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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        | idar year 2011 or tax year beginning   |                                    | , and ending              |   |  |
|-------------------------------------|-------------|--|------------------------------------|---------------------------|---|--|
| Na                                  | me o        | foundation   |                                    |                           | A Employer identification                               | number                                       |
| Г                                   | HE          | SEQUOIA FOUNDATION   |                                    |                           | 26-0902965  | I  |
|                                     |             | and street (or P O box number if mail is not delivered to stree  | Room/suite                         | B Telephone number        |   |  |
| _1                                  | 90          | 1 ESTES AVENUE   |                                    |                           | 847-427-00  | 20   |
| Cıt                                 | y or t      | own, state, and ZIP code   |                                    |                           | C If exemption application is p                         | ending, check here                           |
| _E                                  | ĿΚ          | GROVE VILLAGE, IL 600  | 007                                |                           |   |  |
| G (                                 | Check       | call that apply: Initial return  | Initial return of a fo             | ormer public charity      | D 1. Foreign organizations                              | s, check here                                |
|                                     |             | Final return   | Amended return                     |                           | Foreign organizations me                                | eting the 85% test                           |
|                                     |             | Address change   | Name change                        |                           | Foreign organizations me<br>2. check here and attach co | mputation                                    |
| H_(                                 | _           | type of organization: X Section 501(c)(3) e  |                                    |                           | E If private foundation sta                             |  |
|                                     |             | ection 4947(a)(1) nonexempt charitable trust   | Other taxable private founda       |                           | under section 507(b)(1)                                 | • • •  |
|                                     |             | ·  | ting method: X Cash                | Accrual                   | F If the foundation is in a                             |  |
|                                     | rom∶<br>►\$ | Part II, col. (c), line 16) (Part I, coli  | other (specify)                    | hacie I                   | under section 507(b)(1)                                 | (B), check here                              |
| _                                   | art i       |  |                                    |                           | /a) Admatad ast   | (d) Disbursements                            |
|                                     | <u> </u>    | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income                                 | for charitable purposes<br>(cash basis only) |
|                                     | 1           | Contributions, gifts, grants, etc., received   | 25,000.                            |                           | N/A   |  |
|                                     | 2           | Check If the foundation is not required to attach Sch B  |                                    |                           | <del></del>   |  |
|                                     | 3           | Interest on savings and temporary cash investments   |                                    |                           | <u> </u>  |  |
| Revenue                             | 4           | Dividends and interest from securities   |                                    |                           | <u> </u>  |  |
|                                     | 5a          | Gross rents  |                                    |                           |   |  |
|                                     | b           | Net rental income or (loss)  |                                    |                           | <del></del>   |  |
|                                     | 6a<br>b     | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a  |                                    |                           |   |  |
|                                     | 7           | Capital gain net income (from Part IV, line 2)   |                                    | 0                         | •   | <u> </u>                                     |
|                                     | 8           | Net short-term capital gain  | ļ                                  |                           |   | ·  |
|                                     | 9           | Income modifications Gross sales less returns  |                                    | <del></del>               | <del>-</del>  |  |
|                                     | 10a         | and allowances   |                                    |                           |   |  |
|                                     |             | Less Cost of goods sold Gross profit or (loss)   | <del>   </del>                     |                           | <del></del>   |  |
|                                     | 11          | Other income   | 1                                  |                           | <del></del>   | -  |
|                                     | 12          | Total. Add lines 1 through 11  | 25,000                             | 0                         |   |  |
|                                     | 13          | Compensation of officers, directors, trustees, etc   | .0.                                | 0                         |   | 0.   |
|                                     | 14          | Other employee salaries and wages  | 1/20                               | CENTE                     |   |  |
|                                     | 15          | Pension plans, employee benefits   |                                    | . AET                     | 7 7   |  |
| Ises                                |             | Legal fees   | // 5//                             | JUL A P P P               | ာမွ/  |  |
| ber                                 | b           | Accounting fees STMT 1   | 1,000.                             | V 2 2500                  | :/jö/   | 500.   |
| ŭ                                   | C           | Other professional fees  |                                    | GOEN. IS                  | <u>                                     </u>            |  |
| ţį                                  | 17          | Interest   | 100                                | 1/22                      | <del>*/</del>   |  |
| Operating and Administrative Expens | 18          | Taxes STMT 2   | 123.                               | 143                       | <b>:</b>  | 0.   |
| Ë                                   | 19<br>20    | Depreciation and depletion Occupancy   | <del></del>                        | <del>_</del>              | <del> </del>  |  |
| ₽<br>Fg                             | 21          | Travel, conferences, and meetings  |                                    |                           |   |  |
| ē                                   | 22          | Printing and publications  |                                    | <del></del>               |   | <del></del>                                  |
| ğ                                   | 23          | Other expenses STMT 3  | 25.                                | 0.                        |   | 25.  |
| atin                                | 24          | Total operating and administrative   |                                    |                           |   |  |
| per                                 |             | expenses. Add lines 13 through 23  | 1,148.                             | <u>6</u> 23 .             |   | 525.   |
| 0                                   | 25          | Contributions, gifts, grants paid  | 27,930.                            |                           |   | 27,930.                                      |
|                                     | 26          | Total expenses and disbursements.  |                                    |                           |   |  |
|                                     | <u> </u>    | Add lines 24 and 25  | 29,078.                            | 623.                      | •   | 28,455.                                      |
|                                     |             | Subtract line 26 from line 12:   | 1                                  |                           |   |  |
|                                     |             | Excess of revenue over expenses and disbursements  | <4,078.                            |                           | <del> </del>  |  |
|                                     |             | Net investment income (if negative, enter -0-)   | <del></del>                        | 0.                        |   |  |
| 1235                                |             | Adjusted net income (if negative, enter -0-)   | <u> </u>                           |                           | N/A   | Form 990-PF (2011)                           |

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| <u>Fo</u>        | <u>rm 99</u>   | 00-PF (2011) THE SEQUOIA FOUNDATION  |                   | 26-0902965     |                           |  |
|------------------|----------------|--|-------------------|----------------|---------------------------|--|
| F                | art            | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of         | <del></del>               |  |
| Ė                | _ <del>`</del> | Column should be for that of year amounts only   | (a) Book Value    | (b) Book Value | (c) Fair Market Value     |  |
|                  | 1              | Cash - non-interest-bearing  | 25,737.           | 21,659.        | <u>21,659.</u>            |  |
|                  | ,              | Savings and temporary cash investments   | ļ                 |                |                           |  |
|                  | 3              | Accounts receivable -  |                   |                |                           |  |
|                  |                | Less: allowance for doubtful accounts  |                   |                |                           |  |
|                  | 4              | Pledges receivable ►   |                   |                |                           |  |
|                  |                | Less: allowance for doubtful accounts  | ļ                 |                |                           |  |
|                  | 5              | Grants receivable  |                   |                |                           |  |
|                  | 6              | Receivables due from officers, directors, trustees, and other  |                   |                |                           |  |
|                  | ľ              | disqualified persons   |                   |                |                           |  |
|                  | 7              | Other notes and loans receivable   |                   |                |                           |  |
|                  |                | Less: allowance for doubtful accounts  |                   |                |                           |  |
| ssets            | 8              | Inventories for sale or use  |                   |                |                           |  |
| Ass              | 9              | Prepaid expenses and deferred charges  |                   | <del>-</del> . |                           |  |
| ٩                | 10a            | Investments - U.S. and state government obligations  |                   |                |                           |  |
|                  | 1              | investments - corporate stock  |                   |                |                           |  |
|                  | C              | Investments - corporate bonds  | <u> </u>          |                |                           |  |
|                  | 11             | Investments - land, buildings, and equipment, basis  |                   |                |                           |  |
|                  |                | Less accumulated depreciation  |                   |                | . <del></del>             |  |
|                  | 12             | Investments - mortgage loans   |                   |                |                           |  |
|                  | 13             | Investments - other  |                   |                |                           |  |
|                  | 14             | Land, buildings, and equipment; basis  |                   |                |                           |  |
|                  |                | Less accumulated depreciation  |                   |                |                           |  |
|                  | 15             | Other assets (describe   |                   |                |                           |  |
|                  | 16             | Total assets (to be completed by all filers)   | 25,737.           | 21,659.        | 21,659.                   |  |
|                  | 17             | Accounts payable and accrued expenses  | 23,737.           | 21,000.        | 21,000.                   |  |
|                  | 18             | Grants payable   |                   |                |                           |  |
|                  | l              | Deferred revenue   | <del></del>       |                |                           |  |
| Liabilities      | 19             |  |                   |                |                           |  |
| ij               | 20             | Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable    |                   |                |                           |  |
| Ξ.               | 21             | Other liabilities (describe )  |                   |                |                           |  |
|                  | 22             | Other habilities (describe   |                   |                |                           |  |
|                  | 23             | Total liabilities (add lines 17 through 22)  | 0.                | 0.             |                           |  |
| _                | 1              | Foundations that follow SFAS 117, check here   |                   |                |                           |  |
|                  |                | and complete lines 24 through 26 and lines 30 and 31.  |                   |                |                           |  |
| es               | 24             | Unrestricted   |                   |                |                           |  |
| or Fund Balances | 25             | Temporarily restricted   | <del></del>       |                |                           |  |
| Bal              | 26             | Permanently restricted   |                   |                |                           |  |
| 豆                | -"             | Foundations that do not follow SFAS 117, check here  |                   |                |                           |  |
| 2                | ł              | and complete lines 27 through 31.  |                   |                |                           |  |
| ō                | 27             | Capital stock, trust principal, or current funds   | 0.                | 0.             |                           |  |
| Sets             | 28             | Paid-in or capital surplus, or land, bldg., and equipment fund   | 0.                | 0.             |                           |  |
| Ass              | 29             | Retained earnings, accumulated income, endowment, or other funds   | 25,737.           | 21,659.        |                           |  |
| Net Assets       | 30             | Total net assets or fund balances  | 25,737.           | 21,659.        |                           |  |
| Z                | 00             | Total not assets of fand balances  | 237.3.1           |                |                           |  |
|                  | 31             | Total liabilities and net assets/fund balances   | 25,737.           | 21,659.        |                           |  |
| P                | art            | Analysis of Changes in Net Assets or Fund B  | alances           |                | <del></del> .             |  |
| _                |                | net assets or fund balances at beginning of year - Part II, column (a), line                                   |                   | <del> </del>   |                           |  |
| '                |                | t agree with end-of-year figure reported on prior year's return)   | UV .              | 1              | 25,737.                   |  |
| 2                |                | a agree with end-or-year figure reported on prior year's return)<br>a amount from Part I, line 27a             |                   | 2              | <4,078.>                  |  |
|                  |                | r increases not included in line 2 (itemize)   |                   | <del>- +</del> | <u> </u>                  |  |
|                  |                | ines 1, 2, and 3   | <del></del>       | 3 4            | 21,659.                   |  |
|                  |                | eases not included in line 2 (itemize)   |                   | 5              | 21,659.                   |  |
|                  |                | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co                                 | olumn (h) line 30 | 6              | 21,659.                   |  |
| <u> </u>         | i Utai         | not assets of fund palances at end of year (line 4 fillings line 3) - Fait II, CC                              | John Toy mic oo   |                | Form <b>990-PF</b> (2011) |  |

See the Part VI instructions.

Form **990-PF** (2011)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

28,455.

Enter qualifying distributions from Part XII, line 4

| $\overline{}$ | 1990-PF (2011) THE SEQUOIA FOUNDATION 26 Int VI j Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940          | -090:<br>8 - see |               |      | Page 4   |
|---------------|--|------------------|---------------|------|----------|
| 13            | Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.   |                  |               |      |          |
|               | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  |                  |               |      |          |
| b             | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%   |                  |               |      | 0.       |
|               | 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  |                  |               |      | 0.       |
| 4             | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                  |                  |               |      | 0.       |
| 5             | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  |                  |               |      | 0.       |
| 6             | Credits/Payments;  |                  |               |      |          |
| a             | 2011 estimated tax payments and 2010 overpayment credited to 2011 6a   |                  |               |      |          |
| b             | Exempt foreign organizations - tax withheld at source 6b   |                  |               |      |          |
|               | Tax paid with application for extension of time to file (Form 8868)  |                  |               |      |          |
|               | Backup withholding erroneously withheld 6d   |                  |               |      |          |
| 7             | Total credits and payments. Add lines 6a through 6d 7  | - 1              |               |      | 0.       |
|               | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached   |                  |               |      |          |
|               | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |                  |               |      | 0.       |
|               | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | )                |               |      |          |
|               | Enter the amount of line 10 to be: Credited to 2012 estimated tax  |                  |               |      |          |
|               | rt VII-A Statements Regarding Activities   |                  |               |      |          |
| 1a            | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in |                  |               | 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            |      | Х        |
|               | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published of                 | r                |               |      |          |
|               | distributed by the foundation in connection with the activities.   |                  |               |      |          |
| С             | Did the foundation file Form 1120-POL for this year?   |                  | 1c            |      | х        |
|               | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |                  |               |      |          |
|               | (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.   |                  |               |      |          |
| е             | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation                  |                  |               |      |          |
|               | managers. ► \$ 0.  |                  | i             |      |          |
| 2             | Has the foundation engaged in any activities that have not previously been reported to the IRS?  |                  | 2             |      | X        |
|               | If "Yes," attach a detailed description of the activities.   |                  |               |      |          |
| 3             | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or          |                  |               |      |          |
|               | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   |                  | 3             |      | <u>X</u> |
| 4a            | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |                  | 4a            |      | X        |
| b             | If "Yes," has it filed a tax return on Form 990-T for this year?   | 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.  |                  |               |      |          |
| 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     |                  |               |      |          |
|               | remain in the governing instrument?  |                  | 6             | X    |          |
| 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.  |                  |               |      |          |
| 8a            | Enter the states to which the foundation reports or with which it is registered (see instructions)   |                  |               |      |          |
|               | IL   |                  |               |      | 1        |
| b             | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)                  |                  |               |      |          |
|               | of each state as required by General Instruction G? If "No," attach explanation  |                  | 8b            | X    |          |
| 9             | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar      |                  |               |      |          |
|               | year 2011 or the taxable year beginning in 2011 (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        |
|               |  | Fo               | rm <b>990</b> | -PF( | 2011)    |

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| Form 990-PF (2011) THE SEQUOIA FOUNDATION   | F 4700 M D  | D  | 26-09029   | <u>65</u>     | Page 6            |
|---|---|--|--|---------------|-------------------|
| Part VII-B   Statements Regarding Activities for Which                                | Form 4/20 May Be I  | Required (contin                             | ued)   |               |                   |
| 5a During the year did the foundation pay or incur any amount to:                     |   |  |  |               | 1                 |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section       |   | -  | es X No  |               |                   |
| (2) Influence the outcome of any specific public election (see section 4955);         | or to carry on, directly or indir                               |  |  |               |                   |
| any voter registration drive?   | •   |  | es X No  |               |                   |
| (3) Provide a grant to an individual for travel, study, or other similar purposes     | i?  | Ye   | es 🗶 No  |               |                   |
| (4) Provide a grant to an organization other than a charitable, etc., organization    | n described in section  |  | ļ  |               | 1                 |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?  |   | Y6   | s X No   |               |                   |
| (5) Provide for any purpose other than religious, charitable, scientific, literary    | or educational purposes, or                                     | for  |  |               |                   |
| the prevention of cruelty to children or animals?                                     | , , ,   |  | es X No  |               |                   |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | der the excentions described                                    |  |  |               |                   |
| section 53.4945 or in a current notice regarding disaster assistance (see instri      |   | iii riegulations                             | N/A  | 5b            |                   |
|   | •   |  |  | 30            | +                 |
| Organizations relying on a current notice regarding disaster assistance check to      |   |  |  |               | 1                 |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f     |   |  |  |               |                   |
| expenditure responsibility for the grant?   |   | N/A ∐ Ye                                     | es L No  |               |                   |
| If "Yes," attach the statement required by Regulations section 53.494                 | 5-5(d).   |  |  |               |                   |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on   |  | ļ  |               |                   |
| a personal benefit contract?  |   | Y6   | es 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.   |   |  |  |               |                   |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s  | shelter transaction?  | ☐ <b>y</b> ,                                 | es X No  |               |                   |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib     |   |  | . –  | 7b            | +                 |
| Information About Officers Directors Truct  |   | nagore Highly                                |  | , ,           | <del></del>       |
| Part VIII Paid Employees, and Contractors   | ees, roundation wa  | inagers, riigin                              | y  |               |                   |
| List all officers, directors, trustees, foundation managers and their                 | compensation  |  |  |               |                   |
| List an officers, directors, trustees, foundation managers and their                  | <del></del>   | (c) Compensation                             | (d) Contributions to   | (a) Ev        | pense             |
| (a) Name and address  | (b) Title, and average hours per week devoted                   | (If not paid,                                | (d) Contributions to<br>employee benefit plans<br>and deferred | accoun        | it, other         |
| · · · · · · · · · · · · · · · · · · ·   | to position   | enter -0-)                                   | compensation   | allow         | ances             |
| DENICE STEINMANN  | DIRECTOR, PRE   | SIDENT                                       |  |               |                   |
| 1901 ESTES AVENUE   |   |  |  |               |                   |
| ELK GROVE VILLAGE, IL 60007   | 1.00  | 0.   | 0.   |               | 0.                |
| CINDY AVERITT   | DIRECTOR  |  |  |               |                   |
| 1901 ESTES AVENUE   |   |  |  |               |                   |
| ELK GROVE VILLAGE, IL 60007   | 1.00  | 0.   | 0.   |               | 0.                |
| ASHLEY STEINMANN  | DIRECTOR  |  |  |               |                   |
| 1901 ESTES AVENUE   |   |  |  |               |                   |
| ELK GROVE VILLAGE, IL 60007   | 1.00  | 0.   | 0.   |               | 0.                |
| BUK GROVE VIDUAGE, IN 00007   | 1.00  | · · · · · ·                                  |  | <u> </u>      |                   |
|   | {   |  |  |               |                   |
|   |   |  | İ  |               |                   |
|   | le de de au line de literane                                    |  |  |               |                   |
| 2 Compensation of five highest-paid employees (other than those inc                   |   | enter "NONE."                                | (d) Contributions to   | (-) Ev        |                   |
| (a) Name and address of each employee paid more than \$50,000                         | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation                             | (d) Contributions to<br>employee benefit plans<br>and deferred | accoun        | pense<br>t, other |
|   | devoted to position   | (-,  | compensation   | allow         | ances             |
| <u>NONE</u>   |   |  |  |               |                   |
|   |   |  |  |               |                   |
|   |   |  |  |               |                   |
|   |   |  |  |               |                   |
|   |   |  |  |               |                   |
|   |   |  | <u> </u>   | •             |                   |
| <del></del>   |   |  |  |               |                   |
|   |   |  |  |               |                   |
|   |   | <del>                                 </del> | <u> </u>   | <del></del> . |                   |
|   |   |  |  | l             |                   |
| <del></del>   | <u> </u>  | <u> </u>                                     | <u> </u>   |               |                   |
| Total number of other employees paid over \$50,000                                    |   |  | <b>&gt;</b>  | 105 ==        | 0                 |
|   |   |  | Form <b>9</b>  | 990-PF        | (2011)            |

| Form 990-PF (2011) THE SEQUOIA FOUNDATION  |   | 0902965 Page 7            |
|--|---|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)  | Managers, Highly                              |                           |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NC  | NE."  |                           |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service                           | (c) Compensation          |
| NONE   |   |                           |
|  |   |                           |
|  |   |                           |
|  |   |                           |
|  |   |                           |
|  | <del> </del>                                  |                           |
|  |   |                           |
|  |   |                           |
|  |   |                           |
| Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities  |   | <u>▶</u> 0                |
|  |   |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in<br>number of organizations and other beneficiaries served, conferences convened, research papers produced |   | Expenses                  |
| 1 N/A  | <u>,                                     </u> |                           |
|  |   |                           |
|  |   |                           |
| 2  |   |                           |
|  |   |                           |
|  |   | <del></del>               |
| 3  | **  |                           |
|  |   |                           |
| 4  |   |                           |
|  |   |                           |
|  |   |                           |
| Part IX-B Summary of Program-Related Investments   | 1 and 0                                       | Amount                    |
| Describe the two largest program-related investments made by the foundation during the tax year on lines   | i and Z.                                      | Amount                    |
| 1 N/A  |   |                           |
|  |   |                           |
| 2  |   |                           |
|  |   |                           |
|  |   |                           |
| All other program-related investments. See instructions.   |   |                           |
| 3  |   |                           |
|  |   |                           |
| Total. Add lines 1 through 3   | •   | 0.                        |
|  |   | Form <b>990-PF</b> (2011) |

|          | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations   | ndations, see     | instructions)   |
|----------|--|-------------------|-----------------|
| <u>-</u> | 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                | 0.              |
|          | Average of monthly cash balances   | 1b                | 13,448.         |
|          | Fair market value of all other assets  | 1c                |                 |
|          | Total (add lines 1a, b, and c)   | 1d                | 13,448.         |
| e        | 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                 | 13,448.         |
| 4        | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  | 4                 | 202.            |
| 5        | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5                 | 13,246.         |
| 6        | Minimum investment return. Enter 5% of line 5  | 6                 | 662.            |
|          | art XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.) | nd certain        |                 |
| 1        | Minimum investment return from Part X, line 6  | 1                 | 662.            |
|          | Tax on investment income for 2011 from Part VI, line 5   |                   |                 |
|          | Income tax for 2011. (This does not include the tax from Part VI.)   |                   |                 |
| C        | Add lines 2a and 2b  | 2c                | 0.              |
| 3        | Distributable amount before adjustments. Subtract line 2c from line 1  | 3                 | 662.            |
| 4        | Recoveries of amounts treated as qualifying distributions  | 4                 | 0.              |
| 5        | Add lines 3 and 4  | 5                 | 662.            |
| 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                 | 662.            |
| _        | 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                | 28,455.         |
| 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:   |                   |                 |
| а        | 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                 | <u> 28,455.</u> |
| 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                 | 28,455.         |
|          | 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 the | e section       |

### Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2010 | <b>(c)</b><br>2010 | ( <b>d)</b><br>2011                     |
|--|---------------|----------------------------|--------------------|---|
| 1 Distributable amount for 2011 from Part XI, line 7   |               |                            |                    | 662.                                    |
| 2 Undistributed income, if any, as of the end of 2011  |               | <del> </del>               |                    | 002.                                    |
| a Enter amount for 2010 only   |               |                            | 0.                 | •                                       |
| b Total for prior years:   | ····          |                            |                    | · · · - · · · · · · · · · · · · · · · · |
| g rotal for prior years.   |               | 0.                         |                    |   |
| 3 Excess distributions carryover, if any, to 2011:   |               |                            | <del></del>        |   |
| a From 2006  |               |                            |                    | ,                                       |
| b From 2007  |               |                            |                    |   |
| c From 2008  |               |                            |                    |   |
| d From 2009 64,178.  |               |                            |                    |   |
| e From 2010 29,582.  |               |                            | •                  | 1                                       |
| <del> </del>   | 93,760.       |                            |                    | 1                                       |
| f Total of lines 3a through e  | 93,700.       |                            | <del>-</del>       |   |
| 4 Qualifying distributions for 2011 from Part XII, line 4: ► \$  |               |                            |                    | <br>                                    |
|  |               |                            | 0.                 | 1                                       |
| a Applied to 2010, but not more than line 2a   |               |                            | <u> </u>           |   |
| b Applied to undistributed income of prior   |               | o.                         |                    |   |
| years (Election required - see instructions)   |               |                            |                    |   |
| c Treated as distributions out of corpus   |               |                            |                    | 1                                       |
| (Election required - see instructions)   | 0.            |                            |                    | 662.                                    |
| d Applied to 2011 distributable amount   | 27 702        |                            |                    | 002.                                    |
| e Remaining amount distributed out of corpus   | 27,793.       |                            | <del></del>        |   |
| Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0.            |                            | <del>-</del> ,     | 0.                                      |
| 6 Enter the net total of each column as indicated below:   |               |                            |                    |   |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 121,553.      |                            |                    |   |
| <b>b</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   |               |                            |                    | 1                                       |
| deficiency has been issued, or on which the section 4942(a) tax has been previously  |               |                            |                    | 1                                       |
| assessed   |               | 0.                         |                    |   |
| d Subtract line 6c from line 6b. Taxable   |               |                            |                    |   |
| amount - see instructions  |               | 0.                         |                    |   |
| e Undistributed income for 2010. Subtract line   |               |                            |                    | ·                                       |
| 4a from line 2a. Taxable amount - see instr.   |               |                            | 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  |               |                            |                    |   |
| section 170(b)(1)(F) or 4942(g)(3)   | 0.            |                            |                    |   |
| 8 Excess distributions carryover from 2006   |               | J                          |                    |   |
| not applied on line 5 or line 7  | 0.            |                            |                    |   |
| 9 Excess distributions carryover to 2012.  |               |                            |                    |   |
| Subtract lines 7 and 8 from line 6a  | 121,553.      |                            |                    |   |
| Analysis of line 9:  |               |                            |                    |   |
| a Excess from 2007   |               | 1                          |                    |   |
| b Excess from 2008   |               |                            |                    |   |
| c Excess from 2009 64,178.   |               |                            |                    |   |
| d Excess from 2010 29,582.   |               | į                          |                    |   |
| e Excess from 2011 27,793.   |               |                            |                    |   |
|  |               |                            |                    | Form <b>990-PF</b> (2011)               |

| 1 a If the foundation has received a ruling or  | determination letter tha              | it it is a private operating | ,                           | N/A                  |                        |
|---|---------------------------------------|------------------------------|-----------------------------|----------------------|------------------------|
| foundation, and the ruling is effective for a   |                                       |                              | <b>&gt;</b>                 |                      |                        |
| <b>b</b> Check box to indicate whether the foundar  | lion is a private operati             | ng foundation describe       | d in section                | 4942(j)(3) or        | 4942(j)(5)             |
| 2 a Enter the lesser of the adjusted net  | Tax year                              |                              | Prior 3 years               |                      |                        |
| income from Part I or the minimum   | (a) 2011                              | (b) 2010                     | (c) 2009                    | (d) 2008             | (e) Tota               |
| investment return from Part X for   |                                       |                              |                             |                      |                        |
| each year listed  |                                       |                              |                             |                      |                        |
| b 85% of line 2a  | · · · · · · · · · · · · · · · · · · · |                              |                             |                      |                        |
| c 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  |                                       |                              |                             |                      | Ì                      |
| 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  | <del></del>                           | <del> </del>                 |                             |                      | <del></del>            |
| c "Support" alternative test - enter:   |                                       |                              | ĺ                           |                      |                        |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section     |                                       |                              |                             |                      |                        |
| 512(a)(5)), or royalties)   |                                       | <del> </del>                 | -                           |                      |                        |
| (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   |                                       |                              |                             |                      |                        |
| Part XV   Supplementary Inform  | nation (Comple                        | te this part only            | if the foundation           | n had \$5,000        | or more in asset       |
| at any time during the  Information Regarding Foundation List any managers of the foundation who                            | Managers:                             |                              | ntributions received by the | he foundation hefore | e the close of any tax |
| year (but only if they have contributed mo  |                                       |                              |                             |                      |                        |
| DENICE STEINMANN  |                                       |                              |                             |                      | <u></u>                |
| b List any managers of the foundation who other entity) of which the foundation has a stocked.                              |                                       |                              | n (or an equally large por  | tion of the ownersh  | ip of a partnership or |
| NONE 2 Information Regarding Contribution   | n Grant Citt I a                      | Sabalarahin sas 1            | Programs                    |                      |                        |
| 2 Information Regarding Contribution<br>Check here ► X if the foundation on<br>the foundation makes gifts, grants, etc. (si | y makes contributions                 | to preselected charitabl     | e organizations and does    |                      |                        |
| a The name, address, and telephone number   | _ <del></del>                         |                              | ·                           |                      | <del></del>            |
|   | submitted and informa                 | ition and materials they     | should include:             | <del></del>          |                        |
| h The form in which applications should be  |                                       |                              |                             |                      | <del></del>            |
| b The form in which applications should be  |                                       |                              |                             |                      |                        |
| c Any submission deadlines:   |                                       |                              | lundo of institution        | r ather factors:     |                        |
| ·   | such as by geographic                 | al areas, charitable field   | s, kınds of institutions, o | r other factors:     |                        |
| c Any submission deadlines:   | such as by geographic                 | al areas, charitable field   |                             | r other factors:     | Form <b>990-PF</b>     |

Supplementary Information (continued) 3 · Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year NONE 501 C 3 JEWISH NATIONAL FUND GENERAL FUNDS 42 EAST 69TH STREET NEW YORK, NY 10021 13,965. SAVE A VET NFP NONE 501 C 3 GENERAL FUNDS 387 NORTHGATE RD 4,655. LINDENHURST IL 60046 RED DOOR ANIMAL SHELTER NONE 501 C 3 GENERAL FUNDS PO BOX 60608 4,655, CHICAGO, IL 60660 ANIMAL HOUSE SHELTER NONE 501 C 3 GENERAL FUNDS 13005 ERNESTI RD HUNTLEY, IL 60142 4,655, Total 27,930. b Approved for future payment NONE Total

Form **990-PF** (2011)

071902\_1

| Part XVI-A | Analysis of | Income-Producing | <b>Activities</b> |
|------------|-------------|------------------|-------------------|
|------------|-------------|------------------|-------------------|

| nter gross amounts unless otherwise indicated.                                  | Unrelate   | ed business income                    |  | ded by section 512, 513, or 514 | (e)                               |
|---|--|---------------------------------------|--|---------------------------------|-----------------------------------|
| I Program service revenue:  | (a)<br>Business<br>code                          | (b)<br>Amount                         | Exclu-<br>sion<br>code                       | (d)<br>Amount                   | Related or exempt function income |
|   |  |                                       |  |                                 |                                   |
| ab  |  | ·                                     | +  |                                 | <del></del>                       |
|   |  |                                       | +  |                                 |                                   |
| c   |  | <u> </u>                              | +  |                                 |                                   |
|   |  |                                       | +  |                                 | <del>-</del>                      |
| ef  | -  | <u></u>                               | ┼─   |                                 |                                   |
| g Fees and contracts from government agencies                                   | -  |                                       | <del> </del>                                 |                                 |                                   |
| Membership dues and assessments   |  | <u> </u>                              |  |                                 |                                   |
| Interest on savings and temporary cash  | -  | · <del></del>                         | <del> </del>                                 |                                 | <del></del> -                     |
| investments   |  |                                       | 14   |                                 |                                   |
| Dividends and interest from securities  | -  | <del>-</del> -                        | 17   |                                 |                                   |
| Net rental income or (loss) from real estate:                                   |  | <del></del>                           | +  |                                 |                                   |
| a Debt-financed property  | <u> </u>   | · · · · · · · · · · · · · · · · · · · | +-   |                                 | - · · · - · -                     |
| b Not debt-financed property  | -  |                                       | +  |                                 | <del></del>                       |
| Net rental income or (loss) from personal                                       |  | <u></u>                               | +-   | <del>-</del>                    |                                   |
|   | 1  |                                       |  |                                 |                                   |
| property Other investment income  |  |                                       | ╁  | <del></del>                     |                                   |
| Gain or (loss) from sales of assets other                                       | <u> </u>   |                                       | +-   |                                 |                                   |
| than inventory  |  |                                       |  |                                 |                                   |
| Net income or (loss) from special events  | <del>                                     </del> |                                       | +  | <del></del> -                   |                                   |
| Gross profit or (loss) from sales of inventory                                  | -  |                                       | +  |                                 | <del></del>                       |
| Other revenue:  |  |                                       | +-   |                                 |                                   |
|   | j  |                                       |  |                                 |                                   |
| ab  |  |                                       | +  |                                 |                                   |
|   |  | <del></del>                           |  |                                 | <del>-,,</del>                    |
| d   |  |                                       | +  |                                 |                                   |
| e   | -  |                                       | 1 1  |                                 |                                   |
| Subtotal. Add columns (b), (d), and (e)   | _  | 0.                                    |  | 0.                              |                                   |
| Total. Add line 12, columns (b), (d), and (e)                                   | L  | <del>_</del>                          | <u>'                                    </u> |                                 |                                   |
| •   | ١  |                                       |  |                                 |                                   |
| e worksheet in line 13 instructions to verify calculations.)                    | <u> </u>   |                                       |  | + D                             |                                   |
|   |  |                                       | Kemn.  | t Purposes                      |                                   |
|   | to the Acco                                      | omplishment of E                      | р  |                                 |                                   |
| art XVI-B Relationship of Activities  |  |                                       |  | outed importantly to the accom  | pplishment of                     |
| ne No. Explain below how each activity for which in                             | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | pplishment of                     |
| Relationship of Activities ne No. Explain below how each activity for which in  | come is reported i                               | ın column (e) of Part XVI-            |  | uted importantly to the accom   | plishment of                      |
| Relationship of Activities ne No. Explain below how each activity for which in  | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | plishment of                      |
| Relationship of Activities  ne No. Explain below how each activity for which in | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | plishment of                      |
| ne No. Explain below how each activity for which in                             | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | plishment of                      |
| ne No. Explain below how each activity for which in                             | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | plishment of                      |
| ne No. Explain below how each activity for which in                             | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | plishment of                      |
| Relationship of Activities ne No. Explain below how each activity for which in  | come is reported i                               | ın column (e) of Part XVI-            |  | uted importantly to the accom   | plishment of                      |
| Relationship of Activities ne No. Explain below how each activity for which in  | come is reported i                               | ın column (e) of Part XVI-            |  | uted importantly to the accom   | plishment of                      |
| Relationship of Activities ne No. Explain below how each activity for which in  | come is reported i                               | ın column (e) of Part XVI-            |  | uted importantly to the accom   | plishment of                      |
| Relationship of Activities ne No. Explain below how each activity for which in  | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | oplishment of                     |
| Relationship of Activities ne No. Explain below how each activity for which in  | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | plishment of                      |
| Relationship of Activities ne No. Explain below how each activity for which in  | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | plishment of                      |
| ne No. Explain below how each activity for which in                             | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | plishment of                      |
| ne No. Explain below how each activity for which in                             | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | plishment of                      |
| ne No. Explain below how each activity for which in                             | come is reported i                               | ın column (e) of Part XVI-            |  | outed importantly to the accom  | plishment of                      |
| ne No. Explain below how each activity for which in                             | come is reported i                               | ın column (e) of Part XVI-            |  | uted importantly to the accom   | plishment of                      |
| ne No. Explain below how each activity for which in                             | come is reported i                               | ın column (e) of Part XVI-            |  | uted importantly to the accom   | plishment of                      |
| ine No. Explain below how each activity for which in                            | come is reported i                               | ın column (e) of Part XVI-            |  | uted importantly to the accom   | plishment of                      |
| re No. Explain below how each activity for which in                             | come is reported i                               | ın column (e) of Part XVI-            |  | uted importantly to the accom   | plishment of                      |

123621 12-02-11

P00008829

847 234-5000

Firm's EIN  $\triangleright$  36-4049282

self- employed

Phone no.

6/20/12

Paid

Preparer

**Use Only** 

ZIVKOVIC

Firm's address ➤ 585 BANK LANE

Firm's name ► PASQUESI SHEPPARD

LAKE FOREST, IL 60045

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

**Schedule of Contributors** ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

|   | THE SEQUOIA FOUNDATION   | 26-0902965   |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Organization type (chec                                 | k one):  |  |  |  |  |  |  |
| Filers of:  | Section:   |  |  |  |  |  |  |
| Form 990 or 990-EZ                                      | 501(c)( ) (enter number) organization  |  |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |  |  |  |  |  |  |
|   | 527 political organization   |  |  |  |  |  |  |
| Form 990-PF   | X 501(c)(3) exempt private foundation  |  |  |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |  |  |
|   | 501(c)(3) taxable private foundation   |  |  |  |  |  |  |
| <del>-</del>  | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in maplete Parts I and II.  | noney or property) from any one                                |  |  |  |  |  |
| Special Rules   |  |  |  |  |  |  |  |
| 509(a)(1) and 17  | 01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg<br>70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the<br>on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.  |  |  |  |  |  |  |
| total contribution                                      | 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                |  |  |  |  |  |  |
| contributions fo<br>If this box is che<br>purpose Do no | 01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not to ecked, enter here the total contributions that were received during the year for an exclusive to complete any of the parts unless the <b>General Rule</b> applies to this organization because able, etc., contributions of \$5,000 or more during the year. | otal to more than \$1,000.<br>ely religious, charitable, etc., |  |  |  |  |  |
|   | n that is not covered by the General Rule and/or the Special Rules does not file Schedule  |  |  |  |  |  |  |

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)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

#### THE SEQUOIA FOUNDATION

26-0902965

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional comments of the copies of Part I if additional | tional space is needed. |  |
|------------|--|-------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution   |
| 1          | DENICE L. STEINMANN  1901 ESTES AVENUE  ELK GROVE VILLAGE, IL 60007-5415   | \$25,000.               | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d) Type of contribution   |
| 2          |  |                         | Person X Payroll   |
| (a)<br>No. | (b)<br>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)<br>No. | (b)<br>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)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d)<br>Type of contribution  |
|            |  | \$                      | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d)<br>Type of contribution  |
|            |  | \$                      | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |

Name of organization

Employer identification number

#### THE SEQUOIA FOUNDATION

26-0902965

| Part II                      | Noncash Property (see instructions). Use duplicate copies of F | Part II if additional space is needed.         |                           |
|------------------------------|--|--|---------------------------|
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received      |
|                              |  |  |                           |
| İ                            |  | \$   |                           |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received      |
|                              |  |  |                           |
|                              |  |  |                           |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                      | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received      |
|                              |  |  | 1                         |
|                              |  | \$   |                           |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received      |
|                              |  |  |                           |
|                              |  | \$   |                           |
| (a)<br>No.                   | (b)  Description of noncash property given                     | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received      |
| art I                        |  |  |                           |
|                              |  |  |                           |
|                              |  | \$   |                           |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received      |
|                              |  |  |                           |
|                              |  |  |                           |
| 453 01-23-                   |  | Sehadula B (Form 0                             | 90, 990-EZ, or 990-PF) (2 |

| Schedule B         | 3 (Form 990, 990-EZ, or 990-PF) (2011)  |  | Pa   | ge 4                                     |  |  |  |
|--------------------|---|--|--|--|--|--|--|
| Name of org        | anization   |  | Employer identification number   |  |  |  |  |
| •                  |   |  |  |  |  |  |  |
| THE SE<br>Part III | EQUOIA FOUNDATION  Exclusively religious charitable etc. indivi                                     | dual contributions to section 501/c)/7   | 26-0902965<br>(7), (8), or (10) organizations that total more than \$1,000 for the | 10                                       |  |  |  |
| raitin             | year. Complete columns (a) through (e) and the  | e following line entry. For organizations  | s completing Part III, enter   |  |  |  |  |
|                    | the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional |  | le year. (Enter this information once)   |  |  |  |  |
| (a) No.            |   |  |  |  |  |  |  |
| from<br>Part I     | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |
|                    |   |  |  | _  |  |  |  |
|                    |   |  |  |  |  |  |  |
|                    |   |  |  | _  |  |  |  |
| <u> </u>           |   | (a) Transfer of gift   |  |  |  |  |  |
|                    | (e) Transfer of gift  |  |  |  |  |  |  |
|                    | Transferee's name, address, an  | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee |  |  |  |  |  |
|                    |   |  |  |  |  |  |  |
|                    |   |  |  |  |  |  |  |
|                    |   |  |  | -  |  |  |  |
| (a) No.            |   |  |  |  |  |  |  |
| from<br>Part I     | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |
|                    |   |  |  |  |  |  |  |
|                    |   |  |  |  |  |  |  |
|                    |   |  |  | _  |  |  |  |
| -                  |   | (e) Transfer of gift   |  |  |  |  |  |
|                    |   | (e) Transier of gift   |  |  |  |  |  |
|                    | Transferee's name, address, an  | d ZIP + 4  | Relationship of transferor to transferee   | Relationship of transferor to transferee |  |  |  |
|                    |   |  |  |  |  |  |  |
|                    |   |  |  | _  |  |  |  |
| i                  |   |  | · · · · · · · · · · · · · · · · · · ·  | _  |  |  |  |
| (a) No.            |   |  |  |  |  |  |  |
| from<br>Part I     | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |
|                    |   |  |  | _  |  |  |  |
|                    |   |  |  |  |  |  |  |
|                    |   |  |  |  |  |  |  |
| -                  | (e) Transfer of gift  |  |  |  |  |  |  |
|                    | (e) transier or gift  |  |  |  |  |  |  |
|                    | Transferee's name, address, an  | Relationship of transferor to transferee   |  |  |  |  |  |
|                    |   |  |  | _  |  |  |  |
|                    |   |  |  | —  |  |  |  |
|                    | <del></del>   |  |  | _  |  |  |  |
| (a) No.            | 4.5   | (311 - 4)  | (A) Description  |  |  |  |  |
| from<br>Part I     | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |  |
| -                  |   |  |  | _  |  |  |  |
|                    |   | <del></del>  | -  | _  |  |  |  |
|                    |   |  |  | _  |  |  |  |
|                    | (e) Transfer of gift  |  |  |  |  |  |  |
|                    | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |  |
| <u> </u>           | Transferee's name, address, and ZIP + 4 Re  |  | Relationship of transferor to transferee   | Relationship of transferor to transferee |  |  |  |
| }                  |   |  |  | _  |  |  |  |
|                    |   |  |  | _  |  |  |  |
| 1                  |   |  | <del></del>  | -  |  |  |  |

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| FORM 990-PF                      | ACCOUNTING FEES              |                                   | STATEMENT 1                   |                               |  |  |
|----------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|--|
| DESCRIPTION                      | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME |                               | (D)<br>CHARITABLE<br>PURPOSES |  |  |
| ACCOUNTING FEES                  | 1,000.                       | 500.                              |                               | 500.                          |  |  |
| TO FORM 990-PF, PG 1, LN 16B     | 1,000.                       | 500.                              |                               | 500.                          |  |  |
| FORM 990-PF                      | TAXES                        |                                   | STATEMENT 2                   |                               |  |  |
| DESCRIPTION                      | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME |                               | (D)<br>CHARITABLE<br>PURPOSES |  |  |
| INVESTMENT INCOME EXCISE TAX     | 123.                         | 123.                              |                               | 0.                            |  |  |
| TO FORM 990-PF, PG 1, LN 18 =    | 123.                         | 123.                              |                               | 0.                            |  |  |
| FORM 990-PF                      | OTHER EXPENSES               |                                   | STATEMENT 3                   |                               |  |  |
| DESCRIPTION                      | (A)<br>EXPENSES<br>PER BOOKS |                                   | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |  |  |
| ILLINOIS SECRETARY OF STATE FEES | 25.                          | 0.                                |                               | 25.                           |  |  |
| TO FORM 990-PF, PG 1, LN 23      | 25.                          | 0.                                |                               | 25.                           |  |  |

#### Form **8868**

(Rev. January 2012)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

| Internal Re  | evenue Service                            | ► File a sepa                                | arate appi    | ilication for each return.             |              | <u> l</u>                               |            |  |
|--|---|--|---------------|--|--------------|---|------------|--|
| • If you   | are filing for an Au                      | tomatic 3-Month Extension, complet           | te only Pa    | art I and check this box               |              |   | <b>■</b> X |  |
| <ul><li>If you</li></ul>   | are filing for an Ad                      | ditional (Not Automatic) 3-Month Ex          | tension, d    | complete only Part II (on page 2 of    | this form)   | •                                       |            |  |
| Do not   | complete Part II ur                       | nless you have already been granted a        | an automa     | atic 3-month extension on a previous   | sly filed Fo | orm 8868                                |            |  |
| Electro  | nic filing (e-file). Y                    | ou can electronically file Form 8868 if y    | ou need a     | a 3-month automatic extension of tin   | ne to file ( | 6 months for a cor                      | poration   |  |
| required   | to file Form 990-T)                       | , or an additional (not automatic) 3-moi     | nth extens    | sion of time. You can electronically f | ile Form 8   | 868 to request an                       | extension  |  |
| of time t  | to file any of the for                    | ms listed in Part I or Part II with the exc  | ception of    | Form 8870, Information Return for      | Transfers    | Associated With C                       | ertain     |  |
| Persona  | al Benefit Contracts                      | , which must be sent to the IRS in pap       | er format     | (see instructions) For more details of | on the ele   | ctronic filing of this                  | form,      |  |
| visit ww   |   | click on e-file for Chanties & Nonprofits    |               |  |              |   |            |  |
| Part   | I Automat                                 | ic 3-Month Extension of Time                 | e. Only s     | submit original (no copies ne          | eded).       |   |            |  |
| A corpo  | ration required to fi                     | le Form 990-T and requesting an autor        | natic 6-mo    | onth extension - check this box and    | complete     |   |            |  |
| Part I or  | niy                                       |  |               |  |              | )                                       | <b>▶</b>   |  |
|  | r corporations (inclu<br>come tax retums. | iding 1120-C filers), partnerships, REM      | ICs, and t    | rusts must use Form 7004 to reques     | t an exter   | nsion of time                           |            |  |
| Type or print  |   |  |               |  | Employe      | Employer identification number (EIN) or |            |  |
|  | THE SEOT                                  | JOIA FOUNDATION                              |               |  | X            | X 26-0902965                            |            |  |
| File by the due date for   | N   | , and room or suite no. If a P.O. box, so    | ee instruc    | tions.                                 | Social se    | Social security number (SSN)            |            |  |
| filing your  | 1901 ES                                   | res avenue                                   |               |  |              |   |            |  |
| return See<br>instruction  | ,   | ost office, state, and ZIP code. For a fo    | reign add     | Iress, see instructions                |              |   |            |  |
|  | 1 .                                       | VE VILLAGE, IL 6000                          |               |  |              |   |            |  |
|  |   |  |               |  |              |   |            |  |
| Enter th   | e Return code for t                       | he return that this application is for (file | a separa      | te application for each return)        |              |   | 0 4        |  |
| Applica  | tion                                      |  | Return        | Application                            |              | · ·                                     | Return     |  |
| Is For   |   |  | Code          | Is For                                 |              |   | Code       |  |
| Form 990   |   |  | 01            | Form 990-T (corporation)               |              |   |            |  |
| Form 99  |   |  | 02            | Form 1041-A                            |              |   |            |  |
| Form 990-EZ  |   | 01   | orm 4720      |  |              | 09                                      |            |  |
| Form 990-PF  |   | 04   | Form 5227     |  |              | 10                                      |            |  |
| Form 99  | 00-T (sec 401(a) or                       | 408(a) trust)                                | 05            | Form 6069                              |              |   | 11         |  |
| Form 99  | 00-T (trust other tha                     | n above)                                     | 06            | Form 8870                              |              |   | 12         |  |
|  |   | BILL KUCH                                    |               |  |              |   |            |  |
| • The I  | books are in the car                      | e of <b>1901 ESTES AVEN</b>                  | <u> 1UE -</u> | ELK GROVE VILLAGE                      | <u>, IL</u>  | 60007                                   |            |  |
| Telep  | ohone No. 🕨 <u>84</u>                     | 7-427-0020                                   |               | FAX No. <b>&gt;</b>                    |              | <del> </del>                            |            |  |
| <ul><li>If the</li></ul>   | organization does                         | not have an office or place of business      | in the Ur     | nited States, check this box           |              | . )                                     | ▶ ∐        |  |
| <ul><li>If this</li></ul>  |   | urn, enter the organization's four digit (   |               | · · · · · · · · · · · · · · · · · · ·  |              |   |            |  |
| box 🕨  |   | rt of the group, check this box 🕨 📖          | -             |  |              | ers the extension                       | is for.    |  |
| 1 lr   |   | ic 3-month (6 months for a corporation       |               |  |              |   |            |  |
| _  | AUGUST 1                                  |  | t organiza    | tion return for the organization name  | ed above.    | The extension                           |            |  |
|  | for the organization                      |  |               |  |              |   |            |  |
|  | calendar yea                              |  |               |  |              |   |            |  |
| •  | tax year begi                             | nning  | , an          | d ending                               |              | <u> </u>                                |            |  |
|  | Al A                                      | d l  |               | and Indianation                        | Fınal retui  |   |            |  |
| 2 If   |   | d in line 1 is for less than 12 months, cl   | neck reas     | on: Initial return                     | rınaı retui  | in                                      |            |  |
|  | Change in acco                            | ounting period                               |               |  |              |   |            |  |
| 32 16  | this application is fo                    | or Form 990-BL 990-DE 990-T 4790 6           | or 6069 o     | nter the tentative tax less any        |              |   |            |  |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and |   |  | 3a            | <br>  <b>s</b>                         | 0.           |   |            |  |
|  |   |  | J Sa          | -                                      |              |   |            |  |
|  |   |  | 3ь            | <b>s</b>                               | 0.           |   |            |  |
|  |   |  | 1             |  |              |   |            |  |
| by using EFTPS (Electronic Federal Tax Payment System). See instructions.                        |   |  | 3с            | s                                      | 0.           |   |            |  |
|  |   | make an electronic fund withdrawal w         |               |  |              | EO for payment in:                      |            |  |
|  |   | d Paperwork Reduction Act Notice,            |               |  | ···-         | Form <b>8868</b> (F                     |            |  |
|  |   |  |               |  |              | •                                       | •          |  |

123841 01-04-12