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

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

OMB No 1545-0052

Ford	alen	dar year 2011 or tax year beginning		, and ending		
		foundation			A Employer identification	number
Α	LBI	ERT SIMON III FAMILY				
C	HAI	RITABLE FOUNDATION			36-4325958	
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
8	43	BLUFF STREET			(847)835-9	195
City	or to	wn, state, and ZIP code			C if exemption application is p	ending, check here
G	LEI	NCOE, IL 60022-1572				
G C	heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		Eoroign organizations me	noting the 95% tost
		Address change	Name change		Foreign organizations me 2. check here and attach co	emputation
H_C	_	type of organization: X Section 501(c)(3) ex			E If private foundation sta	tus was terminated
느			Other taxable private founda	T 1	under section 507(b)(1)	(A), check here
		· —	ng method: 🔼 Cash	Accrual	F If the foundation is in a	
•			ther (specify)		under section 507(b)(1)	(B), check here
	-	44,106,176. (Part I, colu	1		 	1 (4)-
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
		Contributions, gifts, grants, etc., received	44,420,998.	%	N/A	`*/\ [*]
	2	Check If the foundation is not required to attach Sch. B. Interest on savings and temporary		- 1-	\\$# x \\$\\$\	COLVENIA 1
	3	cash investments	545.	545		STATEMENT 1
	4	Dividends and interest from securities	8,386.	8,192	•	STATEMENT 2
	5a	Gross rents			4,397	2 7
Revenue	b	Net rental income or (loss)	1100 000	· · · · · · · · · · · · · · · · · · ·	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 2 5 2 0 1 7 1	<123,983.			o6 / \$>.
	b	assets on line 6a	`c ** \	83 % 5. 8.	* * * * * * * * * * * * * * * * * * * *	<u> </u>
		Capital gain net income (from Part IV, line 2)	*	0	• • • • • • • • • • • • • • • • • • • •	<u> </u>
_	8	Net short-term capital gain		*		<u> </u>
	9	Income modifications Gross sales less returns	<u> </u>	/ *	213%	
		and allowances	, , , , , , ,			
		Less Cost of goods sold	<u> </u>	?' % * }		· · ·
,		Gross profit or (loss)	720.	0		STATEMENT 3
	11 12	Other income Total. Add lines 1 through 11	44,306,666.	8,737		* ·
	13	Compensation of officers, directors, trustees, etc	0.	0,7,37		0.
	14	Other employee salaries and wages			<u> </u>	
		Pension plans, employee benefits				
ses		Legal fees STMT 4	2,172.	0.	<u></u>	2,172.
SUS		Accounting fees STMT 5	2,270.		ECEIVED	2,270.
ă		Other professional fees		 	L COLIVED	≱ i
e E		Interest		4	1 1/	
aţį	18	Taxes		2	VIAY 0 9 2012	å
istr	19	Depreciation and depletion	_		1 18	
를	20	Occupancy		1	GDEN. UT	
Ψ	21	Travel, conferences, and meetings		<u> </u>	JODEIN, OI	
5	22	Printing and publications	-			
g	23	Other expenses STMT 6	24,684.	24,659	•	25.
aţi	24	Total operating and administrative				
Operating and Administrative Expen	-,	expenses. Add lines 13 through 23	29,126.	24,659	•	4,467. 95,606.
Ō.	25	Contributions, gifts, grants paid	95,606.			95,606.
7	26	Total expenses and disbursements.				
7 -	L	Add lines 24 and 25	124,732.	24,659	•	100,073.
MAY	27	Subtract line 26 from line 12:	A STATE OF THE STA			*
17		Excess of revenue over expenses and disbursements	44,181,934.			
	b	Net investment income (if negative, enter -0-)		0		·
빌	C	Adjusted net income (if negative, enter -0-)			N/A	
1235	U1	I HA For Pagerwork Reduction Act Notice, see	instructions.			Form 990-PF (2011)

CHARITABLE FOUNDATION

Part Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only (a) Book Value (b) Book Value (c) Fair Market Value (c) Fair Market Value (d) Book Value (c) Fair Market Value (d) Book Value (c) Fair Market Value (d) Book Value (
2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts ► 4 Pledges receivable ► Less: allowance for doubtful accounts ► 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts ► 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - corporate bonds 11 Investments - corporate bonds 12 Investments - and, buildings, and equipment bass Less accumulated deprecation 13 Investments - other STMT 9 1,501,097 1,642,859 1,538,40 Less accumulated deprecation Less accumulated deprecation	_
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13 Investments - other STMT 9 1,501,097. 1,642,859. 1,538,40 14 Land, buildings, and equipment basis Less accumulated depreciation	
14 Land, buildings, and equipment basis Less accumulated depreciation	
Less accumulated depreciation	<u> 5.</u>
15 Other assets (describe ►)	
16 Total assets (to be completed by all filers) 1,633,827. 45,949,293. 44,106,17	6.
17. Accounts payable and accrued expenses	
18 Grants payable	Ĺ
go 19 Deferred revenue	. ! }
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable	~
21 Mortgages and other notes payable	t
22 Other liabilities (describe >	
	× 1
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.	*
8 24 Unrestricted	i
	& 1
25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 7 Control clock trust present lines.	*
Foundations that do not follow SFAS 117, check here	,
and complete lines 27 through 31.	
27 Capital stock, trust principal, or current funds 1,633,827. 45,949,293.	:
28 Paid-in or capital surplus, or land, bldg., and equipment fund	
Retained earnings, accumulated income, endowment, or other funds	*
28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 1,633,827. 45,949,293.	ŧ
	ŧ
31 Total liabilities and net assets/fund balances 1,633,827. 45,949,293.	
Part III Analysis of Changes in Net Assets or Fund Balances	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 , 633,83)7
	0.
5 Decreases not included in line 2 (itemize) 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 45,949,29	
Form 990-PF (_

CHARITABLE FOUNDATION	N
ALDERT SIMON III FAM.	ΤЦ

	arehouse; or common stock,	old (e.g., real estate, 200 shs. MLC Co.)) How ac P - Purcl D - Dona	hase '7) Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)
la		-					
b SEE ATTACHED	STATEMENT						
<u> </u>	, ,	<u>_</u> .					
d							
е	· · · · · ·						
(e) Gross sales price	(f) Depreciation allowe (or allowable)		t or other basis xpense of sale		((h) Gain or (lo: e) plus (f) minu	
ab							
C							
d							
2,539,171.			2,750,030	•			<123,983
Complete only for assets shown	ng gain in column (h) and ow			4		ains (Col. (h) ga), but not less th	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any			osses (from co	
a							
<u> </u>	 			-			<u> </u>
<u>C</u>				+			-
<u>d</u>				+			<123,983
<u> </u>	C. H. a		,			***	1220,200
Capital gain net income or (net co	apital loss) { If (loss),	lso enter in Part I, line enter -0- in Part I, line		2			<123,983
Net short-term capital gain or (lo If gain, also enter in Part I, line 8,	, column (c).	22(5) and (6):				NT /	3
If (loss), enter -0- in Part I, line 8 Part V Qualification U		(a) for Dadwood	Tour on Not In	3_	ant Inco	N/	<u> </u>
as the foundation liable for the sec "Yes," the foundation does not qua		itable amount of any ve					্ৰ ভ
		o not complete this pa	rt	l? 			Yes X N
Enter the appropriate amount in		o not complete this pa see instructions before	rt. making any entries.		-		
Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn	each column for each year;	o not complete this pa see instructions before (b) fying distributions	rt. making any entries. Net value of noncl	(c) haritable-		Disi (col. (b)	(d) tribution ratio divided by col. (c))
Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2010	each column for each year;	to not complete this passee instructions before (b) fying distributions 86,520.	rt. making any entries. Net value of noncl	(c) haritable-	4,627.	Dist (col. (b)	(d) tribution ratio divided by col. (c)) • 0 5 2 2 9
Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2010 2009	each column for each year;	to not complete this passee instructions before (b) fying distributions 86,520. 65,728.	rt. making any entries. Net value of nonci	(c) haritable- 1 , 6 5	4,627. 0,995.	Disi (col. (b)	(d) tribution ratio divided by col. (c)) • 0 5 2 2 9 • 0 4 5 2 9
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	rt VI , Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see i	nstru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		ì	* /	<	93
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			· ·	: 	,
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🛣 and enter 1%	1				0.
	of Part I, line 27b	ž	à.	8		*
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	نققل	. 4		er L	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<u></u>			0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments;			7	30.00	
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 4,557.	3			Ĺ	Ů
b	Exempt foreign organizations - tax withheld at source 6b			* § 1		`
C	Tax paid with application for extension of time to file (Form 8868)		23)	a.		
d	Backup withholding erroneously withheld 6d		. .			
	Total credits and payments. Add lines 6a through 6d	7			4,5	<u>57.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u></u>	-	4,5	
	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ 4,557. Refunded ▶	11	<u> </u>			0.
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	IN			Yes	
	any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities.					37
	Did the foundation file Form 1120-POL for this year?			1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			ž Ž		
	(1) On the foundation. \triangleright \$ 0 • (2) On foundation managers. \triangleright \$ 0 •			3. 3.		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			3		
	managers. > \$ 0.			,		Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		
•	If "Yes," attach a detailed description of the activities.	-				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, obliaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	1		3		X
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		.,	5		X
J	If "Yes," attach the statement required by General Instruction T.				ir.	````
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
•	By language in the governing instrument, or			-3 -		-
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law			8 1	
	remain in the governing instrument?			6	X	, reidle r
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
•	If "Yes," complete Part II, col. (c), and Part XV.				۸۶	v25 A
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					* 7
	IL			""	37	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			J. S. 14		9,3
	of each state as required by General Instruction G? If "No," attach explanation			8b	×	* *
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar		* /	_	
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		Х
			For	m 990	-PF	2011)

Pa	art VII-A	Statements Regarding Activities (continued)				
11	At any time	during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512	P(b)(13)? If "Yes," attach schedule (see instructions)	L	11		X
12	Did the fou	ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privilegi	es?			
	lf "Yes," atta	ach statement (see instructions)		12		Х
13	Did the fou	ndation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website ad	dress ► N/A				
14	The books	are in care of ▶ ALBERT SIMON III Telephone no. ▶ (8			-91	
	Located at	▶843 BLUFF STREET, GLENCOE, IL	4 ▶600	22	-15	72
15	Section 49	47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				$\cdot \square$
	and enter t	he amount of tax-exempt interest received or accrued during the year	1	N	/A	
16	At any time	during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	_		Yes	No
	securities,	or other financial account in a foreign country?		16		Х
	See the ins	tructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			830	100
	country		Ĺ	10/4	lv.	
Pa	art VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.		`	Yes	No
1a	During the	year did the foundation (either directly or indirectly):	[. *	ZŽ,	- AN:
	(1) Engag	e in the sale or exchange, or leasing of property with a disqualified person? Yes 🔀	IJ No	W.	,	9 (:
	(2) Borrov	v money from, lend money to, or otherwise extend credit to (or accept it from)		*	•	,
	a disqi	ualified person? Yes 🔀			8 8 8	
	(3) Furnis	h goods, services, or facilities to (or accept them from) a disqualified person?			// //	1
	(4) Pay co	rmpensation to, or pay or reimburse the expenses of, a disqualified person? Yes 🔀	🕽 No 🔓	3%		1
	(5) Transf	er any income or assets to a disqualified person (or make any of either available	_			
	for the	benefit or use of a disqualified person)?	3 No ⁸	, ,		
	(6) Agree	to pay money or property to a government official? (Exception. Check "No"		>×		3.
	ıf the f	oundation agreed to make a grant to or to employ the official for a period after	_ { }	<i>i</i> .		(*), <u>1</u>
	termin	ation of government service, if terminating within 90 days.)	🗌 No 🛛	Ø :		
t	If any answ	ver is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	*	.		Λ
	section 53.	4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1/ <u>A</u>	1b		
	Organizatio	ins relying on a current notice regarding disaster assistance check here	▶ □ ₈			1,5
(Did the fou	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the	first day of the tax year beginning in 2011?	L	1c		X
2	Taxes on fa	allure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		<u>}</u>		
		section 4942(j)(3) or 4942(j)(5)):	4			Y' "
	a At the end	of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	_ }			7.4
	before 201	1? Yes 🔀	∐ No			desse
		the years >		8		
ı		ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1			
	valuation o	if assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		Á	~	
		,	I/A	2b	Week.	<u></u>
(c if the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	[[
	▶	indation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		. *	, , ,
3			.			
	during the	•	⊾ No		*	" '
١	-	d it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after	2	* 🐒		, 4
	-	969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	· [~	, 10a	[4]
	-	s acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	.,.	š	. (%)	ļ. ⁷
		•	1/A	3b		177
		indation invest during the year any amount in a manner that would jeopardize its charitable purposes?	-	4a	<i>4</i>	X
		indation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	-	_	úD.	لـــــــــــــــــــــــــــــــــــــ
	had not be	en removed from jeopardy before the first day of the tax year beginning in 2011?		4b		Х

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)					
5a During the year did the foundation pay or incur any amount to:				** 4				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗶 No		\$ <u> </u> ,			
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indire							
any voter registration drive?			es X No	× 8				
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No		*			
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section	<u> </u>	TT		,			
	509(a)(1), (2), or (3), or section 4940(d)(2)?							
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		□		ž (*\.			
the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations								
		n Regulations	N/A	5b				
section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h	·		N/A	30	- 18 miles			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		hanı						
expenditure responsibility for the grant?		//A 🔲 Y	es 🗆 No	Š				
If "Yes," attach the statement required by Regulations section 53 494		,,,,,						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on								
a personal benefit contract?	pay promising on		es X No					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X			
If "Yes" to 6b, file Form 8870			Ì		 			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No					
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b				
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	У					
List all officers, directors, trustees, foundation managers and their								
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accour allow	opense ot, other vances			
JUDITH SIMON	VICE PRES.							
343 BLUFF STREET		_			_			
GLENCOE, IL 60022-1572	1.00	0.	0	<u>· </u>	0.			
	ASSISTANT							
1960 N. LINCOLN PARK WEST, APT 1301 CHICAGO, IL 60614	1.00	١ ,	ر ا		0			
	PRESIDENT	0.	0	•	0.			
343 BLUFF STREET	LVESIDENI							
GLENCOE, IL 60022-1572	2.00	0.	0.		0.			
300NCOH, 1H 000H 137H	2.00	· ·		•				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."						
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accoun	opense nt, other			
MONT	devoted to position		compensation	allow	ances			
NONE								
		-		 				
				 				
· · · · · · · · · · · · · · · · · · ·				1				
Total number of other employees paid over \$50,000			•		0			
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CHARITABLE FOUNDATION

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	432333 <u>0 rage r</u>
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	7	
<u> </u>		
	7	
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	stical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers pro	aucea, etc.	
1 <u>N/A</u>		
2		
		······································
3		
<u> </u>		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		

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0.

Total. Add lines 1 through 3

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Part X | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a 5.402. b Average of monthly cash balances 1b 1,550,195 c Fair market value of all other assets 1c 1,555,597 d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 1,532,263. Net value of noncharitable-use assets. Subtract fine 4 from line 3. Enter here and on Part V, line 4 5 76,613. Minimum investment return. Enter 5% of line 5 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 part.) 76,613. Minimum investment return from Part X, line 6 1 2a Tax on investment income for 2011 from Part VI, line 5 2a 2b b Income tax for 2011. (This does not include the tax from Part VI.) 20 c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 4 76,613. 5 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 6 76,613. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 100,073. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3b **b** Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 100,073 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 100,073 6 Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7	«		· *	76,613.
2 Undistributed income, if any, as of the end of 2011		`		,
a Enter amount for 2010 only	~		7,493.	,~
b Total for prior years:	. , , ,		Y	× × 1
, ,	.,	0.	tián.	% ~ ,/ ,
3 Excess distributions carryover, if any, to 2011:		A . 4 .)	· *	·
a From 2006	· .		, , , , , , , , , , , , , , , , , , ,	`
b From 2007	<i>₩</i> */		* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	, · · · · · · · · · · · · · · · · · · ·
c From 2008	*	\$0 % 1 x 1	*	* * * * * * * * * * * * * * * * * * *
d From 2009	¥ y	ů n	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* ,
e From 2010		A)* n	**	
f Total of lines 3a through e	0.	×***	у «*	*
4 Qualifying distributions for 2011 from	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		å ≎	*, ¹
Part XII, line 4: ►\$ 100,073.	**************************************	,	with	
a Applied to 2010, but not more than line 2a	** ** **		7,493.	× × .
b Applied to undistributed income of prior	, °	_	^ ~~~	
years (Election required - see instructions)		0.	×	(, , , , , ,
c Treated as distributions out of corpus			. * /	, ,
(Election required - see instructions)	0.	1 to the till to the t	W · V · V ·	*
d Applied to 2011 distributable amount	~ <u> </u>	4 / 2 3/42	mark A	76,613.
e Remaining amount distributed out of corpus	15,967.		k	
Excess distributions carryover applied to 2011 (if an amount appears in column (d), the same amount	0.	<u>"</u>		0.
must be shown in column (a))				ļ
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	15,967.	>	, s 🍇 🕸 ((
b Prior years' undistributed income. Subtract	/ {	_	The state of the s	
line 4b from line 2b		0.	Ac 2 3 427	
c Enter the amount of prior years'			s, x > 1/2	!
undistributed income for which a notice of deficiency has been issued, or on which			* * * * * * * * * * * * * * * * * * *	,
the section 4942(a) tax has been previously	144, , »			
assessed	* * * * * * * * * * * * * * * * * * * *	0.	* * * *	
d Subtract line 6c from line 6b. Taxable	,		- A A A A	
amount - see instructions	<u> </u>	0.	* * *,	,
e Undistributed income for 2010. Subtract line	2. At 2 mg ~			* * * * * / 4,"
4a from line 2a. Taxable amount - see instr.			0.	3 1 de
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must		,		0.
be distributed in 2012				V •
7 Amounts treated as distributions out of		, v		۸ ۸
corpus to satisfy requirements imposed by	0.		, , , , , , , , , , , , , , , , , , ,	^ f`
section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006			,	,
not applied on line 5 or line 7	0.			* *
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	15,967.			
10 Analysis of line 9:		у у		
a Excess from 2007				
b Excess from 2008	1			
c Excess from 2009	1			
d Excess from 2010	1		[
eExcess from 2011 15,967.	1	1		
	<u> </u>	•	•	Form 990-PF (2011)

Form 990-PF (2011) CHA

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Part XIV Private Operating F	oundations (see ins	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2011, enter the date of t	he ruling	▶		
b Check box to indicate whether the foun	dation is a private operation	g foundation described	ın section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for				-	
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not			-		
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					I
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					I
b "Endowment" alternative test - enter			<u> </u>		
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross			1		
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					•
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	ormation (Comple	te this part only	if the foundation	had \$5.000 or mo	ore in assets
at any time during					
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w		than 2% of the total con-	tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed			and and the control of the	Todaladion Boloro ino oroc	70 01 any an
NONE					
b List any managers of the foundation w	ho own 10% or more of th	e stock of a corporation	(or an equally large porti	on of the ownership of a pa	artnership or
other entity) of which the foundation h	as a 10% or greater intere	st	(or an equally large point	on or and on noromp or a pr	
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loan	Scholarship, etc., P	rograms:		
Check here If the foundation				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone nur				'	
ALBERT SIMON III, 8		m applications on calc be			
843 BLUFF STREET, G		0022-1572			
b The form in which applications should			poniq include.		
WRITTEN STATEMENT O			modia molado.		
c Any submission deadlines:	· OIRECTION .	101(1000			-
NONE					
d Any restrictions or limitations on awar	ds, such as by denotable	al areas, charitable fields	kinds of institutions or	other factors:	
NONE	ao, adon da by geographic	ai ai vao, onai iabie nelus	, and or mounding, ur	omor mondra,	
10111					
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Part XV Supplementary Information (continued) CHARITABLE FOUNDATION

* Recipient	If recipient is an individual,			
	show any relationship to	Foundation	Purpose of grant or	_
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid dunng the year				
OONORS CHOOSE INC.	UNRELATED, PUBLIC	501 PUBLIC	CHARITABLE, GENERAL,	
CHICAGO		CHARITY	UNRESTRICTED	22,38
RAVINIA FESTIVAL ASSOCIATION CHICAGO	UNRELATED, PUBLIC	501 PUBLIC CHARITY	CHARITABLE, GENERAL, UNRESTRICTED	2 50
ILLINOIS, IL				3,500
LYRIC OPERA OF CHICAGO	UNRELATED, PUBLIC	501 PUBLIC	CHARITABLE, GENERAL, UNRESTRICTED	
ILLINOIS, IL				2,00
ARK INC. CHICAGO	UNRELATED, PUBLIC	501 PUBLIC CHARITY	CHARITABLE, GENERAL, UNRESTRICTED	
ILLINOIS, IL		 		50
CSPI/NUTRITION ACTION CHICAGO	UNRELATED, PUBLIC	501 PUBLIC	CHARITABLE, GENERAL, UNRESTRICTED	40
ILLINOIS, IL Total SEE CO	ONTINUATION SHE	<u> </u> ምጥ/ ፍ ነ	▶ 3a	95,60
b Approved for future payment	MIINOMIION DIAM.		Ja	
NONE				
				-

CHARITABLE FOUNDATION

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		Code		
b	-			··	
	— 		\vdash		
<u> </u>	_				<u>-</u>
d			\vdash		
•				-	
g Fees and contracts from government agencies	-				
g Fees and contracts from government agencies Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	545.	
Dividends and interest from securities	-		14	8,386.	
	<u>, , , , , , , , , , , , , , , , , , , </u>	4 4		₩ ₩	W W , 3H
Net rental income or (loss) from real estate:	'				·
a Debt-financed property			\vdash		
b Not debt-financed property	 - -		\vdash		
Net rental income or (loss) from personal					
property Other investment income	-		├	+	
7 Other investment income	-		$\vdash \vdash$		
Gain or (loss) from sales of assets other			18	14,262.	<138,245
than inventory			10	14,202.	<u> </u>
9 Net income or (loss) from special events			-	+	
Officer sources	-			-	
1 Other revenue: a CONSTABLE K-1	523000	720.	1		
	- 523000	720.	-	<u> </u>	
b	-	_	-	-	
C			\vdash	-	
<u> </u>				-	
d					
е	_	720		23 193	<138 245
e 2 Subtotal Add columns (b), (d), and (e)		720.	*>.	23,193.	<138,245
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		720.	*	23,193.	<138,245 <114,332
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations		,		13	<138,245 <114,332
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e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI_B Relationship of Activitie Line No. Explain below how each activity for which the foundation's exempt purposes (other the	es to the Accor	mplishment of Ex	æmp	t Purposes	<114,332

Form 990	-PF (2011) CHAR	ITABLE	FOUNDATIO	N	36-	4325958	Pa	age 13
Part X			Transfers To a	and Transactions a	and Relationships With No	ncharitabl	е	
1 Did 6	Exempt Orga		un any of the followin	a with any other organization	on described in section 501(c) of		Yes	I No
	Code (other than section 501)	-					163	110
	sfers from the reporting foun				iizations:		l	ž,
	Cash	dation to a no	monaritable exempt or	gumzuton on.		1a(1)		X
	Other assets					1a(2)		X
	er transactions:					· · · *		
(1)	Sales of assets to a noncharr	table exempt o	organization			1b(1)		X
(2)	Purchases of assets from a n	oncharitable e	xempt organization			1b(2)		X
(3)	Rental of facilities, equipmen	t, or other ass	ets			1b(3)		Х
(4)	Reimbursement arrangemen	ts				1b(4)		X
(5)	Loans or loan guarantees					1b(5)	+	X
	Performance of services or n	•	.			1b(6)		X
	ring of facilities, equipment, n					1 <u>c</u>	<u> </u>	X
	=		_		ways show the fair market value of the (sets,	
	*			ed less than tair market vail	ue in any transaction or sharing arrange	ment, snow in		
(a)Line no	mn (d) the value of the goods (b) Amount involved		Name of noncharitable	exempt organization	(d) Description of transfers, transaction	one and sharing a	rangeme	onts
(a)Ellie llo	(b) / illibalit illivoivou	(0)	N/A	o oxompt organization	(4) Description of dansiers, dansaction	, and sharing a	riungorii	
			14/11					
								
		<u> </u>	·					
			_					
						_		
		_			<u> </u>			
	 	- 						
	<u> </u>				· · · · · · · · · · · · · · · · · · ·			
			·	·				
	 							
2a Is th	e foundation directly or indire	ectly affiliated v	with, or related to, one	or more tax-exempt organi	zations described			
	ection 501(c) of the Code (oth	-		· -		Yes	X	No 🖸
b If "Y	es," complete the following so							
	(a) Name of o	rganization		(b) Type of organization	(c) Description of re	elationship		
N/A				N/A				
				<u> </u>				
								
						_		_
$\overline{}$	Under penalties of perjury, I decla	re that I have exa	mined this return, includir	l ng accompanying schedules and	I statements, and to the best of my knowledge			
Sign	and belief, it is true, correct, and o	complete peclar	ation of preparer (other tha	in taxpayer) is based on all inform	nation of which preparer has any knowledge	May the IRS return with the shown below	he prepa	rer
Here	• aller	$\Gamma M II$	NOW YH	15/5/12	President	X Yes		No
	Signature of officer or trust	ee W	00:	Date	Title		— · ·	
	Print/Type preparer's	name	Preparer's s	ignature \ / ^	Date Check if	PTIN		
			(//- //	/ / / / //)	self- employed			
Paid	NEIL KAPL		<u> </u>	/ / Volkon	5 3 13	P00087	1858	<u> </u>
Drona	IFFF I Cirm o nama 🖿 Mil'	CILAINDE	v 1.1.D V		■ I Eirmin EINI ► /I			

Form **990-PF** (2011)

847-517-7070

Use Only

Firm's address ► 20 N. MARTINGALE RD., STE 500 SCHAUMBURG, IL 60173

Phone no.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

ALBERT SIMON III FAMILY CHARITABLE FOUNDATION

Employer identification number

36-4325958

Organization type (creek one).												
Filers of	:	Section	on:									
Form 99	0 or 990-EZ		501(c)() (enter number) o	rganization							
			4947(a)(1) ı	nonexempt charitat	ole trust not	treated as a	a private fo	oundation				
			527 politica	al organization								
Form 99	0-PF	X	501(c)(3) e:	cempt private found	dation							
			4947(a)(1)	nonexempt charitat	ble trust trea	ited as a pri	vate found	ation				
			501(c)(3) ta	xable private found	dation							
	your organization is nly a section 501(c)(Rule						eral Rule a	and a Specia	al Rule. Se	e instruc	tions.	
X	For an organization contributor Compl			90-EZ, or 990-PF th	nat received,	, during the	year, \$5,00	00 or more ((in money o	or proper	rty) from ar	ny one
Special	Rules											
	For a section 501(o 509(a)(1) and 170(l of the amount on ((b)(1)(A)(vi) and rece	eived from any one	contributor,	during the y	ear, a cor	tribution of				2) 2%
	For a section 501(a total contributions the prevention of c	of more	e than \$1,0	00 for use exclusive	ely for religion	us, charitab						
	For a section 501(contributions for ulf this box is check purpose. Do not coreligious, charitable	use <i>exclu</i> ked, ent complete	<i>usively</i> for r ter here the e any of the	eligious, charitable, total contributions parts unless the G	, etc , purpos that were re ieneral Rule	ses, but the eceived during applies to t	se contribi ng the yea	utions did no r for an excl	ot total to r <i>usively</i> relig use it recei	more tha gious, ch	ın \$1,000. ıarıtable, et	
but it m	An organization thus answer "No" on nat it does not meet	n Part IV	/, line 2, of i	ts Form 990, or che	eck the box o	on line H of	ıts Form 99					

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

Name of organization ALBERT SIMON III FAMILY CHARITABLE FOUNDATION

Employer identification number

36-4325958

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF ALBERT SIMON JR 843 BLUFF ST GLENCOE, IL 60022-1572	\$ 44 ,420,998.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-2		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011)

Name of organization ALBERT SIMON III FAMILY CHARITABLE FOUNDATION

Employer identification number

36-4325958

Part II	Noncash Property (see instructions) Use duplicate copies of Part I	I if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	BERKSHIRE HATHAWAY, INC. STOCKS	_	
		_	
		<u>\$ 44,420,998.</u>	01/01/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
			
ľ		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_ \$	
123453 01-2	3-12	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2011)

Employer identification number

ALBERT	SIMON	III	FAMILY
~*** D T M 3	DT	\TT\T\\ \	T

	TABLE FOUNDATION		36-4325958
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et	c., contributions of \$1,000 or less for the	(8), or (10) organizations that total more than \$1,000 for the completing Part III, enter year. (Enter this information once)
/-\ NI - 1	Use duplicate copies of Part III if addition	ial space is needed	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u></u>			
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor DOCTORS WITHOUT BORDER UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHARITY UNRESTRICTED CHICAGO 1,500. ILLINOIS, IL CHARITABLE, GENERAL, FAMILY NETWORK UNRELATED, PUBLIC 501 PUBLIC CHICAGO CHARITY INRESTRICTED 400. ILLINOIS, IL GREATER CHICAGO FOOD DEPOSITORY UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHARITY UNRESTRICTED CHICAGO 10,000. ILLINOIS, IL IL HOLOCAUST MEMORIAL MUSEUM UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHARITY INRESTRICTED CHICAGO 1,000. ILLINOIS, IL 501 PUBLIC CHARITABLE, GENERAL, JAMESTOWN COMMUNITY CENTER UNRELATED, PUBLIC UNRESTRICTED CHICAGO CHARITY 8,000. ILLINOIS, IL 501 PUBLIC CHARITABLE, GENERAL, AVON'S FESTIVAL UNRELATED, PUBLIC UNRESTRICTED CHICAGO CHARITY 1,420. ILLINOIS, IL UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, JEWISH NATIONAL FUND CHARITY UNRESTRICTED CHICAGO 2,000. ILLINOIS, IL UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, LYDIA HOME ASSOC. INRESTRICTED CHARITY CHICAGO 600. ILLINOIS, IL 501 PUBLIC CHARITABLE, GENERAL, LUNGEVITY & ASSOCIATION UNRELATED, PUBLIC CHICAGO CHARITY UNRESTRICTED 1,500. ILLINOIS, IL WOMEN'S AUXILIARY UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHARITY UNRESTRICTED CHICAGO 600. ILLINOIS, IL 66,820. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor MAKE A WISH FOUNDATION UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, INRESTRICTED CHARITY CHICAGO 1,000. ILLINOIS, IL CHARITABLE, GENERAL. UNRELATED, PUBLIC 501 PUBLIC CHRONES & COLITIS CHARITY UNRESTRICTED CHICAGO 300. ILLINOIS, IL NORTHWESTERN MEMORIAL FOUNDATION UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHARITY UNRESTRICTED CHICAGO 500. ILLINOIS, IL UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHILDRENS ONCOLOGY CHARITY CHICAGO INRESTRICTED 3,000. ILLINOIS, IL 501 PUBLIC CHARITABLE, GENERAL, UNRELATED, PUBLIC PROVIDENT ST MEL SCHOOL CHARITY UNRESTRICTED CHICAGO 1,000. ILLINOIS, IL US HOLOCAUST MUSEAM UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHICAGO CHARITY UNRESTRICTED 100. ILLINOIS, IL UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, SILVER LIVING CHARITY UNRESTRICTED CHICAGO 7,500. ILLINOIS, IL PLANNED PARENTHOOD UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHARITY UNRESTRICTED CHICAGO 1,000. ILLINOIS, IL 501 PUBLIC UNRELATED, PUBLIC CHARITABLE, GENERAL, REACH OUT AND READ CHARITY UNRESTRICTED CHICAGO 500. ILLINOIS, IL MEMORIAL SLOAN KETTERING UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHARITY UNRESTRICTED CHICAGO 1,500. ILLINOIS, IL Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor NORTHERN FOOD BANK UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHICAGO CHARITY UNRESTRICTED 2,000. ILLINOIS, IL 501 PUBLIC MCCORMICK FOUNDATION UNRELATED, PUBLIC CHARITABLE, GENERAL, CHARITY CHICAGO UNRESTRICTED 2,000. ILLINOIS, IL WRITERS THEATRE, INC. UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHARITY UNRESTRICTED CHICAGO ILLINOIS, IL 1,000. 501 PUBLIC THE NIGHT MINISTRY UNRELATED, PUBLIC CHARITABLE, GENERAL, CHICAGO CHARITY UNRESTRICTED 500. ILLINOIS, IL CHARITABLE, GENERAL, WBEZ ALLIANCE UNRELATED, PUBLIC 501 PUBLIC UNRESTRICTED CHICAGO CHARITY ILLINOIS, IL 300. WTTW - ELEVEN UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHICAGO CHARITY UNRESTRICTED ILLINOIS, IL 450. SPONDYLITIS FOUNDATION OF AMERICA UNRELATED, PUBLIC 501 PUBLIC CHARITABLE, GENERAL, CHARITY UNRESTRICTED CHICAGO ILLINOIS, IL 6,000. JEWISH UNITED FUND 501 PUBLIC UNRELATED, PUBLIC CHARITABLE, GENERAL, CHARITY UNRESTRICTED CHICAGO 2,000. ILLINOIS, IL 501 PUBLIC HOUSING OPPORTUNITIES UNRELATED, PUBLIC CHARITABLE, GENERAL, CHICAGO CHARITY UNRESTRICTED 750. ILLINOIS, IL 501 PUBLIC AMERI COMM WEIZMANN INS UNRELATED, PUBLIC CHARITABLE, GENERAL, CHARITY UNRESTRICTED CHICAGO ILLINOIS, IL 1,500. Total from continuation sheets

3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- Commission	_
TORY CATCHERS THEATRE	UNRELATED, PUBLIC	501 PUBLIC CHARITY	CHARITABLE, GENERAL, UNRESTRICTED	
CHICAGO ILLINOIS, IL		CHARITI	UNRESTRICIED	5
OUTREACH FOR WORLD HOPE	UNRELATED, PUBLIC	501 PUBLIC	CHARITABLE, GENERAL,	
CHICAGO		CHARITY	UNRESTRICTED	
LLINOIS, IL	<u> </u>			5(
EDWA	UNRELATED, PUBLIC	501 PUBLIC	CHARITABLE, GENERAL,	
AFDMA CHICAGO	DAKEBATED, FUBLIC	CHARITY	UNRESTRICTED	
ILLINOIS, IL				5,00
CANCER WELLNES	UNRELATED, PUBLIC	501 PUBLIC	CHARITABLE, GENERAL,	
CHICAGO		CHARITY	UNRESTRICTED	5(
ILLINOIS, IL				
REBBECA'S DREAM	UNRELATED, PUBLIC	501 PUBLIC		
CHICAGO	ŕ	CHARITY		
ILLINOIS, IL				40
,				
Total from continuation sheets			<u></u>	

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mó., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. 1a CONSTABLE PARTNERS, P VARIOUS VARIOUS L.P. K-1 P VARIOUS VARIOUS L.P. K-1b CONSTABLE PARTNERS, P VARIOUS TRIGRAN INVESTMENTS LP II **VARIOUS** P VARIOUS VARIOUS d TRIGRAN INVESTMENTS LP II 01/01/7009/29/11 SHR BERKSHIRE HATHAWAY D SHR BERKSHIRE HATHAWAY $\overline{\mathbf{D}}$ 01/01/7009/29/11 f 1 D 01/01/7010/06/11 _g 1 BERKSHIRE HATHAWAY SHR $\overline{\mathtt{D}}$ 01/01/7010/10/11 SHR BERKSHIRE HATHAWAY h 1 D 01/01/7010/12/11 SHR BERKSHIRE HATHAWAY D 01/01/7008/29/11 3000 SHRS BERKSHIRE HATHAWAY 01/01/7008/30/11 $\overline{\mathtt{D}}$ SHRS BERKSHIRE HATHAWAY 3000 BERKSHIRE HATHAWAY $\overline{\mathbf{D}}$ 01/01/7009/27/11 3000 SHRS D 01/01/7009/27/11 m 6000 SHRS BERKSHIRE HATHAWAY 01/01/7010/12/11 n 6000 BERKSHIRE HATHAWAY D SHRS D 01/01/7010/12/11 SHRS BERKSHIRE HATHAWAY 0 6000 (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 6,434.a 1,946. b <834·> ¢ 79,330. d <10,975.> 108,597. 119,572. $1\overline{19,572}$ <10,636.> 108,936. <9,575.> 119,572. 109,997. 119,572. <9,075.>110,497. h 119,572. <7,569.> 112,003. <24,784.> 239,130. 214,346. 239,130. <20,284.> 218,846. <20,254.> 239,130. 218,876. 478,260. <34,569.> 443,691. m <u>478,</u>260. $\overline{<34,569.}>$ 443,691. n 449,691. 478,260. <28,569.> 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (k) Excess of col. (I) (j) Adjusted basis but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 6,434. a 1,946. b <834.> C 79,330. d <10,975.> <10,636.> <9,575.> g <9,075.> h <7,569.> <24,784.> <20,284.><20,254.><34,569.> m <34,569.>n <28,569.> 0 If gain, also enter in Part I, line 7 <123,983.> 2 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A 3

FORM 990-PF INTEREST ON SAV	INGS AND TE	MPORARY CA	SH INVESTM	IENTS	STATEMENT	1
SOURCE					AMOUNT	
AMERITRADE BANK OF AMERICA MERRILL LYNCH				_		55. 27. 63.
TOTAL TO FORM 990-PF, PART I	, LINE 3, C	COLUMN A		=	5	45.
FORM 990-PF DIVIDEN	DS AND INTE	REST FROM	SECURITIES	5	STATEMENT	2
SOURCE	GROS	S AMOUNT	CAPITAL O		COLUMN (A)
CONSTABLE PARTNERS, L.P. MERRILL LYNCH TRIGRAN INVESTMENTS, LP II		7,565. 19. 802.		0. 0. 0.		65. 19. 02.
TOTAL TO FM 990-PF, PART I, 1	LN 4	8,386.		0.	8,3	86.
FORM 990-PF	OTHER	INCOME			STATEMENT	3
DESCRIPTION		(A) REVENUE	(F NET IN	WEST-	(C)	
DESCRIPTION		PER BOOKS	MENT]	NCOME	ADJUSTE NET INCO	ME
	_		MENT] 20.	NCOME 0.		ME
	- , LINE 11 =	7				ME
CONSTABLE K-1 TOTAL TO FORM 990-PF, PART I		7	20.	0.		ME
CONSTABLE K-1 TOTAL TO FORM 990-PF, PART I FORM 990-PF		7 AL FEES (B) NET INVE	20. 20. ST- ADJ	0.	STATEMENT (D) CHARITA	BLE
DESCRIPTION CONSTABLE K-1 TOTAL TO FORM 990-PF, PART I FORM 990-PF DESCRIPTION LEGAL FEES	LEGA (A) EXPENSES	7 AL FEES (B) NET INVE MENT INC	20. 20. ST- ADJ	0. 0.	STATEMENT (D) CHARITA	4 BLE ES

FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	2,270.		0.		2,2	70.
TO FORM 990-PF, PG 1, LN 16B	2,270.		0.	==	2,2	70.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS				(D) CHARITA E PURPOS	
PORTFOLIO DEDUCTION-K-1 ANNUAL FEES FILING TAX FEES NON-DEDUCTABLE EXPPER K-1	24,659. 10. 15.		659. 0. 0.			0. 10. 15.
TO FORM 990-PF, PG 1, LN 23	24,684.	24,	659.			25.
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FU	ND BA	ALANCES	STATEMENT	7
DESCRIPTION					AMOUNT	
UNREALIZED APPREC - DONATED S	SECURITIES				133,5	32.
TOTAL TO FORM 990-PF, PART II	[I, LINE 3				133,5	32.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	8
					FAIR MARKE	_
DESCRIPTION			вос	OK VALUE	VALUE	Т
DESCRIPTION 348 SHRS BERKSHIRE CLASS A 750 SHRS BERKSHIRE CLASS B			· · · · ·	1,670,842. 59,786.		40.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CONSTABLE PARTNERS, L.P. TRIGRAN INVESTMENTS, L.P.II	FMV FMV	966,422. 676,437.	921,887. 616,518.
TOTAL TO FORM 990-PF, PART II,	LINE 13	1,642,859.	1,538,405.