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Department of the Treasury

Return of Private Foundation

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

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

OMB No 1545-0052

| | | venue Service Note. The foundation may b | | | - | |
|-----------|-------------|---|------------------------------|--------------------|--|--|
| _ | | dar year 2010, or tax year beginning DEC | | | NOV 30, 2011 | |
| G (| Check | all that apply: Initial return | Initial return of a fo | | Final return | n |
| | | Amended return | Address chang | je LXJ | Name change | |
| Na | me of | foundation | | | A Employer identification | n number |
| | | CAROL LAUTH DERNIOU E | AMTIN HOIDIDA | TT ON | 26 4124174 | • |
| Ntu | nher a | CAROL LAVIN BERNICK F. and street (or P O box number if mail is not delivered to street. | | Room/suite | 36-4134174 | |
| '' | | 909 ASHLAND AVENUE | addiess) | Noonvalle | B Telephone number 708-450-34 | 121 |
| Cut | · or to | own, state, and ZIP code | | | | |
| T CIL | y UI II | RIVER FOREST, IL 603 | 05 | | C if exemption application is p 1. Foreign organization | |
| | hook | type of organization: X Section 501(c)(3) ex | | | Foreign organizations m check here and attach c | eeting the 85% test, |
| "-" | _ | | Other taxable private founda | tion | | |
| 1 6 | | arket value of all assets at end of year J Accounting | | Accrual | E If private foundation sta under section 507(b)(1 | |
| | | 1 — | her (specify) | Accidal | (' ' ' | , |
| | \$ | | mn (d) must be on cash b | pasis.) | If the foundation is in a under section 507(b)(1 | |
| | art I | Analysis of Revenue and Expenses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | | (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 | | | N/A | |
| | 2 | Check X If the foundation is not required to attach Sch. B | | | | |
| | 3 | Interest on savings and temporary cash investments | 4,239. | 4,239. | | STATEMENT 1 |
| | 4 | Dividends and interest from securities | 240,034. | 240,034. | | STATEMENT 2 |
| | 5a | Gross rents | | | | |
| | Ь | Net rental income or (loss) | | | | |
| a) | 6a | Net gain or (loss) from sale of assets not on line 10 | 5,233,343. | | | |
| Š | Ь | Gross sales price for all assets on line 6a 5,559,693. | | | | |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | | 5,233,343. | | |
| Œ | 8 | Net short-term capital gain | | | | |
| | 9 | Income mounteation EIVED | | | | |
| | 10a | Grdss sales less returns and allowances | | | | |
| | þ | Less Cost of goods sold 0 2012 | | | | |
| | C | Gross profit or (loss) | | | <u> </u> | |
| | 11 | Other income | | | | |
| | 12 | Total. Add (mess through 11 UT | 5,477,616. | <u>5,477,616.</u> | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0. | 0. | | 0. |
| | 14 | Other employee salaries and wages | | | | |
| 2 s | 15 | Pension plans, employee benefits Legal fees STMT 3 | 1,459. | | | 0. |
| 3 5 | IOB | | 5,000. | 0. | | 0. |
| Expense | | Accounting fees STMT 4 Other professional fees | 3,000. | | <u> </u> | <u> </u> |
| 1 B | 17 | Interest | | | | |
| já | 18 | Taxes STMT 5 | 23,349. | 0. | | 0. |
| - istr | 19 | Depreciation and depletion | | | | |
| | 20 | Occupancy | | | | |
| . ₹ | 21 | Travel, conferences, and meetings | | | | |
| and, | 22 | Printing and publications | | | - | |
| , e | 23 | Other expenses STMT 6 | 18,437. | 0. | | 0. |
| ating | 24 | Total operating and administrative | | | | |
| Operating | .] | expenses. Add lines 13 through 23 | 48,245. | 0. | | 0. |
| 0 | 25 | Contributions, gifts, grants paid | 365,798. | | | 365,798. |
| | 26 | Total expenses and disbursements. | | | | |
| | | Add lines 24 and 25 | 414,043. | 0. | | 365,798. |
| | 27 | Subtract line 26 from line 12: | | | | |
| | a | Excess of revenue over expenses and disbursements | 5,063,573. | | | |
| | 1 | Net investment income (if negative, enter -0-) | | 5,477,616. | | |
| 000 | | Adjusted net income (if negative, enter -0-) | | | N/A | - 000 75 |
| 12-0 | 501 7-10 | LHA For Paperwork Reduction Act Notice, see | the instructions. | | | Form 990-PF (2010) |

| Form 990-PF (2010) CAROL LAVIN BERNICK | | | | <u>N</u> : | 36-4134174 F | | | |
|--|----------|--|--|-------------------|---------------------------------------|---------------|-------------------|----------|
| P | art | Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only | | Beginning of year | <u> </u> | End of | | |
| | <u> </u> | column should be for end-of-year amounts only | | (a) Book Value | (b) Book Value | | (c) Fair Market V | |
| | ı | Cash - non-interest-bearing | | | | 0. | | 0. |
| | ı | Savings and temporary cash investments | | 205,753. | 429,2 | <u>23. </u> | 429, | 223. |
| | 3 | Accounts receivable | | | | | | |
| | ١. | Less: allowance for doubtful accounts | - | | | | | |
| | 4 | Pledges receivable > | | | | j | | |
| | ١. | Less: allowance for doubtful accounts | | | . | | | |
| | ١ ـ | Grants receivable | | | | \rightarrow | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | | |
| | ٠, | disqualified persons | | | | \rightarrow | | |
| | ′ | Other notes and loans receivable Less: allowance for doubtful accounts | | | | | | |
| | | Inventories for sale or use | | | | + | | |
| Assets | 8 | | | | | -+ | | |
| Ass | 100 | Prepaid expenses and deferred charges Investments - U.S. and state government obligations | | | | \rightarrow | | |
| | | | 。 — | 5,565,004. | 8,341,1 | | 8,164, | 576 |
| | | · | ° | 3,363,004. | 0,341,1 | 5/. | 0,104, | 5/6. |
| | | Investments - corporate bonds Investments - land, buildings, and equipment basis | | | | \rightarrow | | |
| | '' | | | | | Ì | | |
| | 10 | Less accumulated depreciation Investments - mortgage loans | | | | \rightarrow | | |
| | 13 | Investments - other | | | | \rightarrow | | |
| | 14 | Land, buildings, and equipment: basis | | | | | | |
| | '* | Less accumulated depreciation | | | | | | |
| | 15 | Other assets (describe | | | | | | |
| | 13 | Other assets (describe > | / | | • | -+ | - | |
| | 16 | Total assets (to be completed by all filers) | | 5,770,757. | 8,770,4 | 10. | 8,593, | 799. |
| _ | | Accounts payable and accrued expenses | | 5,770,757. | 0,110,4 | | <u> </u> | 133. |
| | 18 | Grants payable | | | | | | |
| w | 19 | Deferred revenue | | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | | |
| Ē | 21 | Mortgages and other notes payable | | | | | | |
| Ë | 22 | Other liabilities (describe | \ \ <u> </u> | | | | | |
| | | | | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | | 0. | | 0. | | |
| | | Foundations that follow SFAS 117, check here | X. | | | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | | | | |
| Ses | 24 | Unrestricted | | 5,770,757. | 8,770,4 | 10. | | |
| Net Assets or Fund Balances | 25 | Temporarily restricted | | - | _ | | | |
| Ва | 26 | Permanently restricted | | | | | | |
| Pur | | Foundations that do not follow SFAS 117, check here | | | | | | |
| Ę | | and complete lines 27 through 31. | | | | | | |
| S | 27 | Capital stock, trust principal, or current funds | | | | | | |
| set | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | | | |
| As | 29 | Retained earnings, accumulated income, endowment, or other fund | ds | | - | | | |
| Š | 30 | Total net assets or fund balances | | 5,770,757. | 8,770,4 | 10. | | |
| | | | | | | | | |
| _ | 31 | Total liabilities and net assets/fund balances | | <u>5,770,757.</u> | 8,770,4 | <u> 10.</u> | | |
| P | art | Analysis of Changes in Net Assets or Fu | nd Balan | ces | | | | |
| = | | | -> ! 00 | | | \top | | |
| 1, | | net assets or fund balances at beginning of year - Part II, column (a | a), line 30 | | | | E 770 | 757 |
| _ | | st agree with end-of-year figure reported on prior year's return) | | | | 1 | <u>5,770,</u> | <u> </u> |
| | | r amount from Part I, line 27a | | | | 2 | 5,063, | |
| | | r increases not included in line 2 (itemize) Ilines 1, 2, and 3 | | | | 3 | 10,834, | 330 |
| | | eases not included in line 2 (itemize) | | QDD C M | ATEMENT 7 | 5 | 2,063, | |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Pa | rt II. column | | VIDURALIA / | 6 | 8,770, | |
| <u>-</u> | 1014 | The about of famo balanoos at one of year time 4 finites line of - Fa | a c n ₁ column | (O) IIIO OO | · · · · · · · · · · · · · · · · · · · | | Form 990-P | |

| (a) List and desc | ribe the ki | nd(s) of property sold (e.g. | , real estate, | IIICOINE | (b) How | acquired irchase | (c) Date a | | (d) Date sold |
|---|-------------|---|-------------------|--------------------------------------|-------------------|--------------------------|--|---------------------------|---|
| | | or common stock, 200 shs | | ~~~ | טם - ט | onation | (mo., da | y, yr.) | (mo., day, yr.) |
| 1a 28,416.72 SHS | JP M | ORGAN STRATE | GIC IN | COME OPP | • | | | | |
| b FUND | DEDE | 0 CITT TIPD CO | 37777 | | | | VARIO | | 11/14/11 |
| | | | | VARIO | | 05/10/11 | | | |
| d MERRILL LYNCH | - CA. | PITAL GAIN D | TOLKID | OTION | <u> </u> | P | VARIO | 005 | VARIOUS |
| (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis | | | | | | in or (loss (f) minus | | | |
| <u>a</u> | | | | | | | | | |
| b 328,213. | | | | <u>326,35</u> | 0. | | | | 1,863 |
| c 5,216,250. | | | | - | | | | | 5,216,250 |
| d 15,230. | | | | | | | | | 15,230 |
| Complete only for assets shown | | column (h) and owned by | the foundation | on 12/21/60 | | | | . (6) | |
| (i) F.M.V. as of 12/31/69 | | (j) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (i) col. (j), if any | | col |) Gains (Co . (k), but no Losses (| ot less that from col. | ın -0-) or |
| 8 | · | | | - | | | | | · |
| <u>b</u> | | | | | | <u>_</u> _ | | | 1,863 |
| <u>c</u> | | . | | | _ | | | | 5,216,250 |
| <u>d</u> | | | <u> </u> | · | | | | - | 15,230 |
| 2 Capital gain net income or (net ca | nutal loce | If gain, also enter If (loss), enter -0 | r in Part I, line | 7 | } 2 | | | | 5,233,343 |
| , | - | | | / | ے ا | - | | | 3,233,343 |
| Net short-term capital gain or (logif gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8 | column (| | id (6): | | } 3 | | | N/A | 1 |
| Part V Qualification L | Inder S | Section 4940(e) for | Reduced | Tax on Net | Inves | tment Inc | ome | | |
| Was the foundation liable for the sec if "Yes," the foundation does not qua 1 Enter the appropriate amount in | lıfy under | section 4940(e). Do not co | mplete this pa | rt. | | | | · | Yes X No |
| (a) Base period years Calendar year (or tax year beginni | ng in) | (b) Adjusted qualifying dis | tributions | Net value of no | (c) oncharitab | le-use assets | | Dıstrı col. (b) dı | (d) bution ratio vided by col. (c)) |
| 2009 | | 30 | 4,427. | | 7,7 | 67,147 | · . | | .03919 |
| 2008 | | | 8,557. | | | 89,307 | | | .07386 |
| 2007 | | | 1,463. | <u></u> | | 18,462 | | | .05071 |
| 2006 | | | 2,482. | | | 69,103 | | | .03764 |
| 2005 | | 28 | 6,441. | | <u>6,6</u> | 46,028 | B • | | .04310 |
| 2 Total of line 1, column (d)3 Average distribution ratio for the | 5-voor bo | co pariod - duuda the total (| on line 2 by 5 | or by the number | r of vooro | | 2 | | .24452 |
| the foundation has been in existe | | | on line 2 by 3, | or by the number | i oi yeais | | 3 | | .04890 |
| 4 Enter the net value of noncharita | ble-use as | sets for 2010 from Part X, | line 5 | | | | 4 | | 8,703,488 |
| 5 Multiply line 4 by line 3 | | | 5 | | 425,653 | | | | |
| 6 Enter 1% of net investment inco | me (1% of | Part I, line 27b) | | | | | 6 | | 54,776 |
| 7 Add lines 5 and 6 | | | | | | | 7 | | 480,429 |
| 8 Enter qualifying distributions from | | | e 1b, and comm | olete that part usin | 10 a 1% ts | ax rate. | 8 | | 365,798 |
| See the Part VI instructions. | | | , | | .g = 1/0 tc | | | | Form 990-PF (2010 |

| | 990-PF (2010) CAROL LAVIN BERNICK FAMILY FOUNDATION 36-4134 t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in | | | age 4 |
|----|--|--------------|----------|--------------|
| | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | |
| | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 109 | 9,5 | <u>52.</u> |
| | of Part I, line 27b | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| 3 | Add lines 1 and 2 | <u> 109</u> | 9,5 | |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | <u>0.</u> |
| | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 10 | 9,5 | <u>52.</u> |
| | Credits/Payments: | | | |
| | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6,080. | | | |
| | Exempt foreign organizations - tax withheld at source | | | |
| | Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 66 115,000. | | | |
| | | 12 | 1 ^ | 80. |
| | Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8 | 14. | | 36. |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | <u> </u> |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 1 | 1 . 4 | 92. |
| | Enter the amount of line 10 to be: Credited to 2011 estimated tax | | | 92. |
| | rt VII-A Statements Regarding Activities | | <u> </u> | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | Yes | No |
| | any political campaign? | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | 1b | | X |
| | If the answer is "Yes" to 18 or 16, attach a detailed description of the activities and copies of any materials published or | | | |
| | distributed by the foundation in connection with the activities. | | | |
| C | Did the foundation file Form 1120-POL for this year? | 10 | | <u>X</u> |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | 1 | | |
| | (1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O . | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | { } | | |
| | managers. ▶ \$ | | | ٠,, |
| | Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | 2 | | X |
| | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | <u>X</u> _ |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. | 5 | | X |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | 1 |
| | 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 | | ı | |
| | remain in the governing instrument? | 6 | | _X_ |
| | Did the foundation have at least \$5,000 in assets at any time during the year? | 7 | <u> </u> | <u> </u> |
| | If "Yes," complete Part II, col. (c), and Part XV. | | | |
| | Enter the states to which the foundation reports or with which it is registered (see instructions) | | |] |
| | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | 8b | X | |
| | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | <u></u> |
| | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | | X (0040) |
| | For | m 990 | | (2010) |

| orm 990-PF (2010) CAROL LAVIN BERNICK FAMI | | | <u>36-41341</u> | 74 Page 6 | | | |
|---|---|---|--|---|--|--|--|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be F | Required (contin | ued) | | | | |
| 5a During the year did the foundation pay or incur any amount to: | | | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | | | | | | | |
| (2) Influence the outcome of any specific public election (see section 4955); of | | | | | | | |
| any voter registration drive? | | | 8 X No | | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Ye | 8 X No | | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | ìì | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | s X No | | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or t | | | | | | |
| the prevention of cruelty to children or animals? | | Ye | s X No | | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni | • | ın Regulations | | 1 1 | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | • | | N/A | 5b | | | |
| Organizations relying on a current notice regarding disaster assistance check h | | | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | | | | | | |
| expenditure responsibility for the grant? | | I∕A ∟ Ye | 8 L No | | | | |
| If "Yes," attach the statement required by Regulations section 53.494 | • • | | | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | | | | |
| a personal benefit contract? | | Ye | s X No | | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | | 6b X | | | |
| If "Yes" to 6b, file Form 8870. | | | | <u> </u> | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Ye | 8 X No | | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib | | | | 7b | | | |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | | inagers, Highly | / | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | | 14.0 | (al) October 1 | | | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances | | | |
| CAROL BERNICK | PRES/TREAS | | | | | | |
| 909 ASHLAND AVENUE | | , | | | | | |
| RIVER FOREST, IL 60305 | 0.00 | 0. | 0. | 0. | | | |
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| | | | | | | | |
| | <u> </u> | <u> </u> | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (- 1) A - 1 - 1 - 1 - 1 - 1 | | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances | | | |
| NONE | - | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 1 | | | 1 | | | |
| | | | | | | | |
| | 1 | | | | | | |
| | | | | | | | |
| | 1 | | | | | | |
| | | - " | | | | | |
| | <u>l</u> | | | | | | |
| Total number of other employees paid over \$50,000 | | | | 0 | | | |

| Form 990-PF (2010) CAROL LAVIN BERNICK FAMILY FOUNDATION | 36-4134 | 174 Page 7 |
|--|-------------|------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued) | nly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of se | rvice | (c) Compensation |
| NONE | | |
| | | |
| | | . — |
| | | |
| | | |
| | | <u> </u> |
| | | |
| | | - |
| | | |
| 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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 <u> </u> | | |
| | | |
| A | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments | - · | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total, Add lines 1 through 3 | • | 0. |
| | For | m 990-PF (2010) |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, | see instructions.) |
|----|--|---------------|------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| 2 | Average monthly fair market value of securities | 1a | 7,987,940. |
| b | Average of monthly cash balances | 1b | 7,987,940. 848,088. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 8,836,028. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 8,836,028. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 132,540. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 8,703,488. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 435,174. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | d certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 435,174. |
| 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 | 109,552. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 325,622. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 325,622. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 325,622. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 365,798. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | , | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 365,798. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 365,798. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (| nualifies for | the section |

Form **990-PF** (2010)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) | (b) | (c) | (d) |
|--|---------------------------------------|----------------------------|-------------|--------------------|
| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
| 1 Distributable amount for 2010 from Part XI, | - F | | | |
| line 7 | | | 1 | 325,622. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 325,965. | |
| b Total for prior years: | · · · · · · · · · · · · · · · · · · · | ··· | 32373031 | |
| g rotal for prior years | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4: \$ 365,798. | | | | |
| a Applied to 2009, but not more than line 2a | | | 325,965. | |
| | | | 323,903. | |
| b Applied to undistributed income of prior | | 0. | | |
| years (Election required - see instructions) | <u> </u> | | | |
| c Treated as distributions out of corpus | 0. | | | |
| (Election required - see instructions) | | | | 20 022 |
| d Applied to 2010 distributable amount | | | | 39,833. |
| e Remaining amount distributed out of corpus | 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. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| 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 | | 0. | | |
| assessed 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 | | | | 285,789. |
| 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 | <u>_</u> | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2011. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | <u></u> | | |
| a Excess from 2006 | | |] | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| | | | | |
| e Excess from 2010 | | 1 | <u> </u> | 5 000 DE (0040) |

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| Part XIV Private Operating F | AVIN BERNIC | K FAMILY FO | DUNDATION | | 134174 Page 10 |
|---|--|--|-----------------------------|-----------------------------|----------------------|
| | | | II-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | | | | | |
| foundation, and the ruling is effective fo | | • | ▶└ ┬─ | 1 | |
| b Check box to indicate whether the found | | ig toundation described | | 4942(j)(3) or4 | 1942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year (a) 2010 | (b) 2009 | Prior 3 years | (4) 2007 | - /o\ Total |
| income from Part I or the minimum | (2) 2010 | (0) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed b 85% of line 2a | | | - | | |
| | | | | - | _ |
| Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| • | | | | - | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities e Qualifying distributions made directly | · · · · · · · · · · · · · · · · · · · | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | · | - | _ | ·- |
| alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter:(1) Value of all assets | | | | | |
| • • | | | - | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return | | | | | |
| shown in Part X, line 6 for each year | | | | | |
| listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| Total support other than gross investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in | | | | | |
| section 4942(j)(3)(B)(III) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | <u> </u> | | |
| Part XV Supplementary Info | | | if the foundation | n had \$5,000 or m | ore in assets |
| at any time during t | | instructions.) | · · · · · · · | | <u> </u> |
| 1 Information Regarding Foundation | • | | | | |
| a List any managers of the foundation wh year (but only if they have contributed in | o nave contributed more nore than \$5 000) (See s | than 2% of the total con ection 507(d)(2)) | tributions received by th | e foundation before the cl | ose of any tax |
| NONE | 1010 111411 401000)1 (000 0 | 5511011 557 (d)(L)./ | | | |
| b List any managers of the foundation wh | o own 10% or more of th | a stock of a corneration | /or on equally lorge port | an of the ownership of a | nortassahin as |
| other entity) of which the foundation has | s a 10% or greater interes | e stock of a corporation st. | to an equally large port | ion of the ownership of a | parmersnip or |
| NONE | • | | | | |
| 2 Information Regarding Contributi | on Grant Gift Loan | Scholarship etc. P | rograme. | | <u> </u> |
| Check here ► X If the foundation o | | | | not accent unsolicited rec | nuests for funds. If |
| the foundation makes gifts, grants, etc. | (see instructions) to indiv | iduals or organizations | under other conditions, o | complete items 2a, b, c, ar | nd d. |
| a The name, address, and telephone num | ber of the person to whor | n applications should be | e addressed: | | |
| . , | • | ,, | | | |
| b The form in which applications should b | e submitted and informa | tion and materials they s | should include: | | |
| c Any submission deadlines: | | ··· | · · · · · · | | |
| | | | _ | | |
| d Any restrictions or limitations on awards | s, such as by geographica | al areas, charitable fields | , kinds of institutions, or | other factors: | |
| | | | | | |

| Part XV Supplementary Information | (continued) | | | |
|---|--|----------------------|----------------------------------|--------------------------|
| 3 Grants and Contributions Paid During the Ye | ear or Approved for Future I | Payment | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| Paid during the year SEE STATEMENT 9 | or substantial contributor | recipient | | |
| Total b Approved for future payment | | | > 3a | 365,798 |
| NONE | | | | |
| Total | | • | | 0. |
| 023611 12-07-10 | · | - | | orm 990-PF (2010) |

Part XVI-A Analysis of Income-Producing Activities

| inter gross amounts unless otherwise indicated. | Unrelated | business income | | by section 512, 513, or 514 | (e) | |
|---|-----------------|-----------------|---|-----------------------------|-----------------------------------|--|
| - | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income | |
| 1 Program service revenue: | code | ranount | code | Amount | - Introduction income | |
| a | _ | | | | | |
| b | _ | | | | | |
| C | _ | | | | | |
| d | _ | | | | | |
| e | | | | | | |
| f | _ \ | | _ | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash | | | | İ | | |
| investments | | | 14 | 4,219. | 20. | |
| 4 Dividends and interest from securities | | | 14 | 240,034. | | |
| 5 Net rental income or (loss) from real estate: | | | _ | | | |
| a Debt-financed propertyb Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal | - - | | | | | |
| property | | | _ | | | |
| 7 Other investment income | | | 14 | | | |
| 8 Gain or (loss) from sales of assets other | | | | | | |
| than inventory | | | 18 | 5,233,343. | | |
| 9 Net income or (loss) from special events | | | | | <u></u> | |
| 10 Gross profit or (loss) from sales of inventory | | | _ | | | |
| 11 Other revenue: | | | | | | |
| a | _ | - | | | | |
| b | _ | | | | | |
| C | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | | <u>). </u> | 5,477,596. | 20. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 5,477,616. | |
| (See worksheet in line 13 instructions to verify calculations. | .) | | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|---------------|---|
| | |
| | |
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Form 990-PF (2010) CAROL LAVIN BERNICK FAMILY FOUNDATION 36-4134174

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | g with any other organization | | tion 501(c) of | - | res | NO |
|---------|-----------------|-----------------------------------|--|---------------------------------------|----------------------------------|-----------------------|------------------------------------|-----------------|--------------|------------------|
| | | | | | ?7, relating to political organ | nizations? | | 1 | | |
| | | rom the reporting founda | ation to a noncharit | table exempt or | ganization of: | | | | | |
| | Cash | | | | | | | 1a(1) | <u> </u> | X |
| • • | Other | | | | | | | 1a(2) | <u> </u> | X |
| - | | sactions: | | | | | | | | |
| | | of assets to a noncharital | | | | | | 1b(1) | | X |
| (2) | Purch | ases of assets from a nor | ncharitable exempt | organization | | | | 1b(2) | ļ | X |
| (3) | Renta | of facilities, equipment, | or other assets | | | | | 1b(3) | $oxed{oxed}$ | X X X X |
| (4) | Reimb | oursement arrangements | | | | | | 1b(4) | | X |
| (5) | Loans | or loan guarantees | | | | | | 1b(5) | | X |
| (6) | Perfor | mance of services or me | mbership or fundra | aising solicitatio | ons | | | 1b(6) | | X |
| c Sha | ring of | facilities, equipment, ma | iling lists, other ass | sets, or paid em | ployees | | | 1c | | X |
| d If th | e answ | er to any of the above is | "Yes," complete the | e following sche | dule. Column (b) should alv | ways show the fair | market value of the goods, | other ass | sets, | |
| or s | ervices | given by the reporting fo | oundation. If the fo | undation receive | ed less than fair market valu | ie in any transactio | in or sharing arrangement, | show in | | |
| colu | ımn (d) | the value of the goods, | other assets, or ser | rvices received. | | | | | | |
| Line no | | (b) Amount involved | (c) Name | of noncharitable | e exempt organization | (d) Description | on of transfers, transactions, and | sharing ar | rangeme | ents |
| | | | | N/A | - | | | | | |
| | | | | | | | | | | |
| | T | | | | | | | | | |
| | | | | | | | | | | |
| _ | | | | | | | | | | |
| | | | T | | | | | | | |
| | | | | | | | | | | |
| | | | | - | | | _ | | - | |
| | _ | | | | | | | | | |
| _ | + | | | | | | | | | |
| _ | + | | | | | | | | | |
| | + | | | | | | <u>_</u> | | | |
| | +- | | | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | - | | | | |
| | + | | | | | - | | | | |
| | + | | | | | | | | | |
| | Щ. | <u></u> | L | | | | | | | |
| | | • | • | | or more tax-exempt organi | zations described | - | _ | _ | _ |
| | | 501(c) of the Code (other | | c)(3)) or in sect | tion 527? | | Ĺ | Yes | LX | No |
| _b_lf"Y | es," co | mplete the following sch | | | | | | | | |
| _ | | (a) Name of org | janization | | (b) Type of organization | | (c) Description of relation | ship | | |
| | | N/A | | | | | | | | |
| | _ | | | | | | | | | |
| | | | | | | | | | | |
| | | 1 | - | | | | | | | |
| | | 16 | 1 1. A | | | | | | | |
| | Unde | r penalties of perjury, I declare | e that I have examined | this return, includ | ling accompanying schedules an | nd statements, and to | the best of my knowledge and b | elief, it is tr | ue, corre | act, |
| Sign | and c | omplete Declaration of prepa | arer (other than taxpay | er or fiductiary) is b | ased on all information of which | preparer has any know | <u>_</u> | | | |
| Here | | () | | | 6/7 | 112 | PRESIDENT | | | |
| | | Signature of officer or tru | ustee | | Date | | Title | | | |
| | | Print/Type preparer's na | ame | Preparer's s | ignature | Date | Check If PTIN | | | |
| | | _, , , , | | | - | | self- employed | | | |
| Paid | | NORA STAPL | ETON | MORA | TAPLETON | 04/25/12 | 1 ' ' 1 | | | |
| Prepa | arer | Firm's name ► BLA | | | | N-E/EJ/IZ | Firm's EiN ▶ | | | |
| Use C | | | CUMM VA | יייירע, | אות | | THIN S CIN | | | |
| J30 (| - : :: y | Firm's address > 1 0 | O DITTE | ם מתדטם | T 3 7 3 Omit m | OOR | | | | |
| | | | | | LAZA, 9TH FL | TOOK | 100 | | | 040 |
| | | СН | IICAGO, I | <u>т ророр</u> | <u> </u> | | | 2) 20 | | |
| | | | | | | | F | orm 99 0 |)-PF | (2010) |

023622 04-26-11

| AMOUNT | |
|---|-----|
| 4,21 | 9. |
| , LINE 3, COLUMN A 4,23 | 9. |
| IDS AND INTEREST FROM SECURITIES STATEMENT | 2 |
| CAPITAL GAINS COLUMN (A) GROSS AMOUNT DIVIDENDS AMOUNT | ı |
| 240,034. 0. 240,03 | 34. |
| LN 4 240,034. 0. 240,03 | 34. |
| LEGAL FEES STATEMENT | 3 |
| (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAE PER BOOKS MENT INCOME NET INCOME PURPOSE | |
| 1,459. | 0. |
| 1,459. | 0. |
| ACCOUNTING FEES STATEMENT | 4 |
| (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAE PER BOOKS MENT INCOME NET INCOME PURPOSE | |
| | 0. |
| 5,000. 0. | |
| PER BOOKS MENT INCOME NET INCOME | |

| FORM 990-PF | TAX | ES | | STATEMENT | <u>5</u> |
|---|-------------------------------|-----------------------------------|------------------|----------------------|----------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | |
| ANNUAL FEE FORIEGN TAX OTHER TAXES | 115. 1,212. 22,022. | 0 | • | | 0. 0. 0. |
| TO FORM 990-PF, PG 1, LN 18 | 23,349. | . 0 | • | | 0. |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT | 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | |
| LICENSES & PERMITS MERRILL LYNCH ADVISOR FEES OTHER EXPENSES SERVICE CHARGE | 10. 17,703. 709. 15. | 0 | • | | 0. 0. 0. |
| TO FORM 990-PF, PG 1, LN 23 | 18,437. | 0 | • | | 0. |
| FORM 990-PF OTHER DECREAS | ES IN NET AS | SETS OR FUND | BALANCES | STATEMENT | 7 |
| DESCRIPTION | | | | AMOUNT | |
| ALBERTO CULVER STOCK BASIS B | OOK OVER TAX | | | 2,063,9 | 20. |
| TOTAL TO FORM 990-PF, PART I | II, LINE 5 | | | 2,063,9 | 20. |
| FORM 990-PF | CORPORAT | E STOCK | | STATEMENT | 8 |
| DESCRIPTION | | В | SOOK VALUE | FAIR MARKE' VALUE | т |
| ALBERTO CULVER STOCK CLASS B | | | 0. 8,341,187. | 8,164,5 | 0. 76. |
| TOTAL TO FORM 990-PF, PART I | I, LINE 10B | | 8,341,187. | 8,164,5 | 76. |

| | AND CONTRIBUTIONS DURING THE YEAR | STAT | EMENT 9 |
|---|--|---------------------|---------|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
| AMERICAN CANCER SOCIETY 225 NORTH MICHIGAN AVENUE #1210 CHICAGO, IL 60601 | N/A MEDICAL | EXEMPT | 500. |
| AURORA UNIVERSITY 347 SOUTH GLADSTONE AVENUE AURORA, IL 60506 | N/A COMMUNITY | EXEMPT | 10,000. |
| BOYS & GIRLS CLUB OF CHICAGO 550 W. VAN BUREN STREET, SUITE 350 CHICAGO, IL 60607 | N/A COMMUNITY | EXEMPT | 1,000. |
| CANCER SUPPORT CENTER 1336 BASSWOOD ROAD SCHAUMBURG, IL 60173 | N/A COMMUNITY | EXEMPT | 2,000. |
| CENTERSTAGE IN LAKE FOREST 400 E. ILLINOIS ROAD LAKE FOREST, IL 60045 | N/A COMMUNITY | ЕХЕМРТ | 2,500. |
| DUPAGE PADS, INC. 705 WEST LIBERTY WHEATON, IL 60187 | N/A COMMUNITY | ЕХЕМРТ | 500. |
| FOUNDATION FIGHTING BLINDNESS 1580 S. MILWAUKEE AVE., #606 LIBERTYVILLE, IL 60048 | N/A MEDICAL | EXEMPT | 25,000. |
| FRIENDS OF PRENTICE 251 EAST HURON STREET, SUITE 3-200 CHICAGO, IL 60611 | N/A COMMUNITY | EXEMPT | 16,500. |

| CAROL LAVIN BERNICK FAMILY FOUN | IDATION | | 36-4134174 |
|--|------------------|--------|------------|
| GENEVA WATER SAFETY COMMITTEE, INC. PO BOX 412 LAKE GENEVA, WI 53147 | N/A COMMUNITY | EXEMPT | 5,000. |
| HINSDALE HUMANE SOCIETY 22 NORTH ELM STREET HINSDALE, IL 60521 | | EXEMPT | 700. |
| LEGAL MOMENTUM 395 HUSDSON STREET NEW YORK, NY 10014 | N/A COMMUNITY | EXEMPT | 8,000. |
| LOCKPORT FISH FOOD PANTRY 604 E. 9TH STREET LOCKPORT, IL 60441 | | EXEMPT | 500. |
| MERCY HOME FOR BOYS & GIRLS 1140 WESTJACKSON BOULEVARD CHICAGO, IL 60607 | N/A COMMUNITY | EXEMPT | 1,000. |
| SAN MIGUEL FEBRES CORDERO SCHOOL 1949 W. 48TH STREET CHICAGO, IL 60609 | • | EXEMPT | 1,000. |
| SHINING STAR BALL 1835 WEST CENTRAL ROAD ARLINGTON HEIGHTS, IL 60005 | N/A COMMUNITY | EXEMPT | 5,000. |
| STANDING TALL CHARITABLE FOUNDATION 1100 NORTH RIVER ROAD DES PLAINES, IL 60016 | N/A COMMUNITY | EXEMPT | 500. |
| STEPPENWOLF THEATER 1650 NORTH HALSTED STREET CHICAGO, IL 60614 | N/A COMMUNITY | EXEMPT | 3,000. |
| STS. PETER & PAUL SCHOOL 201 EAST FRANKLIN AVENUE NAPERVILLE, IL 60540 | N/A RELIGIOUS | EXEMPT | 2,500. |

| CAROL LAVIN BERNICK FAMILY FOUN | DATION | | 36-4134174 |
|---|------------------|--------|------------|
| THANKS JORDAN FOUNDATION 130 EAST 8TH STREET LOCKPORT, IL 60441 | N/A COMMUNITY | EXEMPT | 3,500. |
| | N/A COMMUNITY | EXEMPT | 2,000. |
| THE LEUKEMIA AND LYMPHOMA SOCIETY 651 W. WASHINGTON BLVD #400 CHICAGO, IL 60661 | N/A MEDICAL | ЕХЕМРТ | 7,000. |
| TINLEY PARK FOOD PANTRY 6875 173RD PLACE TINLEY PARK, IL 60477 | • | EXEMPT | 500. |
| TULANE UNIVERSITY 6823 ST. CHARLES AVENUE NEW ORLEANS, LA 70118 | N/A COMMUNITY | EXEMPT | 30,000. |
| LIFELINE CHICAGO 200 N MICHIGAN AVE, SUITE 502 CHICAGO, IL 60601 | N/A COMMUNITY | EXEMPT | 500. |
| ADOPTAPLATOON PO BOX 1457 SEABROOK, NH 03874 | N/A COMMUNITY | EXEMPT | 448. |
| AFTER SCHOOL MATTERS 66 E. RANDOLPH ST. CHICAGO, IL 60601 | N/A COMMUNITY | ЕХЕМРТ | 7,000. |
| AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231 | N/A MEDICAL | EXEMPT | 3,000. |
| ASSOCIATION OF FUNDRAISING PROFESSIONALS]CHICAGO CHAPTER 1755 PARK STREET, SUITE 260 NAPERVILLE, IL 60563 | N/A COMMUNITY | EXEMPT | 5,000. |

| CAROL LAVIN BERNICK FAMILY FOUR | NDATION | | 36-4134174 |
|---|------------------|--------|------------|
| BCAA SCHOLARSHIP FUND (BAY COLONY DOLLARS FOR SCHOLARS) 8700 BAY COLONY DR. NAPLES, FL 34108 | | EXEMPT | 1,000. |
| BLACK POINT HISTORIC PRESERVE, INC. PO BOX 548 LAKE GENEVA, WI 53149 | N/A COMMUNITY | EXEMPT | 1,000. |
| BRAIN RESEARCH FOUNDATION 111 WEST WASHINGTON STREET, SUITE 1710 CHICAGO, IL 60602 | N/A MEDICAL | EXEMPT | 5,000. |
| CATHOLIC CHARITIES, DIOCESE OF JOLIET 203 N. OTTAWA ST. JOLIET, IL 60432 | N/A RELIGIOUS | EXEMPT | 2,500. |
| CATHOLIC THEOLOGICAL UNION 5401 S. CORNELL AVE. CHICAGO, IL 60615 | N/A RELIGIOUS | EXEMPT | 5,000. |
| CHICAGO COMMUNITY FOUNDATION 111 EAST WACKER DRIVE, SUITE 1400 CHICAGO, IL 60601 | N/A COMMUNITY | EXEMPT | 300. |
| CHICAGO INTERNATIONAL CHARTER SCHOOL 11 E. ADAMS, SUITE 600 CHICAGO, IL 60603 | N/A COMMUNITY | EXEMPT | 10,000. |
| CHICAGO THEOLOGICAL SEMINARY 1407 E. 60TH ST. CHICAGO, IL 60637 | N/A COMMUNITY | EXEMPT | 1,000. |
| CHICAGO YOUTH PROGRAMS 5350 S. PRAIRIE AVE. CHICAGO, IL 60615 | N/A COMMUNITY | EXEMPT | 1,000. |
| CHILDREN'S HOME + AID 125 SOUTH WACKER DR. CHICAGO, IL 60606 | N/A COMMUNITY | EXEMPT | 5,000. |

| CAROL LAVIN BERNICK FAMILY FOUN | IDATION | | 36-4134174 |
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| CHILDREN'S MEMORIAL FOUNDATION 2300 CHILDREN'S PLAZA CHICAGO, IL 60614-3363 | N/A COMMUNITY | EXEMPT | 250. |
| CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDREN'S PLAZA CHICAGO, IL 60614-3363 | | EXEMPT | 500. |
| CHILDREN'S ONCOLOGY SERVICES, INC. 213 WEST INSTITUTE PLACE, SUITE 511 CHICAGO, IL 60610 | N/A MEDICAL | EXEMPT | 2,000. |
| COALITION TO SALUTE AMERICAS HEROES 12 GODFREY PLACE WILTON, CT 06897 | N/A COMMUNITY | EXEMPT | 5,000. |
| CYSTIC FIBROSIS FOUNDATION 150 NORTH MICHIGAN AVE., SUITE 400 CHICAGO, IL 60601 | N/A MEDICAL | EXEMPT | 250. |
| DOWNLINE MINISTRIES P.O. BOX 770296 MEMPHIS, TN 38177 | N/A RELIGIOUS | EXEMPT | 10,000. |
| EVANS SCHOLARS FOUNDATION ONE BRIAR ROAD GOLF, IL 60029 | N/A COMMUNITY | EXEMPT | 20,000. |
| FOODSTOCK C.O.O.L. 127 W. WATER STREET WAUKEGAN, IL 60085 | N/A COMMUNITY | EXEMPT | 500. |
| GEORGE W. BUSH PRESIDENTIAL CENTER PO BOX 560887 DALLAS, TX 75356 | N/A COMMUNITY | EXEMPT | 500. |
| GIRL SCOUTS 20 SOUTH CLARK, SUITE 200 CHICAGO, IL 60603 | N/A COMMUNITY | ЕХЕМРТ | 2,000. |

| CAROL LAVIN BERNICK FAMILY FOUN | IDATION | | 36-4134174 |
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| GOLF PROS BEATING CANCER 47617 PAULSEN SQ. POTOMAC FALLS, VA 20165 | N/A COMMUNITY | EXEMPT | 2,500. |
| GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PLACE CHICAGO, IL 60632 | N/A COMMUNITY | EXEMPT | 250. |
| HARVARD CLUB OF CHICAGO P.O. BOX 350 KENILWORTH, IL 60043 | | EXEMPT | 1,000. |
| HARVARD UNIVERSITY (WOMEN'S INITIATIVES) 124 MT. AUBURN STREET CAMBRIDGE, MA 60034 | N/A COMMUNITY | EXEMPT | 10,000. |
| HBSCC CHARITABLE FUND 1901 BUTTERFIELD RD, SUITE 450 DOWNERS GROVE, IL 60515 | | EXEMPT | 2,000. |
| HOLIDAY HOME CAMP P.O. BOX 10 WILLIAMS BAY, WI 56191 | | EXEMPT | 2,500. |
| ILLINOIS INSTITUTE OF TECHNOLOGY 3300 SOUTH FEDERAL STREET CHICAGO, IL 60616 | N/A COMMUNITY | EXEMPT | 1,000. |
| ILLINOIS INSTITUTE OF TECHNOLOGY 10 W. 35TH STREET SUITE 1700 CHICAGO, IL 60616 | N/A COMMUNITY | EXEMPT | 7,000. |
| INVEST FOR KIDS 875 N. MICHIGAN AVE. SUITE 3400 CHICAGO, IL 60611 | N/A COMMUNITY | EXEMPT | 5,000. |
| JANE ADDAMS HULL HOUSE ASSOCIATION 1030 W. VAN BUREN CHICAGO, IL 60607 | N/A COMMUNITY | EXEMPT | 2,000. |

| CAROL LAVIN BERNICK FAMILY FOUN | NDATION | | 36-4134174 |
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| JOHN G: SHEDD AQUARIUM 1200 S. LAKE SHORE DRIVE CHICAGO, IL 60605 | N/A COMMUNITY | EXEMPT | 6,000. |
| LEYDEN TOWNSHIP 2501 N. MANNHEIM ROAD FRANKLIN PARK, IL 60131 | N/A COMMUNITY | EXEMPT | 1,500. |
| LINN PRESBYTERIAN CHURCH W3335 WILLOW ROAD LAKE GENEVA, WI 53147 | • | EXEMPT | 1,000. |
| LOAVES & FISHES 777 N. FIRST STREET, SUITE 420 SAN JOSE, CA 95112 | N/A COMMUNITY | EXEMPT | 500. |
| LUPUS FOUNDATION OF AMERICA 2000 L STREET N.W. SUITE 410 WASHINGTON, DC 20036 | N/A COMMUNITY | EXEMPT | 1,000. |
| LYRIC OPERA OF CHICAGO 20 N. WACKER DRIVE CHICAGO, IL 60606 | N/A COMMUNITY | EXEMPT | 3,000. |
| | N/A COMMUNITY | EXEMPT | 500. |
| NARAL PRO -CHOICE AMERICA FOUNDATION 1156 15TH STREET, NW SUITE 700 WASHINGTON, DC 20005 | N/A COMMUNITY | EXEMPT | 7,000. |
| NCH HEALTHCARE FOUNDATION/MAGNOLIA BALL P.O. BOX 234 NAPLES, FL 34106 | N/A MEDICAL | EXEMPT | 10,300. |
| NORTHWESTERN MEMORIAL FOUNDATION 251 E. HURON CHICAGO, IL 60611 | N/A COMMUNITY | EXEMPT | 2,500. |

| CAROL LAVIN BERNICK FAMILY FOUN | DATION | | 36-4134174 |
|---|------------------|--------|------------|
| PALM BEACH CIVIC ASSOCIATION 139 N. COUNTY ROAD SUITE 33 PALM BEACH, FL 33480 | N/A COMMUNITY | EXEMPT | 5,000. |
| PATHWAYS FOUNDATION 150 N MICHIGAN AVE, SUITE 2100 CHICAGO, IL 60601 | N/A COMMUNITY | EXEMPT | 3,000. |
| REHAB CHICAGO 345 E. SUPERIOR STREET CHICAGO, IL 60611 | N/A MEDICAL | ЕХЕМРТ | 1,000. |
| RESOLUTION SYSTEMS INSTITUTE 11 E ADAMS STREET, SUITE 500 CHICAGO, IL 60603 | N/A COMMUNITY | EXEMPT | 2,000. |
| RUSH EPILEPSY CENTER 1725 W. HARRISON ST., SUITE 1118 CHICAGO, IL 60612 | N/A MEDICAL | EXEMPT | 500. |
| RUSH NEUROBEHAVIORAL CENTER 4711 W. GOLF ROAD, SUITE 1100 SKOKIE, IL 60076 | | EXEMPT | 2,500. |
| SS CYRIL 608 SOBIESKI STREET LEMONT, IL 60439 | N/A COMMUNITY | EXEMPT | 500. |
| ST. ALPHONSUS 210 E. LOGAN ST. LEMONT, IL 60439 | N/A RELIGIOUS | EXEMPT | 1,000. |
| SUSAN G. KOMEN FOR THE CURE 5005 LBJ FREEWAY, SUITE 250 DALLAS, TX 75244 | N/A COMMUNITY | EXEMPT | 2,500. |
| THE AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231 | N/A MEDICAL | EXEMPT | 3,000. |

| CAROL LAVIN BERNICK FAMILY FOUN | DATION | | 36-4134174 |
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| THE AUXILARY AT EVANSTON & GLENBROOK HOSPITALS 1033 UNIVERSITY PLACE, SUITE 450 EVANSTON, IL 60201 | N/A COMMUNITY | EXEMPT | 500. |
| THE HORATIO ALGER ASSOCIATION 99 CANAL CENTER PLAZA, SUITE 320 ALEXANDRIA, VA 22314 | | EXEMPT | 20,000. |
| THE JESSE WHITE FOUNDATION 134 NORTH LASALLE STREET, SUITE 1820 CHICAGO, IL 60602 | | EXEMPT | 2,000. |
| THE LINCOLN ACADEMY OF ILLINOIS ONE OLD STATE CAPITOL PLAZA SPRINGFIELD, IL 62701 | | EXEMPT | 2,000. |
| THE MARCH OF DIMES 111 WEST JACKSON BLVD., SUITE 2200 CHICAGO, IL 60604 | N/A COMMUNITY | ЕХЕМРТ | 300. |
| | N/A COMMUNITY | EXEMPT | 500. |
| TOWN OF LINN POLICE DEPARTMENT D.A.R.E. PROGRAM PO BOX 99 ZENDA, WI 53195 | N/A COMMUNITY | EXEMPT | 2,000. |
| TOWN OF PALM BEACH UNITED WAY 44 COCOANUT ROW PALM BEACH, FL 33480 | N/A COMMUNITY | EXEMPT | 10,000. |
| TRAVER SCHOOL W3490 LINTON RD. LAKE GENEVA, WI 53147 | N/A COMMUNITY | EXEMPT | 1,000. |
| UNITED WAY OF WALWORTH COUNTY PO BOX 1020 ELKHORN, WI 53121 | N/A COMMUNITY | EXEMPT | 1,000. |

| CAROL LAVIN BERNICK FAMILY FOU | NDATION | | 36-4134174 |
|--|------------------|--------|------------|
| WILDLIFE CONSERVATION NETWORK 25745 BASSETT LANE LOS ALTOS, CA 94022 | N/A COMMUNITY | EXEMPT | 20,000. |
| YWCA METROPOLITAN CHICAGO 1 N. LASALLE ST. CHICAGO, IL 60602 | n/A COMMUNITY | ЕХЕМРТ | 2,000. |
| TOTAL TO FORM 990-PF, PART XV, I | INE 3A | | 365,798. |

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| • If you a | are filing for an Automatic 3-Month Extension, complet | te only Pa | irt I and check this box | | . 1 | \mathbf{x} | | |
|--|--|---|---|------------|-----------------------|--------------|--|--|
| | are filing for an Additional (Not Automatic) 3-Month Ex | | | form). | | | | |
| Do not c | omplete Part II unless you have already been granted a | ın automa | tic 3-month extension on a previously fil | ed For | m 8868. | | | |
| Electron | ic filing (e-file). You can electronically file Form 8868 if y | ou need a | 3 month automatic extension of time to | o file (6 | months for a co | rporation | | |
| required | to file Form 990-T), or an additional (not automatic) 3-mor | nth extens | sion of time. You can electronically file Fe | orm 88 | 368 to request an | extension | | |
| of time to | ofile any of the forms listed in Part I or Part II with the exc | ception of | Form 8870, Information Return for Tran | sfers A | Associated With C | Certain | | |
| Personal | Benefit Contracts, which must be sent to the IRS in pap | er format | (see instructions). For more details on th | ne elec | tronic filing of this | s form, | | |
| visit www | v.irs.gov/efile and click on e-file for Charities & Nonprofits | <u>. </u> | | | | | | |
| Part I | Automatic 3-Month Extension of Time | Only su | bmit onginal (no copies needed). | | | | | |
| A corpora | ation required to file Form 990-T and requesting an autor | natic 6-mo | onth extension - check this box and com | plete | | | | |
| Part I on | y corporations (including 1120-C filers), partnerships, REM | ICs and t | rusts must use Form 7004 to request an | , . | sion of time | ▶ ∐ | | |
| | ome tax returns. | | | | | | | |
| Type or | Name of exempt organization | <u> </u> | | Empl | loyer identification | on number | | |
| print | CAROL LAVIN BERNICK FAMILY FOUNDATION | | | 36-4134174 | | | | |
| File by the due date for filing your | Number, street, and room or suite no. If a P.O. box, so 909 ASHLAND AVENUE | per, street, and room or suite no. If a P.O. box, see instructions. ASHLAND AVENUE | | | | | | |
| return See instructions | | | | | | | | |
| | | | | | | | | |
| Enter the | Return code for the return that this application is for (file | a separa | te application for each return) | • • | | 0 4 | | |
| Applicat | ion | Return | Application | | | Return | | |
| is For | | Code | Is For | | | Code | | |
| Form 990 | 0 | 01 | Form 990-T (corporation) | | | 07 | | |
| Form 990 | D-BL | 02 | Form 1041-A | | | 08 | | |
| Form 990 | 0-EZ | 01 | Form 4720 | | | 09 | | |
| Form 990 | O-PF | 04 | Form 5227 | | | 10 | | |
| Form 990 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| Form 990 | O-T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| | ERIC STORCK | | | | | | | |
| | ooks are in the care of 155 N WACKER DI | RIVE, | | | IL 60606 | | | |
| • | hone No. ► 708-450-3164 | | FAX No. ▶ | | | . 🗀 | | |
| | organization does not have an office or place of business | | • | | | ▶ | | |
| | is for a Group Return, enter the organization's four digit | 7 | | | r the whole group | | | |
| box 🕨 | . If it is for part of the group, check this box | | ach a list with the names and EINs of all | | ers the extension | is for. | | |
| 1 Ire | equest an automatic 3-month (6 months for a corporation JULY 15, 2012 , to file the exemp | • | to file Form 990-1) extension of time unti- tion return for the organization named a | | The extension | | | |
| 10.5 | for the organization's return for: | it Organiza | mon return for the organization named a | wove. | ILIA AXCAUZION | | | |
| 15 | ┌ ॉ . | | | | | | | |
| > | X tax year beginning DEC 1, 2010 | , ar | nd ending NOV 30, 2011 | | <u> </u> | | | |
| 2 If t | the tax year entered in line 1 is for less than 12 months, c | heck reas | ion Initial return Fina | al retur | 'n | | | |
| 3a If t | this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069. e | enter the tentative tax, less any | Ţ | | | | |
| | nrefundable credits. See instructions. | | | 3a | s 12 | 21,080. | | |
| | this application is for Form 990-PF, 990-T, 4720, or 6069, | _ | | | | | | |
| | timated tax payments made. Include any prior year overp | | | 3b | \$ | 6,080. | | |
| c Balance due. Subtract line 3b from line 3a Include your pay | | | | | 1. | 15 000 | | |
| by using EFTPS (Electronic Federal Tax Payment System) See instructions. | | | | | | 15,000. | | |
| | . If you are going to make an electronic fund withdrawal v | | orm 6668, see Form 8453-EU and Form | 88/9- | | | | |
| LHA I | For Paperwork Reduction Act Notice, see Instructions |) . | | | rum 8808 | (Rev 1-2011) | | |