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## 990-PF

OMB No 1545-0052

| Department   | of the Treasury |
|--------------|-----------------|
| Internal Rev | enue 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
or tax year beginning
, 2011, and ending

| Fo             | or ca                    | lendar year 2011 or tax year beginning   | ,  | 2011, and ending     | •  | , 20                             |
|----------------|--------------------------|--|--|----------------------|--|----------------------------------|
|                | Name                     | of foundation,   |  |                      | A Employer identific                     | ation number                     |
|                | LEF                      | KOVITZ FOUNDATION  |  |                      | 36-3734049                               | 9                                |
|                | Numt                     | per and street (or P O box number if mail is not delive  | red to street address)                         | Room/suite           | B Telephone numbe                        | er (see instructions)            |
|                |                          |  |  |                      | (26                                      | 2) 723-6006                      |
|                | 16 1                     | ELM STREET   |  |                      | ,  | _,                               |
| _              |                          | or town, state, and ZIP code   | ·- ·-  |                      | -  |                                  |
|                | •                        |  |  |                      | C If exemption applica                   | tion is                          |
|                | ELKI                     | HORN, WI 53121-1614  |  |                      | pending, check here                      |                                  |
| _              |                          | ck all that apply   Initial return   | Initial return of a fo                         | rmer public charity  | 1_                                       | ▶□                               |
| Ŭ              | 0110                     | Final return   | Amended return                                 | ittle public charity | D 1 Foreign organizat                    |                                  |
|                |                          | Address change   | Name change                                    |                      | 2 Foreign organizat<br>85% test, check h | ere and attach                   |
|                | Cho                      | ck type of organization: X Section 501(  |  | tion                 | computation .                            | ▶ □                              |
| Ϊ              |                          | ection 4947(a)(1) nonexempt charitable trust   | Other taxable private for                      |                      | E If private foundation                  |                                  |
| +              |                          |  | unting method X Cash                           |                      | under section 507(b)                     |                                  |
| •              |                          | 1 []   |  | Accidai              |  | in a 60-month termination        |
|                |                          |  | ther (specify)<br>column (d) must be on cash i | hacie l              | under section 507(b)                     | (1)(B), check here               |
|                |                          | Analysis of Revenue and Expenses (The  | Column (a) must be on cash i                   | uasis j              | <u></u>                                  | (d) Dishussassas                 |
| L              | arti                     | total of amounts in columns (b), (c), and (d)  | (a) Revenue and (b) N                          | Net investment       | (c) Adjusted net                         | (d) Disbursements for charitable |
|                |                          | may not necessarily equal the amounts in   | expenses per \ \ \ \ \ books                   | ıncome               | ıncome                                   | purposes                         |
| $\neg$         |                          | column (a) (see instructions) )  | 81,821.  |                      |  | (cash basis only)                |
|                | 1                        | Contributions, gifts, grants, etc., received (attach schedule) .  If the foundation is not required to | 81,821.  |                      |  |                                  |
|                | 2                        | Check ▶ attach Sch B   | 454  | 454                  |  |                                  |
|                | 3                        | Interest on savings and temporary cash investments   | 454.   | 454.                 |  | ATCH 1                           |
|                | 4                        | Dividends and interest from securities   | 13,219.  | 13,219.              |  | ATCH 2                           |
|                | 5 a                      | Gross rents  |  |                      |  |                                  |
|                | b                        | Net rental income or (loss)  |  |                      |  |                                  |
| 흵              |                          | Net gain or (loss) from sale of assets not on line 10<br>Gross sales pince for all                     | -4,591.  |                      |  |                                  |
| ē              |                          | assets on line 6a 29,949.  |  |                      |  |                                  |
| Revenue        | 7                        | Capital gain net income (from Part IV, line 2) .   |  |                      |  |                                  |
|                | 8                        | Net short-term capital gain  |  |                      |  |                                  |
| - 1            | 9                        | Income modifications · · · · · · · · · · · · · · · · · · ·   |  |                      |  |                                  |
| ļ              |                          | Gross sales less returns and allowances · · · ·  |  |                      |  |                                  |
|                | þ                        | Less Cost of goods gold  |  |                      |  |                                  |
|                | c                        | Gross profit or (lose) (ettech schedute)   |  |                      |  |                                  |
|                | 11                       | Other income (attach schedule)   |  |                      | <del></del>                              |                                  |
| ┙              | 12                       | Total. Add lines\1 through 31 2012 Q.  | 90,903.  | 13,673.              |  |                                  |
|                | 13                       | Compensation of officers, directors, trustees, etc.  | 0  |                      |  |                                  |
| <sub>(n</sub>  | 14                       | Other employee salanes and wages   |  |                      |  |                                  |
| enses          | 15                       | Pension plans, employee benefits   |  |                      | <u>.</u>                                 |                                  |
| e.             | 16a                      | Legal fees (attach schedule) ATCH 3  | 48.  |                      |  |                                  |
| EXP            |                          | Accounting fees (attach schedule)  |  |                      |  |                                  |
|                |                          | Other professional fees (attach schedule)  |  |                      |  |                                  |
| Administrative | 17                       | Interest   |  |                      |  |                                  |
| lst.           | 18                       | Taxes (attach schedule) (see instructions)   | 422.   |                      |  |                                  |
| آڇا            | 19                       | Depreciation (attach schedule) and depletion.  |  | - "                  |  |                                  |
| 틩              | 20                       | Occupancy  |  | "                    |  |                                  |
|                | 21                       | Travel, conferences, and meetings  |  |                      |  |                                  |
|                | 22                       | Printing and publications  |  |                      |  |                                  |
|                | 23                       | Other expenses (attach schedule) ATCH 5  | 37.  |                      |  |                                  |
| ==             |                          | Total operating and administrative expenses.   |  |                      |  | -:                               |
| er.            | 24                       | i ocai operating and administrative expenses.  | 507.   |                      |  |                                  |
| 01             | 24                       | Add lines 13 through 22  |  | ı                    |  |                                  |
| - 1            |                          | Add lines 13 through 23  |  |                      |  | 59 100                           |
| l              | 25                       | Contributions, gifts, grants paid  | 59,100.  |                      |  | 59,100<br>59,100                 |
| , –            | 25<br>26                 | Contributions, gifts, grants paid  |  | 0                    | C  | 59,100<br>59,100                 |
| , –            | 25<br>26<br>27           | Contributions, gifts, grants paid  | 59,100.<br>59,607.                             | 0                    | C  |                                  |
| , –            | 25<br>26<br>27<br>a      | Contributions, gifts, grants paid  | 59,100.  |                      | C  |                                  |
| , T            | 25<br>26<br>27<br>a<br>b | Contributions, gifts, grants paid  | 59,100.<br>59,607.                             | 13,673.              | C  |                                  |

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| Ð           | art II               | `Balance Sheets Attached schedules and amounts in the description column should be for end-of-year   | Beginning of year            | End o                                 | f year                |
|-------------|----------------------|--|------------------------------|---------------------------------------|-----------------------|
| _           |                      | amounts only (See instructions )   | (a) Book Value               | (b) Book Value                        | (c) Fair Market Value |
|             | `1                   | Cash - non-interest-bearing  | 3.                           |                                       |                       |
|             |                      | Savings and temporary cash investments   | 17,144.                      | 19,374.                               | 19,374.               |
|             | 3                    | Accounts receivable  |                              |                                       |                       |
|             |                      | Less allowance for doubtful accounts ▶   |                              |                                       |                       |
| ļ           | 4                    | Pledges receivable   |                              |                                       |                       |
|             |                      | Less allowance for doubtful accounts ▶   |                              |                                       |                       |
|             |                      | Grants receivable  |                              |                                       |                       |
|             |                      | Receivables due from officers, directors, trustees, and other  |                              |                                       | _                     |
|             |                      | disqualified persons (attach schedule) (see instructions)  |                              |                                       |                       |
|             |                      | Other notes and loans receivable (attach schedule)   |                              |                                       |                       |
|             |                      | Less allowance for doubtful accounts ▶   |                              |                                       |                       |
| 6           |                      | Inventories for sale or use  |                              |                                       |                       |
| Assets      |                      | Prepaid expenses and deferred charges  |                              |                                       |                       |
| ASS         | 10 a                 | Investments - U S and state government obligations (attach schedule). * *                            | 172,772.                     | 172,772.                              | 276,360.              |
| •           | b                    | Investments - corporate stock (attach schedule) ATCH. 7  | 575,747.                     |                                       | 716,915.              |
|             |                      | Investments - corporate bonds (attach schedule)  |                              |                                       |                       |
|             | 11                   | Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)   |                              |                                       |                       |
|             | 12                   | Investments - mortgage loans   |                              |                                       |                       |
|             | 13                   | Investments - other (attach schedule)  | 25,522.                      |                                       |                       |
|             |                      | Land, buildings, and equipment: basis  |                              | ·                                     |                       |
|             |                      | equipment basis Less accumulated depreciation (attach schedule)                                      |                              |                                       |                       |
|             | 15                   | Other assets (describe ATCH 8 )  | 260.                         | 8,070.                                | 8,070.                |
|             | 16                   | Total assets (to be completed by all filers - see the  |                              |                                       | <u> </u>              |
|             |                      | instructions Also, see page 1, item I)   | 791,448.                     | 822,744.                              | 1,020,719.            |
|             | 17                   | Accounts payable and accrued expenses  |                              |                                       |                       |
|             | 18                   | Grants payable   |                              |                                       |                       |
| S           |                      | Deferred revenue   |                              | •                                     |                       |
| ∄           |                      | Loans from officers, directors, trustees, and other disqualified persons                             |                              |                                       |                       |
| Liabilities | 21                   | Mortgages and other notes payable (attach schedule)  |                              |                                       |                       |
|             | 22                   | Other liabilities (describe  |                              |                                       |                       |
|             |                      |  |                              |                                       |                       |
| _           | 23                   | Total liabilities (add lines 17 through 22)  | 0                            | 0                                     |                       |
| _           |                      | Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. |                              | ·                                     |                       |
| ő           | 24                   | Unrestricted   |                              |                                       |                       |
| Balances    | 25                   | Temporarily restricted   |                              |                                       |                       |
|             | 26                   | Permanently restricted   |                              |                                       |                       |
| Fund        |                      | Foundations that do not follow SFAS 117,   |                              |                                       |                       |
| 교           |                      | check here and complete lines 27 through 31. ▶ X   |                              |                                       |                       |
| 5           | 27                   | Capital stock, trust principal, or current funds   |                              |                                       |                       |
| ets         | 28                   | Paid-in or capital surplus, or land, bldg , and equipment fund                                       |                              |                                       |                       |
| SS          | 29                   | Retained earnings, accumulated income, endowment, or other funds                                     | 791,448.                     | 822,744.                              |                       |
| Ä           | 28<br>29<br>30<br>31 | Total net assets or fund balances (see instructions)   | 791,448.                     | 822,744.                              |                       |
| ž           | 31                   | Total liabilities and net assets/fund balances (see  |                              |                                       |                       |
| _           |                      | instructions)  | 791,448.                     | 822,744.                              |                       |
| P           | art II               | Analysis of Changes in Net Assets or Fund  | Balances                     | · · · · · · · · · · · · · · · · · · · |                       |
| 1           |                      | I net assets or fund balances at beginning of year - Part  |                              |                                       |                       |
|             | end-                 | of-year figure reported on prior year's return)  |                              | <u>1</u>                              | 791,448.              |
| 2           | Ente                 | r amount from Part I, line 27a   |                              | 2                                     | 31,296.               |
| 3           | Othe                 | r increases not included in line 2 (itemize) ▶   |                              | 3                                     |                       |
|             |                      | lines 1, 2, and 3  |                              |                                       | 822,744.              |
| 5           | Decr                 |  |                              |                                       |                       |
| <u>6</u>    | Tota                 | eases not included in line 2 (itemize)  I net assets or fund balances at end of year (line 4 minus   | line 5) - Part II, column (b | ), line 30 6                          | 822,744.              |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List an<br>2-story b   | (b) How<br>acquired<br>P-Purchase<br>D-Donation                             | (c) Date<br>acquired<br>(mo, day, yr)                             | (d) Date sold<br>(mo , day, yr ) |   |                           |
|--|---|---|----------------------------------|---|---------------------------|
| 1a SEE PART IV SCHE  | D_DOTIGION  |   |                                  |   |                           |
| b  |   |   |                                  |   |                           |
| С  |   |   |                                  | -   |                           |
| d  |   |   |                                  |   |                           |
| е  |   |   |                                  |   |                           |
| (e) Gross sales price  | (f) Depreciation allowed (or allowable)                                     | (g) Cost or other basis plus expense of sale                      |                                  | (h) Gain or (lo<br>(e) plus (f) mini          |                           |
| _a   |   |   |                                  |   |                           |
|  |   |   |                                  |   |                           |
| С  |   |   |                                  |   |                           |
| _d   |   |   |                                  | •••   |                           |
| <u>e</u>   |   |   |                                  |   |                           |
| Complete only for assets   | showing gain in column (h) and owner  | ed by the foundation on 12/31/69                                  | (1)                              | Gains (Col (h) g                              | ain minus                 |
| (i) F.M V as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of col (i)<br>over col (j), if any                     | col                              | (k), but not less t<br>Losses (from co        |                           |
| _a   |   |   |                                  |   |                           |
| <u>b</u>   |   |   |                                  |   |                           |
| С  |   |   |                                  |   |                           |
|  |   |   |                                  |   |                           |
| _е   |   |   |                                  |   |                           |
|  | r (net capital loss)  {    If   If   If   If   If   If   If                 |   | 2                                |   | -4,591.                   |
|  | · · · · · · · · · · · · · · · · · · ·                                       |   | 3                                |   | 0                         |
| Part V Qualification   | Under Section 4940(e) for Re  | duced Tax on Net Investment I                                     |                                  |   |                           |
| If section 4940(d)(2) applies,  Was the foundation liable for  If "Yes," the foundation does | ·   | outable amount of any year in the ba<br>Do not complete this part | ase penod                        | <b>1</b> ?                                    | Yes X No                  |
| 1 Enter the appropriate am   | ount in each column for each year   | r, see the instructions before making                             | any entri                        | es  |                           |
| (a) Base penod years Calendar year (or tax year beginning in)                                | (b)<br>Adjusted qualifying distributions                                    | (c) Net value of nonchantable-use assets                          |                                  | (d)<br>Distribution ra<br>(col (b) divided by |                           |
| 2010   | 61,500.   | 600,408.  |                                  |   | 0.102430                  |
| 2009   | 102,250.  | 815,677.  |                                  |   | 0.125356                  |
| 2008   | 110,549.  | 820,246.  |                                  |   | 0.134775                  |
| 2007   | 85,669.   | 704,407.  |                                  |   | 0.121619                  |
| 2006   | 88,009.   | 645,651.  |                                  |   | 0.136310                  |
| 2 Total of line 1, column (d)  | ),  |   | 2                                |   | 0.620490                  |
|  | for the 5-year base period - divide<br>dation has been in existence if less |   | 3                                |   | 0.124098                  |
| 4 Enter the net value of nor   | 4   |   | 991,029.                         |   |                           |
| 5 Multiply line 4 by line 3  | 5   | 5 122,985.  |                                  |   |                           |
| 6 Enter 1% of net investme   | 6   |   | 137.                             |   |                           |
| 7 Add lines 5 and 6  |   | •••••   | 7                                |   | 123,122.                  |
| 8 Enter qualifying distribution If line 8 is equal to or graph Part VI instructions.         | ons from Part XII, line 4 eater than line 7, check the box                  | ın Part VI, line 1b, and complete t                               | 8<br>hat part                    | using a 1% ta                                 | 59,100.<br>K rate See the |
| JSA  |   |   |                                  | <del></del>                                   |                           |

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

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete

10 X Form 990-PF (2011)

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8 b

Form 990-PF (2011)

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

| Form 990-PF (2011)  |                             | Page '           |
|---|-----------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Manager and Contractors (continued)   | s, Highly Paid Employ       |                  |
| 3 Five highest-paid independent contractors for professional services (see instruction  | ns). If none, enter "NONE   | ."               |
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service         | (c) Compensation |
| NONE  |                             |                  |
|   |                             | 11               |
|   |                             |                  |
|   |                             |                  |
|   |                             |                  |
|   |                             |                  |
| Total number of others receiving over \$50,000 for professional services  |                             |                  |
| Part IX-A Summary of Direct Charitable Activities   |                             |                  |
| List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical inform organizations and other beneficianes served, conferences convened, research papers produced, etc. | ation such as the number of | Expenses         |
| 1 N/A   |                             |                  |
| 2   |                             |                  |
|   |                             |                  |
| 3   |                             |                  |
|   |                             |                  |
| 4   |                             |                  |
| Part IX-B Summary of Program-Related Investments (see instructions)   |                             | 1                |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  |                             | Amount           |
| 1 NONE  |                             | -                |
|   |                             |                  |
| 2   |                             |                  |
|   |                             |                  |
| All other program-related investments See instructions  |                             |                  |
| A NOVE  |                             | I                |

Form 990-PF (2011)

| Pa | rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)   | gn founda  | tions,                                |
|----|--|--|---------------------------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,  |  |                                       |
|    | purposes:  |  |                                       |
| а  | Average monthly fair market value of securities  | 1a   | 966,671.                              |
| b  | Average of monthly cash balances   | 1b   | 31,380.                               |
| c  | Fair market value of all other assets (see instructions)   | 1c   | 8,070.                                |
| d  |  | 1d   | 1,006,121.                            |
|    | Reduction claimed for blockage or other factors reported on lines 1a and   |  | 1,000,121.                            |
| ·  | 1c (attach detailed explanation)   |  |                                       |
| 2  | Acquisition indebtedness applicable to line 1 assets   | 2  |                                       |
| 3  | Outstand has Ofeses to Ad  | 3  | 1,006,121.                            |
| 4  | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see   | - <b>-</b> -                                     | 1,000,121.                            |
|    |  |  | 16 002                                |
| 5  | instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.   | 5  | 15,092.                               |
| 6  |  | 6  | 991,029.                              |
|    | Minimum investment return. Enter 5% of line 5  | 0  | 49,551.                               |
| Рa | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ □ and do not complete this p | ant )  |                                       |
| _  |  | <del>,                                    </del> | 40.551                                |
| 1  | Minimum investment return from Part X, line 6  | 1  | 49,551.                               |
| 2a | Tax on investment income for 2011 from Part VI, line 5   |  |                                       |
|    | Income tax for 2011. (This does not include the tax from Part VI.)   |  | 070                                   |
| C  | Add lines 2a and 2b  | 2c   | 273.                                  |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1  | 3  | 49,278.                               |
| 4  | Recoveries of amounts treated as qualifying distributions  | 4  | <del></del>                           |
| 5  | Add lines 3 and 4  | 5  | 49,278.                               |
| 6  | Deduction from distributable amount (see instructions)  Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,                                     | 6  |                                       |
| 7  |  |  |                                       |
|    | <u>line 1 </u>   | 7  | 49,278.                               |
| Pa | rt XII Qualifying Distributions (see instructions)   |  |                                       |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:   |  |                                       |
| а  | Expenses, contributions, gifts, etc total from Part I, column (d), line 26   | 1a   | 59,100.                               |
| b  | Program-related investments - total from Part IX-B   | 1b   |                                       |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,   |  |                                       |
|    |  | 2  |                                       |
| 3  | purposes 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  | 59,100.                               |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.   | <del>  </del>                                    |                                       |
| -  | Enter 1% of Part I, line 27b (see instructions)  | 5  | 0                                     |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6  | 59,100.                               |
| •  | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca   |  |                                       |
|    | note. The amount on line o will be used in rait v, column (b), in subsequent years when ca   | iculating W                                      | nether the loundation                 |

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|    | rt XIII Undistributed Income (see instru   | ictions) |                     |          | Page 9             |
|----|--|----------|---------------------|----------|--------------------|
|    | (  | (a)      | (b)                 | (c)      | (d)                |
| 1  | Distributable amount for 2011 from Part XI,  | Corpus   | Years prior to 2010 | 2010     | 2011               |
|    | Undistributed income, if any, as of the end of 2011.   |          |                     |          | 13,2,0.            |
| 2  | Enter amount for 2010 only   |          |                     |          |                    |
|    | Total for pnor years 20 09 ,20 08 ,20 07   |          |                     |          |                    |
| 3  | Excess distributions carryover, if any, to 2011  |          |                     |          |                    |
| _  | From 2006  |          |                     |          |                    |
|    | From 2007  |          |                     |          |                    |
|    | From 2008 69,839.  |          |                     |          |                    |
|    | From 2009 61,753.  |          |                     |          |                    |
|    | From 2010 31,757.  |          |                     |          |                    |
|    | Total of lines 3a through e  | 272,069. |                     |          |                    |
|    | Qualifying distributions for 2011 from Part XII,   |          |                     |          |                    |
|    | line 4 ▶ \$59,100.   |          |                     |          |                    |
| а  | Applied to 2010, but not more than line 2a   |          |                     |          |                    |
| ь  | Applied to undistributed income of prior years   |          |                     |          |                    |
|    | (Election required - see instructions)   |          |                     |          |                    |
| С  | Treated as distributions out of corpus (Election required - see instructions)  |          |                     |          |                    |
| d  | Applied to 2011 distributable amount   |          |                     |          | 49,278.            |
|    | Remaining amount distributed out of corpus   | 9,822.   |                     |          |                    |
| 5  | Excess distributions carryover applied to 2011.  |          |                     | <u> </u> |                    |
| 6  | (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:                                 |          |                     |          |                    |
| а  | Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 281,891. | ·                   |          |                    |
|    | Prior years' undistributed income Subtract   |          |                     |          |                    |
|    | line 4b from line 2b   |          |                     |          |                    |
| С  | 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 |          |                     |          |                    |
| d  | Subtract line 6c from line 6b Taxable  |          |                     |          |                    |
|    | amount - see instructions  |          |                     | ···      |                    |
| е  | Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions  |          |                     |          |                    |
| f  | Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012  |          |                     |          |                    |
| 7  | Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)                                  |          |                     |          |                    |
| 8  | Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)  | 56,209.  |                     |          |                    |
| 9  | Excess distributions carryover to 2012.  |          |                     |          |                    |
| 3  | Subtract lines 7 and 8 from line 6a  | 225,682. |                     |          |                    |
| 10 | Analysis of line 9   |          |                     |          |                    |
|    | Excess from 2007   |          |                     |          |                    |
| b  | Excess from 2008 69,839.   |          |                     |          |                    |
| С  |  |          |                     |          |                    |
| d  | Excess from 2010   |          |                     |          |                    |
|    | Excess from 2011 9,822.  |          |                     |          |                    |
|    |  |          |                     |          | Form 990-PF (2011) |

| Form | 990-PF (2011)  |   |                             |                                       |   | Page 10                |
|------|--|---|-----------------------------|---------------------------------------|---|------------------------|
| Pa   | rt XIV, Private Oper   | rating Foundations                              | see instructions and        | Part VII-A, question                  | n 9)                                    | NOT APPLICABLE         |
|      | If the foundation has  |   |                             |                                       | ating                                   |                        |
| •    | foundation, and the ruling   | g is effective for 2011, e                      | nter the date of the ruling |                                       | . ▶                                     |                        |
| ь    | Check box to indicate wh   |   |                             |                                       | 4942(                                   | )(3) or 4942(J)(5)     |
| 2 a  | Enter the lesser of the ad-  | Tax year  |                             | Prior 3 years                         |   |                        |
| 2 0  | justed net income from Part  | (a) 2011  | (b) 2010                    | (c) 2009                              | (d) 2008                                | (e) Total              |
|      | I or the minimum investment  |   |                             |                                       | ` |                        |
|      | return from Part X for each year listed                                |   |                             |                                       |   |                        |
| ь    | 85% of line 2a   |   |                             | -                                     |   |                        |
|      |  | -   |                             |                                       |   |                        |
| С    | Qualifying distributions from Part<br>XII, line 4 for each year listed |   |                             |                                       |   |                        |
| d    | •  |   |                             |                                       |   |                        |
| _    | used directly for active conduct                                       |   |                             |                                       |   |                        |
| _    | of exempt activities   | <u> </u>  |                             | <u> </u>                              | -                                       |                        |
| е    | Qualifying distributions made<br>directly for active conduct of        |   |                             |                                       |   |                        |
|      | exempt activities. Subtract line                                       |   |                             |                                       |   |                        |
| 3    | 2d from line 2c  |   |                             |                                       |   |                        |
| ,    | Complete 3a, b, or c for the<br>alternative test relied upon           |   |                             |                                       |   |                        |
| a    | "Assets" alternative test - enter                                      |   |                             |                                       |   |                        |
|      | (1) Value of all assets  |   |                             |                                       |   |                        |
|      | (2) Value of assets qualifying   |   |                             |                                       |   |                        |
|      | under section<br>4942(j)(3)(B)(i)                                      |   |                             |                                       |   |                        |
| þ    | "Endowment" alternative test-  | -   |                             |                                       |   |                        |
|      | enter 2/3 of minimum invest-<br>ment return shown in Part X            |   |                             |                                       |   |                        |
|      | line 6 for each year listed  |   |                             |                                       |   |                        |
| С    | "Support" alternative test - enter                                     |   |                             |                                       |   |                        |
|      | (1) Total support other than   |   |                             |                                       |   |                        |
|      | gross investment income<br>(interest, dividends, rents,                |   |                             |                                       |   |                        |
|      | payments on securities   |   |                             |                                       |   |                        |
|      | loans (section 512(a)(5)),   |   |                             |                                       |   |                        |
|      | or royalties) (2) Support from general                                 |   |                             |                                       | · · · · · · · · · · · · · · · · · · ·   |                        |
|      | public and 5 or more<br>exempt organizations as                        |   |                             |                                       |   |                        |
|      | provided in section 4942   |   |                             | ļ                                     |   |                        |
|      | (j)(3)(B)(ni)  |   |                             |                                       |   |                        |
|      | port from an exempt  |   |                             |                                       |   |                        |
|      | organization   |   |                             |                                       |   |                        |
| D.   |  | any Information (C                              | omplete this post           | only if the found                     | otion had \$5 000                       | or more in assets      |
| 1 6  | at any time  | during the year - se                            | e instructions.)            | only if the found                     | auon nau \$5,000                        | or more in assets      |
| 1    | Information Regardin   |   |                             | -                                     | ·                                       | <del>-</del>           |
| а    | List any managers of   |   |                             | e than 2% of the tota                 | I contributions receiv                  | ed by the foundation   |
|      | before the close of any  | y tax year (but only if th                      | ney have contributed r      | nore than \$5,000) (S                 | ee section 507(d)(2))                   | od by the realisation  |
|      | N/A  |   |                             |                                       |   |                        |
|      | List any managers of   | the foundation who                              | own 10% or more of          | the stock of a com-                   | oration (or an equally                  | large portion of the   |
| _    | ownership of a partner   | rship or other entity) o                        | which the foundation        | has a 10% or greater                  | r interest                              | range portion or the   |
|      |  | , , , , , , , , , , , , , , , , , , ,           |                             | , , , , , , , , , , , , , , , , , , , |   |                        |
|      | N/A  |   |                             |                                       |   |                        |
| 2    | Information Regardin   | a Contribution Grant                            | Gift Loan Scholarsh         | nin etc Programe:                     | <del></del>                             |                        |
| -    |  | •   | •                           | • •                                   |   |                        |
|      | Check here ► X if t  | the foundation only i                           | makes contributions         | to preselected chari                  | table organizations a                   | ind does not accept    |
|      | other conditions, comp   | or runds ir the round<br>plete items 22 b.c. an | ation makes giits, gra      | ints, etc (see instruct               | tions) to individuals o                 | r organizations under  |
| _    |  |   |                             | <del></del>                           | <del></del>                             |                        |
| а    | The name, address, a   | ina telephone number                            | of the person to whor       | n applications should b               | e addressed:                            |                        |
| _    | The form in which ann  | lications about the au-                         |                             |                                       | - L. Ia . I a.                          |                        |
| D    | The form in which app  | olications should be su                         | omitted and information     | on and materials they                 | should include                          |                        |
|      |  |   |                             |                                       |   |                        |
|      | Any submission deadle  | ines.   |                             | <del></del>                           | <del></del>                             | <del></del>            |
| •    | , JaarJoioir aquai   |   |                             |                                       |   |                        |
|      |  |   |                             |                                       |   |                        |
| d    | Any restrictions or li   | mitations on awards                             | such as by geogra           | aphical areas, charita                | ible fields, kinds of                   | institutions, or other |
|      | factors:   |   |                             |                                       | •                                       |                        |
|      |  |   |                             |                                       |   |                        |

| Form 990-PF (2011)  |                            |                           |                                  | Page 11 |
|---|----------------------------|---------------------------|----------------------------------|---------|
| Part XV Supplementary Information   | continued)                 |                           | <del></del>                      |         |
| 3° Grants and Contributions Paid Duri<br>Recipient<br>Name and address (home or business) | ng the Year or Appl        | oved for F                | uture Payment                    |         |
| Recipient   | show any relationship to   | Foundation  <br>status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)   | or substantial contributor | recipient                 | Contribution                     |         |
| a Paid during the year  |                            |                           |                                  |         |
| ATTACHMENT 10   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
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|   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
| Total   |                            |                           | ▶ 3a                             | 59,100  |
| b Approved for future payment   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
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|   |                            |                           |                                  |         |
|   |                            |                           |                                  |         |
|   | <u></u>                    |                           |                                  |         |
| Total   |                            |                           | ▶ 3b                             |         |

| Part XVI-A Analysis of Income-Produ   | Joina Activ          | vitios               |                                       | - t                        | Page 12  |
|---|----------------------|----------------------|---------------------------------------|----------------------------|--|
| Enter gross amounts unless otherwise indicated  |                      | ated business income | Evoluded by                           | y section 512, 513, or 514 | (e)  |
| Program service revenue   | (a)<br>Business code | (b) Amount           | (c) Exclusion code                    | (d)                        | Related or exempt function income (See instructions) |
| a   |                      |                      |                                       |                            | (See instructions )                                  |
| b   |                      |                      |                                       |                            |  |
| c   |                      |                      |                                       |                            |  |
| d<br>e  |                      |                      |                                       |                            |  |
| e   |                      |                      |                                       |                            |  |
| g Fees and contracts from government agencies   | -                    | <u>-</u>             |                                       |                            |  |
| 2 Membership dues and assessments   |                      |                      |                                       |                            |  |
| 3 Interest on savings and temporary cash investments  |                      |                      | 14                                    | 454.                       |  |
| 4 Dividends and interest from securities  |                      |                      | 14                                    | 13,219.                    |  |
| 5 Net rental income or (loss) from real estate  |                      |                      |                                       |                            |  |
| a Debt-financed property  |                      | -                    |                                       |                            |  |
| b Not debt-financed property  |                      |                      |                                       |                            | <del></del>  |
| 7 Other investment income   |                      |                      |                                       |                            |  |
| B Gain or (loss) from sales of assets other than inventory  |                      |                      | 18                                    | -4,591.                    |  |
| 9 Net income or (loss) from special events  |                      |                      |                                       |                            |  |
| O Gross profit or (loss) from sales of inventory  |                      |                      |                                       |                            |  |
| 1 Other revenue a   | _                    |                      |                                       |                            |  |
| b   |                      |                      |                                       |                            |  |
| c   | -                    |                      |                                       |                            |  |
| d   |                      |                      |                                       |                            |  |
| e   |                      |                      |                                       | 9,082.                     | <del></del>  |
| 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)  |                      |                      | L                                     |                            | 9,082.   |
| See worksheet in line 13 instructions to verify calc  Part XVI-B Relationship of Activities  Line No. Explain below how each activity | s to the Ac          |                      | · · · · · · · · · · · · · · · · · · · |                            | <del></del>  |
| Explain below how each activi accomplishment of the foundati  |                      |                      |                                       |                            |  |
|   |                      |                      |                                       |                            |  |
|   |                      |                      |                                       |                            |  |
|   |                      |                      |                                       |                            |  |
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|   |                      |                      |                                       |                            |  |
|   |                      |                      |                                       |                            |  |
|   | _                    |                      |                                       |                            |  |
| SA<br>E1492 1 000   |                      |                      |                                       | <del></del>                | Form <b>990-PF</b> (201                              |

| Part XVII       | Information R<br>Exempt Organ                       |  | nsfers To and Transa  | ctions and l         | Relationships With No  | nchari                             |        | 9      |
|-----------------|---|--|---|----------------------|--|------------------------------------|--------|--------|
| in sec<br>organ | ction 501(c) of the Co<br>izations?                 | ode (other than s                                    | section 501(c)(3) organizat   | tions) or in sec     | other organization described<br>tion 527, relating to politica |                                    | Yes    | No     |
|                 |   |  | a noncharitable exempt on   |                      | •                        | 1a(1)                              |        | x      |
| (2) Ot          | ther assets   | · · · · · · · · · · · · · · · · · · ·                |   |                      | •                        | 1a(2)                              |        | x      |
| <b>b</b> Other  | transactions  |  |   |                      |  |                                    |        |        |
| (1) Sa          | ales of assets to a no                              | ncharitable exen                                     | npt organization  |                      |  | 1b(1)                              |        | X      |
| (2) Pt          | archases of assets fro<br>ental of facilities, equi | om a noncnaritai<br>inment or other                  | bie exempt organization   | • • • • • • • •      |  | 1b(2)                              |        | X      |
| (4) Re          | eimbursement arrang                                 | ements   |   |                      | •                        | 1b(3)<br>1b(4)                     |        | x      |
| (5) Lo          | ans or loan guarantee                               | es   |   |                      |  | 16(5)                              |        | х      |
| (6) Pe          | erformance of service                               | es or membershi                                      | p or fundraising solicitations  | 3                    |  | 16(6)                              |        | х      |
| c Sharır        | ng of facilities, equipn                            | nent, mailing list                                   | ts, other assets, or paid emp   | oloyees              |  | 1 c                                | Ļ      | _X_    |
| value           | of the goods, other                                 | assets, or service                                   | es given by the reporting   | foundation If        | lumn (b) should always she<br>the foundation received les      | s than t                           | fair n | narket |
| value           | in any transaction or                               | r sharing arrang                                     | ement, show in column (c  | i) the value of      | the goods, other assets, or                                    | services                           | s rec  | eived  |
| (a) Line no     | (b) Amount involved N/A                             | (c) Name of no                                       | onchantable exempt organization   | <del></del>          | tion of transfers, transactions, and s                         | nanng arra                         | ngeme  | nts    |
|                 | N/A   | -  |   | N/A                  | · · · · · · · · · · · · · · · · · · ·                          |                                    |        |        |
|                 | · · · · · · · · · · · · · · · · · · ·               |  |   |                      |  |                                    |        |        |
|                 |   |  |   |                      |  |                                    |        |        |
|                 |   |  |   |                      |  |                                    |        |        |
|                 |   |  |   |                      |  |                                    |        |        |
| _               |   | <del>                                     </del>     |   |                      |  |                                    |        |        |
|                 | <del></del>   | <del>                                     </del>     | <del></del>   |                      |  |                                    |        | —      |
| -               |   | <del></del>  |   |                      |  |                                    |        |        |
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|                 |   | <del> </del>   |   |                      | · · · · · · · · · · · · · · · · · · ·                          |                                    |        |        |
| -               |   | <del> </del>   |   |                      |  |                                    |        |        |
| descr           |   | ) of the Code (ot                                    | iliated with, or related to,<br>her than section 501(c)(3))                       |                      | tax-exempt organizations                                       | Y                                  | es X   | No     |
| D II 16:        | (a) Name of organization                            |  | (b) Type of organization  | ,                    | (c) Description of relation                                    | onship                             |        |        |
|                 |   |  |   |                      |  |                                    |        |        |
| _               |   |  |   |                      | · · · · · · · · · · · · · · · · · · ·                          |                                    |        |        |
|                 |   |  |   |                      | <del> </del>   |                                    |        |        |
|                 |   |  |   |                      |  |                                    |        |        |
| Sign Undo       | er penalties of penjury, I declaration of           | are that I have examin<br>if preparer (other than ta | ned this return, including accompanyir uppayer) is based on all information of wi | ng schedules and sta | tements, and to the best of my knowl<br>knowledge              |                                    |        |        |
| Here Sig        | gnature of officer or trustee                       | rusher   | Date  | Title Title          |  | IRS discus<br>preparer<br>bons)? X |        |        |
|                 | Print/Type preparer's                               | name   | Preparatio signature  |                      | Day Check of   | PTIN                               |        |        |
| Paid            | AVRIM KATZ  |  | 1100  | - 4                  | Self-employed  |                                    | 3361   | 18     |
| Preparer        | Firm's name ► MI                                    | LLER, COOPE  | ER 20., LTD.  |                      | Firm's EIN ▶ 36 -  |                                    |        |        |
| Use Only        |   |  | OK ROAD, SUITE 400  |                      |  |                                    |        |        |
|                 | DE  | EERFIELD, I  | IL  | 6001                 | 5 Phone no 847-  | 205-50                             |        |        |
|                 |   |  |   |                      |  | Form 99                            | 0-PF   | (2011) |

#### Schedule of Contributors

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2011

| Name of the organization  |  | Employer identification number |  |  |  |
|---|--|--------------------------------|--|--|--|
| LEFKOVITZ FOUNDATION  |  |                                |  |  |  |
|   |  | 36-3734049                     |  |  |  |
| Organization type (check one)   |  |                                |  |  |  |
| Filers of:  | Section:   |                                |  |  |  |
| Form 990 or 990-EZ  | 501(c)( ) (enter number) organization  |                                |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust not treated as a private for   | ındatıon                       |  |  |  |
|   | 527 political organization   |                                |  |  |  |
| Form 990-PF   | X 501(c)(3) exempt private foundation  |                                |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private founda  | tion                           |  |  |  |
|   | 501(c)(3) taxable private foundation   |                                |  |  |  |
|   | vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a \$  | Special Rule. See              |  |  |  |
| General Rule  |  |                                |  |  |  |
|   | ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or contributor. Complete Parts I and II  | or more (in money or           |  |  |  |
| Special Rules   |  |                                |  |  |  |
| under sections 509(a)   | 3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support (0) and 170(b)(1)(A)(vi) and received from any one contributor, during the 200 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II      | e year, a contribution of      |  |  |  |
| 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 |  |                                |  |  |  |
| 990-EZ, or 990-PF), but it must   | not covered by the General Rule and/or the Special Rules does not file S<br>answer "No" on Part IV, line 2, of its Form 990, or check the box on line I<br>F, to certify that it does not meet the filing requirements of Schedule B (Fo | H of its Form 990-EZ or on     |  |  |  |

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 LEFKOVITZ FOUNDATION

Employer identification number 36-3734049

|            |   |                                  | 36-3734049   |
|------------|---|----------------------------------|--|
| Part I     | Contributors (see instructions). Use duplicate copies of Pa     | rt I if additional space is need | ded.   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c) Total contributions          | (d)<br>Type of contribution  |
| 1_         | SIGMUND LEFKOVITZ  1015 GREEN BAY ROAD  HIGHLAND PARK, IL 60035 | \$81,321.                        | Person X Payroll X Noncash X  (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)<br>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) 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 f there is a noncash contribution.)        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                               | (c)<br>Total contributions       | (d)<br>Type of contribution  |
|            |   | \$                               | Person Payroll Noncash (Complete Part II if there is a noncash contribution)         |

Employer identification number 36-3734049

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| 1                         | 977 SHS BERKSHIRE HATHAWAY STOCK           |  | 02/01/2011           |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d) Date received    |
|                           |  |  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  |  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  |  |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  |  |                      |
| (a) No.<br>from<br>Part I | (b) Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  |  |                      |

Name of organization LEFKOVITZ FOUNDATION

Employer identification number

36-3734049

|                                     | ear. Complete columns (a)   | through (e)  | 01(c)(7), (8), or (10) organizations and the following line entry.  |
|-------------------------------------|---|--|---|
| ibutions of \$1,000 or less for the | year. (Enter this information   | religious, cl<br>on once. Se   | haritable, etc.,<br>e instructions.) ►\$  |
| (b) Purpose of gift                 | (c) Use of gift   |  | (d) Description of how gift is held   |
|                                     |   |  |   |
|                                     | (e) Transfer of gift  |  |   |
| Transferee's name, address, an      | d ZIP + 4   | Relation   | nship of transferor to transferee   |
|                                     |   |  |   |
| (b) Purpose of gift                 | (c) Use of gift   |  | (d) Description of how gift is held   |
|                                     |   |  |   |
|                                     | (e) Transfer of gift  |  |   |
| Transferee's name, address, an      | d ZIP + 4   | Relation   | nship of transferor to transferee   |
|                                     |   |  |   |
| (b) Purpose of gift                 | (c) Use of gift   |  | (d) Description of how gift is held   |
|                                     |   | <del> </del>   |   |
|                                     | (e) Transfer of gift  |  |   |
| Transferee's name, address, an      |   |  | nship of transferor to transferee   |
|                                     |   |  |   |
| (b) Purpose of gift                 | (c) Use of gift   |  | (d) Description of how gift is held   |
|                                     |   |  |   |
|                                     | (e) Transfer of oiff  | · · · · · · · · · · · · · · · · · · ·  |   |
| Transferee's name, address, an      | .,  |  | nship of transferor to transferee   |
|                                     | ibutions of \$1,000 or less for the duplicate copies of Part III if additio (b) Purpose of gift  Transferee's name, address, an  (b) Purpose of gift  Transferee's name, address, an  (b) Purpose of gift  Transferee's name, address, an | ibutions of \$1,000 or less for the year. (Enter this informatic duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  (e) Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (f) Use of gift  (g) Use of gift  (h) Purpose of gift | (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (f) Purpose of gift  (h) Purpose of gift |

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kind of P             | Kind of Property      |               | Kind of Property  Description           |   |                    |           | or Date        |           | Date sold |
|-----------------------|-----------------------|---------------|---|---|--------------------|-----------|----------------|-----------|-----------|
| Gross sale price less | Depreciation allowed/ | Cost or other | FMV<br>as of                            | Adj basis<br>as of                      | Excess of FMV over | P         | Gain           |           |           |
| expenses of sale      | allowable             | basis         | 12/31/69                                | 12/31/69                                | adi basis          | $\coprod$ | or<br>(loss)   |           |           |
|                       |                       | 391 SHS BERI  | KSHIRE HATH                             | AWAY                                    |                    | P         | VAR            | 06/24/203 |           |
|                       |                       | PROPERTY TY   |   |   |                    |           |                | , ,       |           |
| 29,949.               |                       | 34,540.       |   |   |                    |           | -4,591.        |           |           |
|                       |                       |               |   |   |                    | 1         | 1              |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
| TOTAL GAIN(L          | oss)                  |               | • | • | • • • • • •        |           | <u>-4,591.</u> |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
| i                     |                       |               |   |   |                    |           |                |           |           |
|                       |                       | }             |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    | Н         |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                | i         |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
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|                       |                       |               |   |   |                    |           |                |           |           |
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| -                     |                       |               |   |   |                    |           |                |           |           |
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| 1                     |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    | П         |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       | İ             |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
|                       |                       |               |   |   |                    |           |                |           |           |
| SA<br>0 1 000         |                       | <u> </u>      |   |   |                    |           |                | <u> </u>  |           |
| 0110DW 4              | 116 0/1/201           | 2 10:53:40    | 5.4                                     |   |                    |           |                |           |           |

| INVESTMENTS |  |
|-------------|--|
| CASH        |  |
| TEMPORARY   |  |
| NO          |  |
| INTEREST    |  |
| -<br>П      |  |
| PART        |  |
| 990PF,      |  |
| FORM        |  |

| NET<br>INVESTMENT<br>INCOME             | 5.  | 454.  |
|---|---|-------|
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 5.  | 454,  |
| DESCRIPTION                             | AMERICAN ENTERPRISE INVESTMENT SERVICES<br>VENTURE FUND LLC | TOTAL |

|         | NET | INVESTMENT | INCOME      | ( | 13,219                      |
|---------|-----|------------|-------------|---|-----------------------------|
| REVENUE | AND | EXPENSES   | PER BOOKS   | ( | 13,219.                     |
|         |     |            |             |   | SERVICES                    |
|         |     |            |             |   | SRPRISE INVESTMENT SERVICES |
|         |     |            | DESCRIPTION |   | AMERICAN ENTERPRISE         |

TOTAL

13,219.

| FEES   |  |
|--------|--|
| LEGAL  |  |
| H      |  |
| PART   |  |
| 990PF, |  |
| FORM   |  |

| CHARITABLE<br><u>PURPOSES</u>           |       |        |
|---|-------|--------|
| ADJUSTED<br>NET<br>INCOME               |       |        |
| NET<br>INVESTMENT<br>INCOME             |       |        |
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 48.   | 48.    |
|   |       | TOTALS |
| DESCRIPTION                             | LEGAL |        |

#### FORM 990PF, PART I - TAXES

REVENUE AND **EXPENSES** 

DESCRIPTION

PER BOOKS

FRANCHISE TAX FEDERAL INCOME TAX STATE INCOME TAX

13. 294. 115.

TOTALS

422.

#### FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES

DESCRIPTION BANK CHARGES EXPENSES PER BOOKS

37.

TOTALS

37.

| V 11-5      |  |
|-------------|--|
| 10:53:40 PM |  |
| 8/1/2012    |  |
| 4116        |  |
| 9118DW      |  |

03422.206

| ENDING<br>BOOK VALUE |
|----------------------|
|                      |

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ENDING FMV

276,360.

US TREASURY BONDS

DESCRIPTION

US OBLIGATIONS TOTAL

172,772.

172,772.

276,360.

| L                 | _          | I |  |
|-------------------|------------|---|--|
| ETACTACTO & EEE & | ALIACHMENI |   |  |
|                   |            |   |  |
|                   |            |   |  |
|                   |            |   |  |
|                   |            |   |  |

FORM 990PF, PART II - CORPORATE STOCK

| ENDING | FMV         |
|--------|-------------|
| ENDING | BOOK VALUE  |
|        |             |
|        |             |
|        | DESCRIPTION |

| 716,915. | 716,915. |
|----------|----------|
| 622,528. | 622,528. |
|          | S.TATOT  |

STOCK

| l | $\infty$   |
|---|------------|
|   | ATTACHMENT |
| • | ,          |
|   |            |
|   |            |
|   |            |

|                                    | ENDING ENDING BOOK VALUE FMV | 260.<br>7,810.<br>7,810.                      | 8,070. |
|------------------------------------|------------------------------|---|--------|
| FORM 990PF, PART II - OTHER ASSETS | DESCRIPTION                  | FEDERAL TAX DEPOSITS<br>DUE FROM VENTURE FUND | TOTALS |

| AND TRUSTEES |
|--------------|
| DIRECTORS,   |
| OFFICERS,    |
| - LIST OF O  |
| ART VIII     |
| 990PF, PA    |
| FORM         |

|   | 0 0  | 0 0  | 0 0  | 0 0  | 0 0  | 0 0  |
|---|--|--|--|--|--|--|
| TITLE AND AVERAGE HOURS PER<br>WEEK DEVOTED TO POSITION | PRESIDENT DIRECTOR   | DIRECTOR   | SECRETARY  | DIRECTOR   | DIRECTOR TREASURER                                 | DIRECTOR   |
| NAME AND ADDRESS  | ARLENE LEFKOVITZ<br>1015 GREEN BAY ROAD<br>HIGHLAND PARK, IL 60035 | GAYLE DOUGHERTY<br>1155 S. ST. PAUL STREET<br>DENVER, CO 80210 | NINA MANN<br>901 DEAN<br>HIGHLAND PARK, IL 60035 | SHELLEY LOYD-LAWTON<br>660 LINDEN<br>BOULDER, CO 80304 | DONNA NESHEK<br>16 ELM STREET<br>ELKHORN, WI 53121 | VERONICA LEFKOVITZ<br>112 GLENWOOD<br>WINNETKA, IL 60093 |

| AND TRUSTEES |
|--------------|
| DIRECTORS, A |
| F OFFICERS,  |
| - LIST O     |
| PART VIII    |
| FORM 990PF,  |

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

DIRECTOR

ALEX LOYD 660 LINDEN BOULDER, CO 80304

GRAND TOTALS

0

0

0

ATTACHMENT 9 (CONT'D)

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03422.206

|          | i |
|----------|---|
| THE YEAR |   |
| DURING   |   |
| DAID     |   |
| IBUTIONS |   |
| D CONTR. |   |
| ANTS AN  |   |
| - GB     |   |
| X        |   |
| PART     |   |
| 340PF    |   |
| FORM     |   |

|   | AMOUNT                           | 59,100.             |
|---|----------------------------------|---------------------|
|   | PURPOSE OF GRANT OR CONTRIBUTION | CHARITABLE PURPOSES |
| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | FOUNDATION STATUS OF RECIPIENT   | NONE<br>PUBLIC      |
|   | RECIPIENT NAME AND ADDRESS       | SEE ATTACHED LIST   |

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 10

v 11-5

#### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses** 

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2011

| Name   | of estate or trust  |                                      |                                  |                       | Employer identifi                     | cation | number   |  |  |  |
|--------|---|--------------------------------------|----------------------------------|-----------------------|---------------------------------------|--------|--|--|--|--|
| I      | EFKOVITZ FOUNDATION   |                                      |                                  |                       | 36-37340                              | 49     |  |  |  |  |
| Note   | : Form 5227 filers need to complete only Pa                             | arts I and II                        |                                  |                       |                                       |        |  |  |  |  |
| Par    | Short-Term Capital Gains and Lo   | sses - Assets                        | Held One Ye                      | ar or Less            | _                                     |        |  |  |  |  |
|        | (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired<br>(mo, day, yr)   | (c) Date sold<br>(mo , day, yr ) | (d) Sales price       | (e) Cost or other<br>(see instruction |        | (f) Gain or (loss) for<br>the entire year<br>Subtract (e) from (d) |  |  |  |
| 1a     |   |                                      |                                  |                       |                                       |        | (-)  |  |  |  |
|        |   | -                                    |                                  |                       |                                       |        |  |  |  |  |
|        |   |                                      |                                  |                       |                                       |        |  |  |  |  |
|        |   |                                      |                                  |                       | -                                     |        |  |  |  |  |
|        |   |                                      |                                  |                       |                                       |        |  |  |  |  |
| —      | Enter the short-term gain or (loss), if any,                            | from Schedule D                      | -1. line 1b                      |                       |                                       | 1b     |  |  |  |  |
| 2      | Short-term capital gain or (loss) from Form                             |                                      |                                  |                       |                                       | 2      |  |  |  |  |
|        | Net short-term gain or (loss) from partner                              |                                      |                                  |                       |                                       | 3      |  |  |  |  |
| 3<br>4 | Short-term capital loss carryover. Enter                                | the amount, i                        | f any, from li                   | ne 9 of the 2010      | Capital Loss                          |        |  |  |  |  |
| 5      | Carryover Worksheet   | lines 1a throug                      | gh 4 in colum                    | in (f). Enter here ar | nd on line 13,                        | 4      |  |  |  |  |
|        | column (3) on the back  | Acceto                               | Uold More T                      | han One Vees          | <u> ▶</u>                             | 5      | - <del></del>  |  |  |  |
| Par    |   |                                      |                                  | nan One Year          | <del></del>                           |        | (f) Gain or (loss) for   |  |  |  |
|        | (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired<br>(mo , day, yr.) | (c) Date sold<br>(mo, day, yr)   | (d) Sales price       | (e) Cost or other<br>(see instruction |        | the entire year<br>Subtract (e) from (d)                           |  |  |  |
| 6a     |   |                                      |                                  |                       |                                       |        |  |  |  |  |
|        |   |                                      |                                  |                       |                                       |        |  |  |  |  |
|        |   |                                      |                                  |                       |                                       |        |  |  |  |  |
|        |   |                                      |                                  |                       |                                       | -      |  |  |  |  |
|        |   |                                      |                                  |                       |                                       |        |  |  |  |  |
| b      | Enter the long-term gain or (loss), if any, f                           | from Schedule D-                     | 1, line 6b                       |                       |                                       | 6 b    | -4,591.  |  |  |  |
| 7      | Long-term capital gain or (loss) from Forr                              |                                      |                                  |                       |                                       |        |  |  |  |  |
| 8      | Net long-term gain or (loss) from partners                              |                                      |                                  |                       |                                       |        |  |  |  |  |
| 9      | Capital gain distributions  |                                      |                                  |                       |                                       |        |  |  |  |  |
| 10     | Gain from Form 4797, Part I   |                                      |                                  |                       |                                       | 10     |  |  |  |  |
| 11     | Long-term capital loss carryover Enter                                  | the amount, if                       | any, from lir                    | ne 14 of the 2010     | Capital Loss                          | 11     | (  |  |  |  |
| 12     | Net long-term gain or (loss). Combine I                                 | ryover Worksheet                     |                                  |                       |                                       |        |  |  |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2011

| ched                    | ule D (Form 1041) 2011   |                          |                         | Page 2                         |
|-------------------------|--|--------------------------|-------------------------|--------------------------------|
| Par                     | t III Summary of Parts I and II  | (1) Beneficianes'        | (2) Estate's            | (2) Total                      |
|                         | • Caution: Read the instructions before completing this part.  | (see instr )             | or trust's              | (3) Total                      |
| 3                       | Net short-term gain or (loss)  |                          |                         | <u> </u>                       |
| 4                       | Net long-term gain or (loss):  |                          |                         |                                |
| а                       | Total for year14a  |                          |                         | -4,591.                        |
| þ                       | Unrecaptured section 1250 gain (see line 18 of the wrksht.) 14b  |                          | <u> </u>                |                                |
| C                       | 28% rate gain14c   |                          |                         |                                |
| 5                       | Total net gain or (loss). Combine lines 13 and 14a ▶ 15  |                          |                         | -4,591.                        |
| lote                    | : If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form  | n 990-T, Part I, line 4a | a) If lines 14a and 15  | 5, column (2), are net         |
|                         | go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete  | Part IV and the Capita   | I Loss Carryover Works  | sheet, as necessary            |
| Par                     | t IV Capital Loss Limitation   |                          |                         |                                |
|                         | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line   |                          | 1 1                     |                                |
| a<br>lote<br><i>any</i> | The loss on line 15, column (3) or b \$3,000 crif Form 1041, page 1, line over Worksheet in the instructions to figure your capital loss carryover | e 22 (or Form 990-T, li  | ne 34), is a loss, comp | 3,000.) plete the Capital Loss |
| Par                     | Tax Computation Using Maximum Capital Gains Rates  | <del></del> -            |                         |                                |
|                         | 1041 filers. Complete this part only if both lines 14a and 15 in column (2   | ) are gains, or an an    | nount is entered in I   | Part I or Part II and          |
|                         | is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than   |                          |                         |                                |
| aut                     | ion: Skip this part and complete the Schedule D Tax Worksheet in the instruc   |                          |                         |                                |
|                         | ther line 14b, col (2) or line 14c, col (2) is more than zero, or  |                          |                         |                                |
|                         | oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero   |                          |                         |                                |
|                         | 1 990-T trusts. Complete this part only if both lines 14a and 15 are gain  |                          |                         |                                |
|                         | orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and con<br>ther line 14b, col. (2) or line 14c, col. (2) is more than zero.  |                          | D Tax Worksheet         | in the instructions            |
| 7                       | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)  | 17                       |                         |                                |
| 8                       | Enter the smaller of line 14a or 15 in column (2)  |                          | :                       |                                |
|                         | but not less than zero   |                          | ] ]                     |                                |
| 9                       | Enter the estate's or trust's qualified dividends  |                          |                         |                                |
|                         | from Form 1041, line 2b(2) (or enter the qualified   |                          | }                       |                                |
|                         | dividends included in income in Part I of Form 990-T)  |                          |                         |                                |
| 0                       | Add lines 18 and 19  |                          |                         |                                |
| 1                       | If the estate or trust is filing Form 4952, enter the  |                          |                         |                                |
|                         | amount from line 4g, otherwise, enter -0 ▶ 21  |                          | 1 1                     |                                |
| 22                      | Subtract line 21 from line 20 If zero or less, enter -0  | 22                       |                         |                                |
| 23                      | Subtract line 22 from line 17 If zero or less, enter -0  | 23                       |                         |                                |
|                         |  |                          |                         |                                |
| <b>!</b> 4              | Enter the smaller of the amount on line 17 or \$2,300  | 24                       |                         |                                |
| 25                      | Is the amount on line 23 equal to or more than the amount on line 24?  |                          |                         |                                |
|                         | Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.   |                          | 1 1                     |                                |
|                         | No. Enter the amount from line 23  | 25                       |                         |                                |
| 26                      | Subtract line 25 from line 24  | 26                       |                         |                                |
| ?7                      | Are the amounts on lines 22 and 26 the same?   |                          |                         |                                |
|                         | Yes. Skip lines 27 thru 30; go to line 31 No. Enter the smaller of line 17 or line 22  | 27                       |                         |                                |
|                         |  |                          |                         |                                |
| 8                       | Enter the amount from line 26 (If line 26 is blank, enter -0-)   | 28                       |                         |                                |
|                         |  |                          |                         |                                |
| 29                      | Subtract line 28 from line 27  | 29                       |                         |                                |
| 0                       | Multiply line 29 by 15% (.15)  |                          | 30                      |                                |
| 1                       | Figure the tax on the amount on line 23. Use the 2011 Tax Rate Sch   |                          |                         |                                |
|                         | (see the Schedule Ginstructions in the instructions for Form 1041)   |                          | 31                      |                                |
|                         |  |                          | {                       |                                |
| 32                      | Add lines 30 and 31  |                          | 32                      |                                |
| 3                       | Figure the tax on the amount on line 17 Use the 2011 Tax Rate Sch  | edule for Estates a      |                         |                                |
|                         | (see the Schedule Ginstructions in the instructions for Form 1041)   |                          | 33                      |                                |
| 34                      | Tax on all taxable income. Enter the smaller of line 32 or line 33 here a  |                          |                         |                                |
|                         | G, line 1a (or Form 990-T, line 36)  |                          | 34                      |                                |

Schedule D (Form 1041) 2011

|   | t citta nanc ala citp                   | ioyei identilication numbi            | er if shown on the other side |   |   |
|---|---|---------------------------------------|-------------------------------|---|---|
| LEFKOVITZ FOUNDATION  | <del> </del>                            |                                       |                               | 36-373404                                     | 19  |
| Part II Long-Term Capital Gains and                                 |   | ts Held More Tha                      | an One Year                   |   |   |
| (a) Description of property (Example 100 sh 7% preferred of "Z" Co) | (b) Date<br>acquired<br>(mo , day, yr ) | (c) Date sold<br>(mo, day, yr)        | (d) Sales price               | (e) Cost or other basis<br>(see instructions) | (f) Gain or (loss)<br>Subtract (e) from (d) |
| a   |   |                                       |                               | _   |   |
| 391 SHS BERKSHIRE HATHAWAY  |   | 06/24/2011                            | 29,949.                       | 34,540.                                       | -4,591                                      |
|   |   |                                       |                               |   |   |
|   |   | -                                     |                               |   |   |
|   |   |                                       |                               |   |   |
|   |   |                                       |                               |   |   |
|   |   |                                       |                               |   |   |
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| İ   |   |                                       |                               |   |   |
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|   |   |                                       |                               |   |   |
|   |   |                                       |                               |   |   |
|   |   |                                       |                               |   |   |
|   |   |                                       |                               |   | -   |
|   |   |                                       |                               |   |   |
|   |   |                                       |                               |   |   |
|   |   |                                       |                               |   |   |
|   |   |                                       |                               |   |   |
|   |   |                                       | _                             |   |   |
|   |   |                                       |                               |   |   |
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|   |   |                                       |                               |   |   |
|   | <u>-</u> , .,                           |                                       | <u> </u>                      |   |   |
| Total. Combine the amounts in column (                              | f) Enter here and                       | d on Schedule D. lir                  | ne 6h                         |   | -4,59                                       |
| and another in column (   | ., Littor nore and                      | on concodic D, III                    |                               |   | D-1 (Form 1041) 2                           |

# Lefkovitz Foundation Attachment for Form 990PF Part XV Grants and Contributions Paid During the Year

| Organization                            | Amount    |
|---|-----------|
| Alliance for the Mentally III           | 2,000.00  |
| Alzheimer's Association                 | 500.00    |
| AM SHALOM                               | 2,000.00  |
| American Cancer Society-Illinois        | 300.00    |
| American Diabetes Assn                  | 250.00    |
| American Heart Association              | 500.00    |
| Art Institute of Chicago, The           | 500.00    |
| Brent's Place                           | 5,000.00  |
| Chicago Botanic Gardens                 | 150.00    |
| Chicago Symphony Orchestra Society      | 1,500.00  |
| Children's Memorial Hospital            | 500.00    |
| Cystic Fibrosis Foundation              | 100.00    |
| Easter Seals Society                    | 200.00    |
| Field Museum, The                       | 100.00    |
| Jewish Federation of Palm Beach County  | 18,000.00 |
| Jewish United Fund Metropolitan Chicago | 2,000.00  |
| John G Shedd Aquarium                   | 150.00    |
| KESHET                                  | 1,000.00  |
| Leukemia Research Foundation            | 200 00    |
| Lighthouse for the Blind                | 1,500 00  |
| MADD                                    | 200.00    |
| Make a Wish Foundation                  | 250.00    |
| March of Dimes                          | 200 00    |
| Miscellaneous                           | 250.00    |
| Misericordia Women's Auxiliary          | 2,500.00  |
| Museum of Science & Industry            | 100.00    |
| National Fragile X Foundation           | 5,000.00  |
| National Jewish Health                  | 1,250.00  |
| Ravinia Festival Association            | 3,500.00  |
| Raymond Kravis Center                   | 1,000.00  |
| Rehabilitation Institute of Chicago     | 500.00    |
| Salvation Army, The                     | 500.00    |
| Simon Wiesenthal Center                 | 500.00    |
| SPAN                                    | 3,200.00  |
| Special Olympics Illinois               | 1,000.00  |
| United Way of Glencoe                   | 200.00    |
| Variety Club of Illinois                | 1,000.00  |
| World Wildlife Fund                     | 250.00    |
| WTTW / CHANNEL 11                       | 250.00    |
| Youth Development Network               | 1,000.00  |
|   | 59,100.00 |

Application for Extension of Time To File an Exempt Organization Return

| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | · · <del>-</del> /   |   | 9                                     |                            |                        | UM       | R MO 1         | 343-1709     |  |
|--|--|---|---------------------------------------|----------------------------|------------------------|----------|----------------|--------------|--|
| Department of th   |  | ► File a s                                | separate application for each return. |                            |                        |          |                |              |  |
|  |  | Automatic 3-Month Extension, co           | <u> </u>                              |                            | s box                  |          |                | <b>▶</b> X   |  |
|  |  | Additional (Not Automatic) 3-Mor          |                                       |                            |                        |          |                |              |  |
| •  | •  | unlessou have already been grant          |                                       | •                          |                        |          |                |              |  |
|  |  | You can electronically file Form 8        |                                       |                            |                        |          |                |              |  |
|  |  | to file Form 990-T), or an addition       |                                       |                            |                        |          |                |              |  |
|  |  | tension of time to file any of the        |                                       |                            |                        |          |                |              |  |
|  |  | Associated With Certain Persona           |                                       |                            |                        |          |                |              |  |
|  |  | details on the electronic filing of th    |                                       |                            |                        | anties   | & Non          | profits.     |  |
|  |  | Month Extension of Time. On               | •                                     | <del></del>                |                        | _        |                |              |  |
|  | •  | ofile Form 990-T and requesting an        |                                       |                            | •                      |          |                | . $\Box$     |  |
| Part I only  |  |   |                                       |                            |                        | • • •    |                | ▶□           |  |
|  |  | cluding 1120-C filers), partnerships      | , REMICS,                             | ana trusts must use For    |                        |          |                |              |  |
| to file income   |  |   | tructions                             | <del></del> -              | Enter filer's identify |          |                |              |  |
| Type or  | Name of exempt organization or other filer, see instructions  Employer identific |   |                                       |                            | ation number (EIN) or  |          |                |              |  |
| print  | TEEKOU   | ITZ FOUNDATION                            |                                       | X 36-3734049               |                        |          |                |              |  |
| File by the  |  | reet, and room or suite no. If a P.O. box | see instruc                           | tions                      |                        |          |                |              |  |
| due date for   |  | STREET                                    | , 000 11100 00                        | Social security nu         |                        |          | imber (SSN)    |              |  |
| filing your<br>return See  |  | or post office, state, and ZIP code For a | foreign addi                          | ress, see instructions     |                        |          |                |              |  |
| instructions   | 1  | RN, WI 53121-1614                         |                                       |                            |                        |          |                |              |  |
| Enter the Re   |  | or the return that this application is f  | or (file a se                         | parate application for ea  | ich return)            |          |                | . 04         |  |
| Lines the res  |  | and recent that the application is        | o. (o a oo                            | parate application for ou  |                        | • • •    |                | . (4.        |  |
| Application  |  | -   | Return                                | Application                |                        |          |                | Return       |  |
| ls For   |  |   | Code                                  | is For                     |                        |          |                | Code         |  |
| Form 990   |  |   | 01                                    | Form 990-T (corporation    | on)                    |          |                | 07           |  |
| 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) trust)  |  |   | 05                                    | Form 6069                  |                        |          |                | 11           |  |
| Form 990-T   | 990-T (trust other than above)   |   |                                       | Form 8870                  |                        |          |                | 12           |  |
|  |  |   |                                       |                            |                        |          |                |              |  |
| • The books  | s are in the   | care of ► DONNA NESHEK                    |                                       |                            |                        |          |                |              |  |
|  |  |   |                                       |                            |                        |          |                |              |  |
| Telephone  | e No 🕨 _   | 262 7236006                               | _                                     | FAX No ▶                   |                        |          |                | _            |  |
| <ul> <li>If the orga</li> </ul>  | nization do  | es not have an office or place of be      | usiness in t                          | he United States, check    | this box               |          |                | ▶ 🔲          |  |
|  |  | Return, enter the organization's fou      |                                       |                            |                        |          | _ If t         | his is       |  |
|  |  | eck this box ▶ 🔲 . If                     |                                       | rt of the group, check thi | s box ▶                | $\sqcup$ | and at         | rtach        |  |
|  |  | d EINs of all members the extension       |                                       |                            | <del></del>            |          |                |              |  |
|  | st an auton  | natic 3-month (6 months for a corpo       |                                       | -                          |                        |          |                |              |  |
| until  | <del></del> _  | 08/15, 20 12, to file the                 | exempt orga                           | anization return for the o | rganization named abo  | ove T    | he ext         | ension is    |  |
|  |  | n's return for                            |                                       |                            |                        |          |                |              |  |
| P X  | calendar y   | ear 20 11 or<br>eginning                  |                                       |                            |                        |          |                |              |  |
| ▶□   | tax year be  | eginning                                  | , 20                                  | , and ending               |                        | , 20     | <u> </u>       |              |  |
| 0 K4h-4-   |  | and a large day for long their 40 area    | .46                                   |                            |                        |          |                |              |  |
|  | -  | ered in line 1 is for less than 12 mor    | itns, cneck                           | reason Initial re          | eturn Final retu       | ım       |                |              |  |
|  | nange in a   | ccounting period                          |                                       |                            |                        |          |                |              |  |
| 2 o If this  | application  | In for Form 000 Bt 000 BE 00              | 00 T 4720                             | or 6060 antor the          | toptotus toy loss on   |          | т              |              |  |
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any   |  |   |                                       |                            |                        | * I      | •              | 310.         |  |
|  |  |   |                                       |                            |                        | 3a       | <b>P</b>       |              |  |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit. |  |   |                                       |                            |                        | `  зь    |                | 10.          |  |
|  |  |   |                                       |                            |                        |          | <del>  •</del> |              |  |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS<br>(Electronic Federal Tax Payment System) See instructions           |  |   |                                       |                            | 3c                     | <b> </b> | 300.           |              |  |
|  |  | ing to make an electronic fund            |                                       | with this Form 8868        | see Form 8453-FO       |          |                |              |  |
| payment ins  |  | January and electrical falls              |                                       | 2 7 01111 0000,            |                        |          |                | 01           |  |
|  |  | rwork Reduction Act Notice, see Instru    | ictions.                              |                            |                        | For      | m 8868         | (Rev 1-2012) |  |