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#### Form **990-PF** Department of the Treasury Internal Revenue Service

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For cale	ndar year 2011 or tax year beginning			, and ending		
Name o	of foundation				A Employer identificatio	n number
	NIEL AND JANET HIDDING F	16-1710952	2			
	and street (or P O box number if mail is not delivered to street	Room/suite	B Telephone number			
	S. EVERGREEN AVE.			1101	(847)483-0	
-	town, state, and ZIP code JINGTON HEIGHTS, IL 600	05			C If exemption application is	pending, check here
G Chec	k all that apply: Initial return		Initial return of a fe	ormer public charity	D 1. Foreign organization	is, check here
	Final return		Amended return			
	Address change		Name change		Foreign organizations m 2. check here and attach of	neeting the 85% test, computation
H Chec	k type of organization: X Section 501(c)(3) ex	cempt priv	ate foundation		E If private foundation st	
	ection 4947(a)(1) nonexempt charitable trust	Other tax	able private found	ation	under section 507(b)(1	
1 Fair m	arket value of all assets at end of year   J Account	ng metho	d: X Cash	Accrual	F If the foundation is in a	60-month termination
(from		ther (spec			under section 507(b)(1	
\$	523,622. (Part I, colu	mn (d) m	ust be on cash	basis.)		
Part	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		Revenue and nses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received		35,000.	The state of the s	N/A	
2	Check I if the foundation is not required to attach Sch B	1 / 50		77 's - [ (	7 7 7 7	
3	interest on savings and temporary cash investments		2,127.	2,127.	.,	STATEMENT 1
4	Dividends and interest from securities		506.	506.		STATEMENT 2
<u>≥</u>   5	a Gross rents					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7107	Net rental income or (loss)	~	<b>的时间</b>	The said of the sa		1
<i>⊜</i> _ 6∈	Net gain or (loss) from sale of assets not on line 10		10,572.		THE THE PARTY OF	
ו וַבַּ כּאַ	Gross sales price for all assets on line 6a 51,581.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1	
Revenue 2	Capital gain net income (from Part IV, line 2)			10,572.		
기 때 8	Net short-term capital gain	, ),				
<b>5</b> 9	Income modifications		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	grad that a		
Ū   10:	Gross sales less returns and allowances	2 :				
	Less Cost of goods sold	رسا				
₹   0	Gross profit or (loss)	100		4		
્રે  11	1 1 2 2 4049	lö				
12	Total. Add lines 1 through 9FP 2 5 2012	امًا	48,205.	13,205.		
13	Compensation of officer Othrectors, trustees, etc	Jœ.	0.	0.		0.
14	Other employee salaries and wages			<del></del>		
<sub>2</sub> 15	Pension plans, employee benefits DENI			· · · · · · · · · · · · · · · · · · ·		<u> </u>
= 1	a Legal fees	<u> </u>				ļ
힐	Accounting fees	<u> </u>				
<u> </u>	Other professional fees	-				
₹ 17 10	Taxes STMT 3		584.	0.	<del> </del>	<del> </del>
Operating and Administrative Exper 12 0 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Depreciation and depleties	<u> </u>	304.	<u> </u>		0.
E 20	Depreciation and depletion	<del> </del>			·	<del> </del>
F 20	Occupancy Travel, conferences, and meetings	<del></del>				<del> </del>
D 21	Printing and publications	<del></del>				<del>                                     </del>
등 22 의 23	Other expenses STMT 4	<del></del>	40.	0.		15.
# 24	Total operating and administrative	$\vdash$	40.		·	+ + + + + + + + + + + + + + + + + + + +
E   27	Add I 40 th b 00	]	624.	0.		15.
라 <sub>25</sub>	<b>A</b> • 1 • 1 • 10	<b>-</b>	44,250.	0.		44,250.
	Total expenses and disbursements.	<b> </b>	11,200			44,230.
1-0	Add lines 24 and 25		44,874.	0.		44,265.
27	Subtract line 26 from line 12:	<del>                                     </del>	/0/			33,203.
	Excess of revenue over expenses and disbursements		3,331.			
	Net investment income (if negative, enter -0-)	<b></b>	-,,,,,,,,	13,205.		<del> </del>
	Adjusted net income (if negative, enter -0-)			13,203.	N/A	
123501	LUA For Panarwork Reduction Act Nation con	<u> </u>	<u></u>		11/13	Form 000 DE (004)

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year	
[ <u>P</u>	art.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	377,417.	459,947.	459,947.	
	3	Accounts receivable ►				
	Ť	Less: allowance for doubtful accounts	a same of the same	Birth and the second of the se		
	4	Pledges receivable ▶				
	'	Less: allowance for doubtful accounts				
	5	Grants receivable		······································		
	å	Receivables due from officers, directors, trustees, and other				
	ľ	disqualified persons				
	7		SESSESSES AND SESSES		A CONTRACTOR STATE AND A STATE OF	
	l '	Other notes and loans receivable	STATE OF STATE OF A			
		Less: allowance for doubtful accounts				
Assets	l 🐧	Inventories for sale or use				
Ass	19	Prepaid expenses and deferred charges				
•	ı	Investments - U.S. and state government obligations		*		
		Investments - corporate stock		<u> </u>		
	C	Investments - corporate bonds	A change and resourced when the second second second second	incompletely to be then to be a completely	the War Cabber Commission, Navaried	
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other S.TMT 5	219,372.	63,675.	63,675.	
	14	Land, buildings, and equipment; basis				
	ŀ	Less accumulated depreciation				
	15	Other assets (describe ► )	·			
	16	Total assets (to be completed by all filers)	596,789.	523,622.	523,622.	
	17	Accounts payable and accrued expenses				
	18	Grants payable				
Ø	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
abil	21	Mortgages and other notes payable	· · · · · · · · · · · · · · · · · · ·		5	
Ï	22	Other liabilities (describe )				
	23	Total liabilities (add lines 17 through 22)	0.	0.	.3	
_		Foundations that follow SFAS 117, check here			10.25	
		and complete lines 24 through 26 and lines 30 and 31.				
es	24	Unrestricted	596,789.	523,622.		
JUE	25	Temporarily restricted	330,7031	323,022.		
3al		Permanently restricted		<del>-</del>		
Net Assets or Fund Balan	20	Foundations that do not follow SFAS 117, check here				
Fur		·				
p	0.7	and complete lines 27 through 31.				
əts		Capital stock, trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·			
188						
∍t A	29	Retained earnings, accumulated income, endowment, or other funds	506 700	F12 C11		
ž	30	Total net assets or fund balances	596,789.	523,622.		
		<b>*</b>	F06 700	E02 C02		
	31	Total liabilities and net assets/fund balances	596,789.	523,622.		
P	ात्र	Analysis of Changes in Net Assets or Fund E	Balances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	·	1	
		t agree with end-of-year figure reported on prior year's return)			596,789.	
2	Fnte				3,331.	
					600,120.	
5	nau i Decr	ines 1, 2, and 3 eases not included in line 2 (itemize) ► <u>UNREALIZED</u> LOS		4	76,498.	
6	Tomi	net accets or fund halanese at and of year fling 4 minus line 51. Part 11.	oluma (h) kaa 20	5		
6	10[2]	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (D), line 30	6	523,622.	

Part V Capital Gains a	and Losses for Tax on In	vestmen	t Income	<del></del>				
(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>b)</b> H	ow acquired Purchase Donation		ate acquired o., day, yr.)	(d) Date sold (mo., day, yr.)	
	INC NEW	<u></u>		٦	P	09	/15/10	01/19/11
	INC NEW				P		/15/10	01/19/11
c COM STOCK RES	INC NEW				P	09,	/15/10	01/26/11
<u>d</u>						<u> </u>		·
<u>e                                      </u>	(6) Depreciation allowed	(a) Ca	-t eth beele	<del>لـــ</del> ــ		<u> </u>	h) Cour. or (loco	<del></del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				h) Gain or (loss plus (f) minus	(g)
a 2,630.			2,09					539.
ь 15,472.	<del></del>		12,30					3,169.
33,479.	<del></del>	<u> </u>	26,61	<u> </u>	, <del></del>			6,864.
e								
	g gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gain	s (Col. (h) gain	minus
	(j) Adjusted basis		cess of col. (1)		(	col (k), l	out not less tha	n -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	as of 12/31/69	over	col. (j), if any	- 1		LOS	ses (from col. (	,n)}
8								539.
<u>b</u>				_				3,169.
<u>c</u>								6,864.
d								
<u>e</u>	<i>Cu</i> , , , ,			<del>-</del>	1	<del></del>		<del>-</del>
2 Capital gain net income or (net cap	ortal loss) { If gain, also enter of the loss of the l	' IN Part I, line - in Part I, line	7	- 1	2			10,572.
3 Net short-term capital gain or (los	•			<b>1</b>	-			
If gain, also enter in Part I, line 8,	,	iu (0).		J				
If (loss), enter -0- in Part I, line 8			· ·····.	<u>. ]]</u>	3		N/A	<u> </u>
Party Qualification U						ncom	<u>e</u>	·- ·- ·- ·- ·- ·
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment in	come	.)			
If section 4940(d)(2) applies, leave th	is part blank.							
Was the foundation liable for the secti	ion 4942 tay on the distributable am	ount of any w	ear in the hase ner	riod?				Yes X No
If "Yes," the foundation does not quali			•					
1 Enter the appropriate amount in e				es.				
(a) Base period years	(b)			(c)			Distril	(d) oution ratio
Calendar year (or tax year beginning			Net value of no	ncnar			(col. (b) do	vided by col. (c))
2010		3,150.			267,34			.198808
2009		$\frac{4,515}{3,700}$			307,58 502,26		<del></del>	.177234
2007		9,310.			393,90			.150571
2006		9,622.			10,86			2.725616
			<u> </u>					
2 Total of line 1, column (d)							2	3.339235
3 Average distribution ratio for the 5	year base period - divide the total c	on line 2 by 5,	or by the number	of yea	ars			
the foundation has been in existen	ce if less than 5 years						3	.667847
								544 250
4 Enter the net value of noncharitable	e-use assets for 2011 from Part X,	line 5	· · · · · · · · · · · · · · · · · · ·			…	4	544,358.
5 Multiply line 4 by line 3							5	363,548.
o manapy mio a sy mio s			• • • • • • • • • • • • • • • • • • • •	•••		··· -	<del>*  </del>	303,340.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6	132.
7 Add lines 5 and 6				••••		L	7	363,680.
								44.55
8 Enter qualifying distributions from						L	8	44,265.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	plete that part usin	ig a 19	6 tax rate.			
193621 12-02-11							<del></del>	orm 900-DE (2011)

orm	990-PF (2011) DANIEL AND JANET HIDDING FOUND	DATIO	ON		<u>17109</u>		Page 4
	Excise Tax Based on Investment Income (Section 494)	0(a), 4	940(b), 4940(e), or	4948	- see in	struction	าร)
1a	exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ei	nter "N/A	on line 1.				
	Date of ruling or determination letter: (attach copy of letter if nec						. 5. 3
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<b>▶</b> □ a	and enter 1%	1		2	64.
	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	Fax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers ent	er -0-)	2			0.
3	Add lines 1 and 2			3	ļ	2	64.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers en	ter -0-) .	4	<u> </u>		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5		2	64.
6	Credits/Payments:		4 040				
а	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	1,040	•			
b	Exempt foreign organizations - tax withheld at source	6b		_}  '			
C	Tax paid with application for extension of time to file (Form 8868)	6c	<del></del>	_}			,
	Backup withholding erroneously withheld	6d		_			4.0
	Total credits and payments. Add lines 6a through 6d			7	<del> </del>	1,0	40.
	Enter any penalty for underpayment of estimated tax. Check here 📖 if Form 2220 is atta	iched .		8	<del></del>		
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9	<del> </del>	<del></del>	76
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		7763-11	10	<del> </del>		76.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax		776. Refunded▶	11	<u> </u>		<u> </u>
	Statements Regarding Activities	1.1		! -	<u></u>	Voc	No
	During the tax year, did the foundation attempt to influence any national, state, or local legis	siation or	did it participate or intervel	ie in	-		X
	any political campaign?		instructions for definition\		· }	1a	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo				· · · ·		1
	If the answer is "Yes" to <sub>1a</sub> or <sub>1b</sub> , attach a detailed description of the activities an	и соріє	s or arry materials publis	neu or			
	distributed by the foundation in connection with the activities.				ľ	1c	X
	Did the foundation file <b>Form 1120-POL</b> for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	o voar			·	سر دند	
	(1) On the foundation. ► \$ 0 • (2) On foundation managers		0				
	Enter the reimbursement (if any) paid by the foundation during the year for political expend			Ť	l l		
	managers. > \$ 0 •	illui o uux	mpooda on roundadon				
	Has the foundation engaged in any activities that have not previously been reported to the I	RS?			ľ	2	X
	If "Yes," attach a detailed description of the activities.			•			
	Has the foundation made any changes, not previously reported to the IRS, in its governing	instrume	ent, articles of Incorporation	, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang				[	3	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year					4a	X
	If "Yes," has it filed a tax return on Form 990-T for this year?			1	N/A	4b	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	?			[	5	X
	If "Yes," attach the statement required by General Instruction T.				1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:			ļ		
	By language in the governing instrument, or				Ì		
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandato</li> </ul>	ry dırecti	ons that conflict with the st	ate law			
	remain in the governing instrument?					6 X	<del> </del>
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7 X	
	If "Yes," complete Part II, col. (c), and Part XV.				ı		
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨					
	IL		<del></del>				
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney	General (or designate)				
						8b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of s						Ų.
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"					9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a sched	lule listing	their names and addresses			10	X (2011)
					Forn	n <b>990-PF</b>	(2011)

Part VILE Statements Regarding Activities for Which I		Required (contin	ued)	<u> </u>				
5a During the year did the foundation pay or incur any amount to:			4					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No					
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,								
any voter registration drive?		Ye	s X No					
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🗶 No 🙎					
(4) Provide a grant to an organization other than a charitable, etc., organization								
509(a)(1), (2), or (3), or section 4940(d)(2)?		🗀 Ye	es 🗶 No 📳					
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or						
the prevention of cruelty to children or animals?		🗀 Ye	es 🗶 No 📳					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations		""。"是是一个				
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b				
Organizations relying on a current notice regarding disaster assistance check h	ere		. ▶□ 🏻					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for	rom the tax because it maintai	ined						
expenditure responsibility for the grant?	N	[/A	es 🔲 No 🥊					
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).		<u> </u>					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on							
a personal benefit contract?		🗀 Ye	es 🛣 No 🧏	祖皇部清清				
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		🖸	6b X				
If "Yes" to 6b, file Form 8870.								
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	L Ye	es 🗶 No 🙎					
b If "Yes," did the foundation receive any proceeds or have any net income attribu		·- <u> </u>		7b				
Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	y 					
1 List all officers, directors, trustees, foundation managers and their								
(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				
DANIEL HIDDING	PRESIDENT							
77 S. EVERGREEN, UNIT 1101	1			i.				
ARLINGTON HEIGHTS, IL 60005	0.00	0.	0.	0.				
JANET HIDDING	TREASURER							
77 S. EVERGREEN, UNIT 1101		1						
ARLINGTON HEIGHTS, IL 60005	0.00	0.	0.	0.				
			1					
2. Componentian of five highest paid ampleyons (other than the said	luded on line 4) If name	enter "NONE "	1					
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NUNE."	(d) Contributions to	(e) Eynense				
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances				
NONE								
		<u> </u>						
			<del> </del>					
	ļ							
		ļ <u>.</u>	<u> </u>	<u> </u>				
	4		1	1				
	ļ <u> —</u>		<u> </u>					
	Į							
Total number of other employees paid over \$50,000	<u>.                                    </u>	L	<u> </u>	<u> </u>				
POTEST CONTROL OF THE PROPERTY PARTY OF THE WAR AND THE PARTY OF THE P								

Form 990-PF (2011) DANIEL AND JANET HIDDING FOUNDATION		L710952	Page 7
Part VIII			
3 Five highest-paid independent contractors for professional services. If none, enter "NONE.			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compe	nsation
NONE			
Total number of others receiving over \$50,000 for professional services  Partix A Summary of Direct Charitable Activities	······································	. ▶	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the	Expenses	
1 N/A			
			0.
2			
3			
4			
PartiXaB Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	12.	Amount	
1 N/A			
2			
All other program-related investments. See instructions.			<u></u>
3			
Total Add lines 1 through 3			0.
LOTAL ACCUBINS T INTOLICA 5			

	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	44,440. 508,208.
b	Average of monthly cash balances	1b	508,208.
C	Fair market value of all other assets	1c	·····
đ	Total (add lines 1a, b, and c)	1d	552,648.
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	552,648.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,290.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	544,358.
6	Minimum Investment return. Enter 5% of line 5	6	27,218.
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.)	nd certain	
1	Minimum investment return from Part X, line 6	1	27,218.
2a	Tax on investment income for 2011 from Part VI, line 5	13.5	
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	264.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	26,954.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	26,954.
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	26,954.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	Res	44 065
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	44,265.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
þ	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	44,265.
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	44,265.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for th	he section

### DANIEL AND JANET HIDDING FOUNDATION

Part XIII Undistributed Income (				
	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,		, ,		26,954.
2 Undistributed income, if any, as of the end of 2011	~,			
a Enter amount for 2010 only		. ,	0.	. ,
b Total for prior years:		0.		, ;
3 Excess distributions carryover, if any, to 2011:			•	,
aFrom 2006   29,165.		, ,	, ,	
bFrom 2007 39,955.	<b>f</b> , , .			, ,
c From 2008 18,778.	1	1	* * * * * * * * * * * * * * * * * * * *	, , ,
dFrom 2009 40,616		, , , , , , , , , , , , , , , , , , ,		
eFrom 2010 40,801.		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	* " '	
f Total of lines 3a through e	169,315.	· .		
4 Qualifying distributions for 2011 from	p New Page Horas Hill	with the wife of the	الله المنافعة المنافع	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part XII, line 4: ▶\$ 44, 265	Party of the party		How Was - 1 25 11	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
a Applied to 2010, but not more than line 2a	19		0.	
b Applied to undistributed income of prior				1 190
years (Election required - see instructions)		0.	, , , , ,	The state of the s
c Treated as distributions out of corpus		a de la casa de la cas		<i>m</i>
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				26,954.
e Remaining amount distributed out of corpus	17,311.	· .	1 2 1	
5 Excess distributions carryover applied to 2011	0.	1 1: 1 -		0.
(If an amount appears in column (d), the same amount must be shown in column (a))	ly not grantly to			
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	186,626.	7		1,
<b>b</b> Prior years' undistributed income. Subtract	E STORY			
line 4b from line 2b	A A SER	0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	<b>建筑建筑</b>		1	
amount - see instructions	<b>学</b> 科技统治	0.		0.
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.		195	0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must be distributed in 2012		,		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		Í		,
section 170(b)(1)(F) or 4942(g)(3)	0.	,		
8 Excess distributions carryover from 2006			,	,
not applied on line 5 or line 7	29,165		·	1
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	157,461	,		
10 Analysis of line 9:	<b>公长的</b> 被数据的 5			
a Excess from 2007 39,955				'
b Excess from 2008 18,778			"	1
c Excess from 2009 40,616			Í	
d Excess from 2010 40,801				
e Excess from 2011 17,311	・「重要などいで	1	1 2	<u> </u>

123581 12-02-11

Form 990-PF (2011) DANIEL AND JANET HI
Part XV Supplementary Information (continued) 16-1710952 Page 11

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
1ST CHURCH CHRIST SCIENTIST BOSTON	NONE	PUBLIC	CHARITABLE	
250 MASSACHUSETTS AVENUE		501(C)(3)		
BOSTON, MA 02115				250
		:		
AMERICAN RED CROSS	NONE	PUBLIC	CHARITABLE	
2200 WEST HARRISON STREET		501(C)(3)		
CHICAGO, IL 60612				750
ART INSTITUTE OF CHICAGO	NONE	PUBLIC	CHARITABLE	
111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603		501(C)(3)		1,000
0.124.00, 12 00000				2,000
DESERT ACADEMY 7300 OLD SANTA FE TRAIL	NONE	PUBLIC 501(C)(3)	CHARITABLE	
SANTA FE, NM 87505				1,000
		1		
DISABLED AMERICAN VETERANS	NONE	PUBLIC	CHARITABLE	
2122 W. TAYLOR ST. #104		501(C)(3)		
CHICAGO, IL 60612				500
	NTINUATION SHE	ET(S.) .		44,250
b Approved for future payment			:	
NONE				
· · · · · · · · · · · · · · · · · · ·		<u> </u>		
		1		
	<u>L</u>	<u> </u>	1	
Total	· <u></u> · ··. <sub>.</sub> · · · · · · · · · · · · · · · · · · ·		<b>&gt; 3b</b>	rm <b>990-PF</b> (2011

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b		<u> </u>			_
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	2,127.	
4 Dividends and interest from securities			14	2,127. 506.	
5 Net rental income or (loss) from real estate:	25 B 27 47				P A CA CAMPAN
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income		<del></del>			
8 Gain or (loss) from sales of assets other					
than inventory			18	10,572.	
9 Net income or (loss) from special events					
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)		0		13,205.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13 <u> </u>	13,205.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVIEB Relationship of Activities to	the Accom	plishment of I	Exempt F	Purposes	
Line No. Explain below how each activity for which incom			-A contribute	d importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than b	y providing funds	for such 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).
<del></del>	
123621 12-02-11	Form <b>990-PF</b> (2011

Form 990-	PF (2011) DANIE	EL AND JANET HI	DDING FOUNDAT	ION	16-171095	2 Page 13
Part X	Information R Exempt Organ	egarding Transfers To nizations	and Transactions a	nd Relationships Wit	h Noncharitat	le
1 Did t	he organization directly or indi	rectly engage in any of the following	ing with any other organization	n described in section 501(c) of	1:-\	Yes No
		c)(3) organizations) or in section 5	-		100	\$ <b>\$3</b> \$ 368
		lation to a noncharitable exempt o				
	Cash	·	•		. 1a(	1) X
• •	Other assets	• • • • • • • • • • • • • • • • • • • •			1a(	<del></del>
	r transactions:	•	•			# 6 % 2 % S
	Sales of assets to a noncharita	able exempt organization			1b(	
		oncharitable exempt organization			16(	<del></del>
	Rental of facilities, equipment,	· · ·	•		1b(	<del>'   </del>
	Reimbursement arrangements	•	•		1b(	<del>'   </del>
	Loans or loan guarantees	· · · ·	• •		1b(	<del>'l   </del>
		 embership or fundraısıng solıcitatı	· · ·		1b(	<del>-11  </del>
		ailing lists, other assets, or paid er			10	<del>' </del>
		"Yes," complete the following sch	•		· L	
		foundation. If the foundation recei				
		other assets, or services received		in any wansaction or snaring a	arrangement, snow ii	1
(a)Line no	(b) Amount involved	(c) Name of noncharitab		(d) Description of transfers, tr	rancactions, and charing	
<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	(0)	N/A		(a) Description of Balsicia, a	ansactions, and analing	araigements
	<del> </del>	III/II				
				<del> </del>		
		<u> </u>	<del></del>	<del></del>	<del></del>	
			<del></del>	<del></del>	·· <del>·</del>	
		· · · · · · · · · · · · · · · · · · ·	······································		·	
		<del></del>				
				<del></del>	<u> </u>	
					<del></del>	
	-			·	<del></del>	
				<del></del>		
					-	
				<del></del>		
		· · · · · · · · · · · · · · · · · · ·				
2a Is the	e foundation directly or indirec	rtly affiliated with, or related to, on tr than section 501(c)(3)) or in sec	e or more tax-exempt organiza	ations described		es X No
	s," complete the following sch				—	
	(a) Name of org		(b) Type of organization	(c) Description	on of relationship	
	N/A	·	1		·.	
		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>		
					<del></del>	
	<del></del>			<del></del>		
					<del> </del>	
	Under penalties of perjury, I declare	that I have examined this return, includ	ing accompanying schedules and s	tatements, and to the best of my kno	owledge May the III	S discuse this
Sign	and belief, it is true, correct, and our	mplete Declaration of preparer (other th	an taxpayer) is based on all informa	ation of which preparer has any know	return with	the preparer
Here	Namuel .	Hodina	19-12-12	PRESIDENT	X	ow (see instr.)?
	Signature of officer or trustee		Date	Title		
	Print/Type preparer's na	ame Preparers	signature ,	Date Check	if PTIN	
	Michae II.		_ 1 1 1	g/ / self- emplo	yed	
Paid	I I HEARE IT!	WACS Take	44.4~	9/10/12 self- employ	P0007	9648
Prepar	rer Firm's name ▶ OST	ROW REISIN BERN	K & ABRAMS, LT	TD . Firm's EIN		
Use O			, <b>-</b> -	"""	· =	
	Firm's address ▶ 45	5 N. CITYFRONT	PLAZA DRIVE.	SUITE 15		
		ICAGO, IL 60611		Phone no.	312-670	-7444

312-670-7444

Form **990-PF** (2011)

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

2011

**Employer identification number** 

DANIEL AND JANET HIDDING FOUNDATION 16-1710952 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

#### DANIEL AND JANET HIDDING FOUNDATION

16-1710952

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DANA MOLDED PRODUCTS  810 COMMERCE PARKWAY  CARPENTERSVILLE, IL 60110	\$20,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DANIEL AND JANET HIDDING  77 S. EVERGREEN, UNIT 1101  ARLINGTON HEIGHTS, IL 60005	\$15,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-23			Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011)

Supplementary Informat  3 Grants and Contributions Paid During th				· · · · · · · · · · · · · · · · · · ·
Recipient	If recipient is an individual,	T		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
•	0.0000000000000000000000000000000000000			
•				
HEARD MUSEUM	NONE	PUBLIC	CHARITABLE	
2301 N. CENTRAL AVE. PHOENIX, AZ 85004		501(C)(3)		1,250
				1,230
LA RABIDA CHILDREN'S HOSPITAL	NONE	PUBLIC	CHARITABLE	
6501 S. PROMONTORY DR.	HONE	501(C)(3)	CHARITABLE	
CHICAGO, IL 60649		502(0)(0)		1,000
LAKESHORE PUBLIC TELEVISION	NONE	PUBLIC	CHARITABLE	
8625 INDIANA PLACE		501(C)(3)		
MERRILVILLE, IN 46410		ļ		250
MITCHELL MUSEUM AMERICAN INDIAN	NONE	PUBLIC	CHARITABLE	
3001 CENTRAL ST.		501(C)(3)		
EVANSTON, IL 60201		<del> </del>		3,500
MUSEUM OF NORTHERN ARIZONA	NONE	PUBLIC	CHARITABLE	
3101 N. FORT VALLEY ROAD FLAGSTAFF, AZ 86001		501(C)(3)		5 500
I MODIMIT, ALL COULT				5,500
NMAI - SMITHSONIAN	NONE	PUBLIC	CHARITABLE	
1 BOWLING GREEN	NONE	501(C)(3)	CHARTTABLE	
NEW YORK, NY 10004				250
PPA EDUCATION FUND	NONE	PUBLIC	CHARITABLE	
508 N THIRD STREET		501(C)(3)		
HARRISBURG, PA 17101		<del> </del>		1,000
THE COUSE FOUNDATION	NONE	PUBLIC	CHARITABLE	1
146 E KIT CARSON ROAD TAOS, NM 87571		501(C)(3)		F00
		-		500
THE FIELD MUSEUM	NONE	DIRECTO	CHARITABLE	
1400 SOUTH LAKE SHORE DRIVE	MONE	PUBLIC 501(C)(3)	CHARITABLE	
CHICAGO, IL 60605				500
THE PRINCIPIA	NONE	PUBLIC	CHARITABLE	
13201 CLAYTON ROAD		501(C)(3)		
ST. LOUIS, MO 63131		1		2,000
Total from continuation sheets		<u></u>		40,750

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient WFMT NONE PUBLIC CHARITABLE 5400 N. ST. LOUIS AVENUE 501(C)(3) CHICAGO, IL 60625 9,000. WHEELWRIGHT MUSEUM NONE PUBLIC CHARITABLE 501(C)(3) 704 CAMINO LEJO SANTA FE, NM 87505 7,000. WTTW NONE PUBLIC CHARITABLE 5400 N. ST. LOUIS AVENUE 501(C)(3) CHICAGO, IL 60625 9,000. Total from continuation sheets .

SOURCE .			•		
				AMOUNT	
FIFTH THIRD BANK			-	2,12	27.
TOTAL TO FORM 990-PF, PART I, LINE 3,	COLUMN A		=	2,12	27.
FORM 990-PF DIVIDENDS AND IN	TEREST FROM	SECUR	ITIES	STATEMENT	2
SOURCE GR	OSS AMOUNT		TAL GAINS VIDENDS	COLUMN (A)	)
CHARLES SCWAB	506.	<del> </del>	0.	50	06.
TOTAL TO FM 990-PF, PART I, LN 4	506.		0.	50	06.
FORM 990-PF	TAXES			STATEMENT	3
(A) EXPENSE DESCRIPTION PER BOO		EST-	(C) ADJUSTED NET INCOM		
2011 990PF ESTIMATED TAX 5	84.	0.			0.
TO FORM 990-PF, PG 1, LN 18 5	84.	0.			0.
FORM 990-PF OTHE	R EXPENSES	<del></del>		STATEMENT	4
(A) EXPENSE DESCRIPTION PER BOO		EST-	(C) ADJUSTED NET INCOM		
	15. 25.	0.			15. 0.
TO FORM 990-PF, PG 1, LN 23	40.	0.			15.

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT	5
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKE	r
CHARLES SCHWAB COMSTOCK RES INC NEW		COST	0.		0.
FRONTLINE LTD PROSHS ULTRA FINANCIAL NEW		COST COST	19,305. 44,370.	19,30 44,3	05.
TOTAL TO FORM 990-PF, PART II	, LINE 1	.3	63,675.	63,6	75.

Form 880	68 (Rev. 1-2012)				•	Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this	box		► X	
	aly complete Part II if you have already been granted an a	-	-		368.	•	
	are filing for an Automatic 3-Month Extension, complet						
Part (				ginal (no	copies r	needed).	
			-	-	_	ee instructions	
Type or					mployer identification number (EIN) or		
print							
File by the	DANIEL AND JANET HIDDING FOU	JNDAT	ION	X	16-17	10952	
due date fo	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	Social sec	urity numbe	r (SSN)	
filing your return. See							
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.				
	ARLINGTON HEIGHTS, IL 60005	5					
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
	<del></del>						
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0	01	2.7.4. 34		······································		
Form 99		02	Form 1041-A			08	
Form 99		01	Form 4720	<del></del>		09	
Form 99		04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
	0-T (trust other than above)	06	Form 8870			12	
STOPLU	o not complete Part II if you were not already granted	an autor	matic 3-month extension on a pre-	viously file	d Form 886	8	
• The b	DANIEL HIDDING books are in the care of > 77 S EVERGREEN	7 T/T	ADI INCOON HEICHT	C TT.	60005		
	hone No. ► 847-483-0720	AVE		<u>5, 111</u>	00003		
	organization does not have an office or place of business	n in the life	FAX No. >				
	is for a Group Return, enter the organization's four digit					aroup check this	
box ▶	. If it is for part of the group, check this box	1	ach a list with the names and EINs o				
			BER 15, 2012.	or car therite.	ord the oxite	1101011 (5 101.	
	r calendar year 2011, or other tax year beginning		, and endir	na		_	
	he tax year entered in line 5 is for less than 12 months, c	heck reas		Final r	etum		
	Change in accounting period						
7 Sta	ate in detail why you need the extension						
_				FORMA	TION I	HAT IS	
N	ECESSARY FOR A COMPLETE AND A	ACCUR	ATE RETURN.		•		
				<del></del>			
	his application is for Form 990-BL, 990-PF, 990-T, 4720, $\epsilon$	or 6069, e	enter the tentative tax, less any	1		201	
	nrefundable credits. See instructions.			8a	\$	264.	
	his application is for Form 990-PF, 990-T, 4720, or 6069,						
	payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid			456	
	eviously with Form 8868.			8b	\$	456.	
-	lance due. Subtract line 8b from line 8a. Include your pa	-	th this form, if required, by using			0	
E	TPS (Electronic Federal Tax Payment System). See instru		at the commission of the David III	8c	\$	0.	
1 lado			st be completed for Part II	_	6 ame las accès	for and half-f	
unger per It is true, c	attles of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this fo	ing accomp irm.	panying schedules and statements, and	to the dest o	TITY KNOWIE	ige and Dellet,	
Signature	► Santal Title ► C	CPA		Date	▶ 31	3/2012	
						8868 (Rev. 1-2012)	

#### Form 8868

(Rev. January 2012)

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

	re filing for an Automatic 3-Month Extension, complet	-				X	
	re filing for an Additional (Not Automatic) 3-Month Ex						
	mplete Part II unless you have already been granted a c filing (e-file). You can electronically file Form 8868 if y					rporation	
	o file Form 990·T), or an additional (not automatic) 3-mor						
	file any of the forms listed in Part I or Part II with the exc						
	Benefit Contracts, which must be sent to the IRS in pap	•					
	irs.gov/efile and click on e-file for Charities & Nonprofits		(000 moneonomo). For more estant			· (,	
Part I	Automatic 3-Month Extension of Time		submit original (no copies	needed	)		
A corporat	tion required to file Form 990-T and requesting an auton						
Part I only						▶ □	
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and ti	rusts must use Form 7004 to reques	t an extens	sion of time		
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employer	identification nu	mber (EIN) or	
print	DANTEL AND TANES HIDDING EG	יע כונאוור	TTON	X	16_17100	352	
File by the	DANIEL AND JANET HIDDING FO Number, street, and room or suite no. If a P.O. box, so						
due date for filing your return See	77 S. EVERGREEN AVE., NO.				Social security number (SSN)		
instructions	City, town or post office, state, and ZIP code. For a for ARLINGTON HEIGHTS, IL 6000		ress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			04	
Application	on	Return	Application		<del></del>	Return	
ls For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-	BL	02	Form 1041-A			80	
Form 990-	·EZ	01	Form 4720			09	
Form 990-	PF	04	Form 5227		<del></del>	10	
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-	T (trust other than above)	06	Form 8870			12	
	DANIEL HIDDING						
	oks are in the care of $\triangleright$ 77 S EVERGREEN	AVE -	- ARLINGTON HEIGHT	S, IL	60005		
Telepho	one No. ► 847-483-0720		FAX No. ►				
• If the o	rganization does not have an office or place of business	in the Un	ited States, check this box		•	▶ □	
• If this is	s for a Group Return, enter the organization's four digit (	Group Exe	emption Number (GEN) I	f this is for	the whole group	p, check this	
box ▶	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension	n is for.	
	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exempt		to file Form 990-T) extension of time tion return for the organization name		The extension		
	r the organization's return for:	Conganiza	tion return for the organization ham	o above.	THE EXICHSION		
_	X calendar year 2011 or						
	tax year beginning		d anding				
	tax year degining	, and	d ending		_ ·		
2 If the	e tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reas	on: Initial return	Final retur	n		
3a If thi	is application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, ea	nter the tentative tax, less any				
	refundable credits. See instructions.			3a	\$	0.	
	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
	mated tax payments made. Include any prior year overp	-		3ь	\$	456.	
	ance due. Subtract line 3b from line 3a. Include your pa						
	sing EFTPS (Electronic Federal Tax Payment System).	-	· · · · · · · · · · · · · · · · · · ·	3c	\$	. 0 .	
	f you are going to make an electronic fund withdrawal w						
LHA Fo	or Privacy Act and Paperwork Reduction Act Notice,	see Instru	uctions.		Form 8868	(Rev. 1-2012)	

Form 8868 (Rev. 1-2012)						Page 2
If you are filing for an Additional (	Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		▶ X
Note. Only complete Part II if you ha				-	3868.	•
<ul> <li>If you are filing for an Automatic 3</li> </ul>						
Partill Additional (Not A	Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the origin	al (no co	opies neede	d).
			Enter filer's	identifyin	g number, see	instructions
Type or Name of exempt organiz	rpe or Name of exempt organization or other filer, see instructions Employee					
print						
	NET HIDDING FOU	MDAT:	ION	X	16-1710	1952
				Social se	cunty number (	SSN)
return See // S. EVERGRE	EN AVE., NO. 11				. <u> </u>	
City, town or post office, ARLINGTON HEI	state, and ZIP code. For a for GHTS, IL 60005		ress, see instructions.			
Enter the Return code for the return	that this application is for (file	a separa	te application for each return)			0 4
Application		Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	A STATE OF THE STA			
Form 990-BL		02	Form 1041-A			08
Form 990-EZ		01	Form 4720			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) tru	st)	05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
STOP! Do not complete Part II if yo	DANIEL HIDDING	an auton	natic 3-month extension on a prev	iousiy tile	a Form 8868.	
The books are in the care of		AVE -	- ARITMOTON HETCHT	Q TI.	60005	
Telephone No. > 847-483		HAD	FAX No.	<u>, 11</u>	00003	
If the organization does not have		e in the life	· · · · · · · · · · · · · · · · · · ·		<del></del>	
<ul> <li>If this is for a Group Return, enter</li> </ul>	•			 I thie ie fo	the whole aro	up check this
	roup, check this box		ch a list with the names and EINs of		_	•
4 I request an additional 3-month			BER 15, 2012	anmemb	ers trie exterisit	<u> </u>
5 For calendar year 2011, or			, and ending	,		
6 If the tax year entered in line 5		heck reas		Final r	eturn	<del></del> '
Change in accounting po					ota	
7 State in detail why you need th						
ADDITIONAL TIME		ORDER	TO COMPILE THE IN	FORMA	TION THE	AT IS
NECESSARY FOR A	COMPLETE AND A	ACCUR	ATE RETURN.			
8a If this application is for Form 9	90-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See ins	tructions.			8a	\$	264.
b If this application is for Form 9	90-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
tax payments made. Include a	ny prior year overpayment all	owed as a	a credit and any amount paid			
previously with Form 8868.	~~··			8b	\$	1,040.
			h this form, if required, by using			_
EFTPS (Electronic Federal Tax				8c	\$	0.
	<del>-</del>		st be completed for Part II o	•		
Under penalties of perjury, I declare that I it is true, correct, and complete, and that i	have examined this form, including am authorized to prepare this fo	ing accomp rm.	anying schedules and statements, and to	the best o	f my knowledge a	and belief,
Signature >	Title ▶ (	CPA		Date	<b>_</b>	
					Form 886	8 (Rev. 1-2012)