's EIN ◆			_
			IEW, I						347-99	_	

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

Name of the organization

SCOTT FAMILY FOUNDATION

36-7287571

OCOII IMIID.	1 1 0 0 N DATION 1 30 - 72 8 7 3 7 1
Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor Complete Parts I and II.
Special Rules	
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts
the year, aggregate	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during a contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or ses, or the prevention of cruelty to children or animals Complete Parts I, II, and III.
the year, contributi aggregate to more year for an exclusi	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during cons for use exclusively for religious, charitable, etc., purposes, but these contributions did not than \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose Do not complete any of the parts unless the <b>General Rule</b> nization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more
	nat 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 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)

(a)

No.

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

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(c)

Aggregate contributions

	T FAMILY FOUNDATION	····	36-7287571				
Part I	Contributors (see instruct	ions)					
(a)	(b		(c)	(d)			
No.	Name, address	, and ZIP + 4	Aggregate contributions	Type of contribution			
1	STUART SCOTT 9 S BEACH RD HOBE SOUND	FL 33455	\$ 1,209,454	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
			1	a noncasti continuation )			
(a)	(b	)	(c)	(d)			
No.	Name, address	, and ZIP + 4	Aggregate contributions	Type of contribution			
			\$	Person Payroli Noncash			

(b)

Name, address, and ZIP + 4

(a)	(b)	\$ (c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
,		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
			Person

\$

(Complete Part II if there is a noncash contribution )

Payro!!

Noncash

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

Name of organization
SCOTT FAMILY FOUNDATION

Page 1 of 1 of Part
Employer identification number
36-7287571

Part II **Noncash Property** (see instructions) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) 45,000 SHS LASALLE HOTEL 1 1,209,454 04/26/10 \$ (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) \$

Gresham Hedged Strategies Offshore Ltd.
C/O Admiral Administration, Ltd.
Admiral Financial Center, 5th Floor
90 Fort Street Box 32021 KY1-1208
George Town, Cayman Islands

# PFIC Annual Statement For the period beginning 1/1/10 to 12/31/10

	Series								
	0607	1008	0110	0410	0510	0710	1010		
Per share Amount of Ordinary Earnings	0 00	0 00	0 00	0 00	0 00	0 00	0 00		
Per Share Amount of Net Capital Gains	0 00	0 00	0 00	0 00	0 00	0 00	0 00		

Mutliply the number of shares you own in each series by the above per share amounts to arrive at your includable income

#### Attention U.S. Shareholders

This PFIC Annual Information Statement is being provided to you pursuant to the requirements of Treasury Regulations Section 1 1295-1(g)(1) The PFIC Annual Information Statement contains information to enable you, should you choose, to elect to treat Gresham Hedged Strategies Offshore, Ltd as a qualified electing fund ("QEF")

A U S Shareholder who makes a QEF election is required to annually include in his or her income his or her pro rata share of the ordinary earnings and net capital gains. The QEF election is made by completing and attaching Form 8621 to your federal income tax return filed by the due date of the return, as extended

If you do not elect to treat Gresham Hedged Strategies Offshore, Ltd as a QEF, then you will be subject to the PFIC rules 
Please consult your tax advisor concerning the application of the U S federal income tax rules governing PFICs

Gresham Hedged Strategies Offshore, Ltd will permit shareholders to inspect and copy the permanent books of accounts, records and such other documents used to establish ordinary earnings and net capital gains in accordance with the U.S. Income Tax principles, and to verify these amounts and the shareholders' pro rata shares thereof

David A Salsburg
Director
Gresham Hedged Strategies Offshore, Ltd

Name

Capital Gains and Losses for Tax on Investment Income

Form **990-PF** 

For calendar year 2010, or tax year beginning

, and ending

2010

**Employer Identification Number** 

SCOTT FAMILY FOUNDATION	36-7287571			
(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
(1) LASALLE HOTEL	D	10/27/08	04/26/10	
(2) OAKMARK SELECT	P	12/13/07	06/02/10	
(3) OAKMARK SELECT	P	12/17/09	06/02/10	
(4) TWEEDY BROWNE	P	12/28/07	06/02/10	
(5) TWEEDY BROWNE	P	12/30/09	06/02/10	
(6) GRESHAM GLOBAL EQUITY	P	VARIOUS	12/31/10	
(7) GRESHAM GLOBAL EQUITY	P	VARIOUS	12/31/10	
(8) GRESH GLOB EQTY SEC. 1256	P	VARIOUS	12/31/10	
(9) GESH GLOB EQTY SEC.1256	P	VARIOUS	12/31/10	
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 1,209,454		314,354	895,100
(2) 79,724		83,224	-3,500
(3) 242		229	13
(4) 259,989		242,342	17,647
(5) 4,075		4,134	-59
(6) 28,785			28,785
(7) 49,717			49,717
(8)		15,800	-15,800
(9)		23,699	-23,699
(10)			
(11)			
(12)			
(13)			
14)			
(15)			

Complete only for assets showing			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(I) Gains (Col (h) gain minus col (k), but not less than -0-) <b>or</b> Losses (from col (h))
(1)			895,100
(2)	<del></del>		-3,500
(3)			13
(4)			17,647
(5)	· · · · · · · · · · · · · · · · · · ·		-59
(6)			28,785
(7)			49,717
(8)			-15,800
(9)		<u> </u>	-23,699
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

# **Federal Statements**

## Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

D-0	:_	4:
Desc	crip	นดท

		Beginning of Year	 End of Year	Basis of Valuation		Fair Market Value
OAKMARK SELECT						
JP MORGAN US REALTY CLASS A	\$	83,453	\$	COST	\$	
OF MONGAN OS REALITI CLASS A		297,571	359,263	COST		394,959
TWEEDY BROWN		246 454				
GHS OFFSHORE		246,474		COST		
5.15 G1 2.161.12		521,880		COST		
SPARTAN TOTAL MARKET INDEX			203,208	COCM		222 607
SPARTAIN INT'L INDEX FID			203,206	COST		233,597
	_		 308,336	COST	_	366,744
TOTAL	\$_	1,149,378	\$ 870,807		\$_	995,300

## Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments

Description

		Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
•	QUITY STRATEGIES LE \$ FRATEGIES OFFSHORE		\$	2,358,962	COST	\$	2,555,289
J				250,000	COST	_	261,117
TOTAL	\$	942,696	\$_	2,608,962		\$_	2,816,406

## Statement 7 - Form 990-PF, Part III, Line 5 - Other Decreases

Description							_	Ar	mount
ADJUST BASIS	FOR	GIFTS	ANS	DISPOSITIONS	FO	ASSETS	\$		375,878
TOTAL							\$		375,878

11/10/2011

36-7287571

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# Federal Statements

## Statement 8 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name Address

City, State, Zip

STUART SCOTT

9 S BEACH RD HOBE SOUND FL 33455 :1 (

# **Federal Statements**

# Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name Address		Address	
Relationship	Status	Purpose	Amount
HIBBISCUS CHILDREN	CTR 2400 NE DIXIE HGWY	JENSEN BEACH FL 34957	
UNRELATED	NOT FOR PROF COMMUNITY		1,000
UNITED PLANET	11 ARLINGTON	BOSTON MA 02116	
UNRELATED	NOT FOR PROF COMMUNITY		1,000
GIRLS CLUB	11500 SE LARES	HOBE DOUND FL 33475	
UNRELATED	NOT FOR PROF COMMUNITY	20121222 2222 21 6051	500
CAMPUS LIFE	607 ROGERS ST	DOWNERS GROVE IL 6051	
UNRELATED LEUKEMIA & LUMPHOM	NOT FOR PROF COMMUNITY	DIMMCHIDID NA 01202	250
UNRELATED	A SOC PO 'BOX 4072 NOT FOR PROF COMMUNITY	PITTSFIELD MA 01202	200
NFP FDN	PO BOX 11216	CINCINNATI OH 45211	200
UNRELATED	NOT FOR PROF COMMUNITY	CINCINNAIL ON 45211	1,000
SHIPLEY SCHOOL	814 YARROW ST	BRYN MAWR PA 16010	1,000
UNRELATED	NOT FOR PROF COMMUNITY	DRIN NAWK FA 10010	1,966
	FOR SOC 2 SE BRIDGE RD	HOBE SOUND FL 33455	1,500
UNRELATED	NOT FOR PROF COMMUNITY	NODE SCOND IE 33433	100
USHJA FDN	3870 CIGAR LAND	LEXINGTON KY 40511	100
UNRELATED	NOT FOR PROF COMMUNITY		500
AFRICAN WILDLIFE FI	ON 1400 SIXTEENTH ST N	W WASHINGTON DC 20036	
UNRELATED	NOT FOR PROF COMMUNITY		125,000
BUSH WILDLIFE SANC		JUPITER FL 33458	
UNRELATED	NOT FOR PROF COMMUNITY		1,000
CHICAGO PUBLIC LIB		CHICAGO IL 60605	
UNREALTED	NOT FOR PROF COMMUNITY		1,000
JOHN MARSHALL LAW S		CHICAGO IL 60604	
UNRELATED	NOT FOR PROF COMMUNITY		1,000
NMSL & RHS MUSEIU UNRELATED	1833 8TH NOT FOR PROF COMMUNITY	ALBURQUE NM 87125	500
CHOOSE RESPONSIBILE		WASHINGTON DC 20003	500
UNRELATED	NOT FOR PROF COMMUNITY	WASHINGTON DC 20003	25,000
LAND AID	57-59 MAYMARRKET	LONDON	25,000
UNRELATED	NOT FOR PROF COMMUNITY	LONDON	1,083
	LLINOI 216 W JACKSON	CHICAGO IL 60606	1,005
UNRELATED	NOT FOR PROF COMMUNITY	0.1201.00 12 00000	200
SCHERMDERMO FDN	300 ROSEWOOD DR	DANVER MA 01923	200
UNRELATED	NOT FOR PROF COMMUNITY		4,000
HAMILTON COLEGE	198 COLLEGE HILL RD	CLINTON NY 13323	,
UNRELATED	NOT FOR PROF COMMUNITY		230,300
NORTHWESTERN UNIVER		EVANSTON IL 60208	
UNRELATED	NOT FOR PROF COMMUNITY		9,000
LAKE FOREST COUNTRY		LAKE FOREST IL 60045	
UNRELATED	NOT FOR PROF COMMUNITY		2,000
TOTAL			406,599

## **Federal Statements**

## Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description				
	_	Revenue per Books	Net Investment Income	Adjusted Net Income
GRESHAM GLOBAL EQUITY STRATEG	٠.	2.6	<b>a</b>	
GRESHAM GLOBAL EQUITY	\$	36	\$ 36	\$
GRESHAM GLOBAL EQY OTHER LOSS		-86		
GKESHAM GHODAH EQT OTHEK HOSS	_	-216		
TOTAL	\$_	-266	\$ 36	\$0

## Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description							
	_	Total	_	Net Investment	 Adjusted Net	_	Charitable Purpose
PARTNERSHIP MANAGEMENT	FEES						
	\$_	16,111	\$	16,111	\$ 	\$_	
TOTAL	\$	16,111	\$	16,111	\$ 0	\$_	0

#### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

	 Total	_	Net Investment	_	Adjusted Net		Charitable Purpose
FOREIGN TAXES	1 056	_	1 056				
	\$ 1,256	\$_	1,256	\$_		\$ <u>_</u>	
TOTAL	\$ 1,256	\$	1,256	\$	0	\$	0

#### Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	 					
	 Total	_	Net Investment	 Adjusted Net	Charitable Purpose	
EXPENSES	\$	\$		\$	\$	
GRESH GLOBA EQTY LOSS	31,702		31,702			
TOTAL	\$ 31,702	\$_	31,702	\$ 0	\$	0