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Form' 990-PF

# 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. ear beginning , and ending

OMB No 1545-0052

| Depa                                 | artment of the Treasury<br>nal Revenue Service        | Note. The fo   | undation may t  | <b>Freat</b> o<br>de able f | ed as a Privat<br>to use a copy of this | e Founda<br>return to sate | <b>ation</b><br>isfy state repo | rting requirements.                                  | 2011                                      |
|--------------------------------------|---|--|-----------------|-----------------------------|---|----------------------------|---------------------------------|--|---|
|                                      |   | or tax year beginning  |                 |                             |   | , and e                    |                                 |  |   |
| Na                                   | me of foundation                                      |  |                 |                             |   |                            |                                 | A Employer identification                            | n number                                  |
| _                                    |   |  |                 |                             |   |                            |                                 |  |   |
| _                                    |   | H. STONE   |                 |                             |   |                            |                                 | 36-6061300   | )<br>                                     |
|                                      | •   | box number if mail is not d  |                 |                             |   |                            | Room/suite                      | B Telephone number                                   |   |
| _                                    |   | HIGAN AVE,   | 17TH            | FLO                         | DR                                      |                            | l                               | (312)335-5   |   |
|                                      | y or town, state, and<br>CHICAGO, I                   |  |                 | _                           |   |                            |                                 | C If exemption application is p                      | pending, check here                       |
| G (                                  | Check all that apply                                  | Initial retur  | 'n              | <u> </u>                    | Initial return of a fo                  | rmer public (              | charity                         | D 1 Foreign organizations                            | s, check here                             |
|                                      |   | Final returi   |                 | <u> </u>                    | Amended return                          |                            |                                 | Foreign organizations me                             | peting the 85% test                       |
|                                      |   | Address cl   |                 |                             | Name change                             |                            |                                 | Foreign organizations me<br>check here and attach co | ompulation                                |
| H (                                  | Check type of organiz                                 |  |                 |                             | ivate foundation                        | 4                          |                                 | E If private foundation sta                          |   |
| <u> </u>                             |   | 1) nonexempt charitabl   |                 |                             | xable private foundation X Cash         |                            |                                 | under section 507(b)(1)                              | )(A), check here                          |
|                                      | air market value of all<br>from Part II, col. (c),    | l assets at end of year  |                 | ng mem<br>her (spe          |   | Accr                       | ruai                            | F If the foundation is in a                          |   |
|                                      | •\$   | 3,273,665 <b>.</b>   |                 |                             |   | oasis )                    |                                 | under section 507(b)(1)                              | )(B), check here                          |
|                                      | Analysis of R   | Revenue and Expenses<br>ounts in columns (b), (c), at<br>all the amounts in column ( | d (d) may not   | (a                          | ) Revenue and<br>enses per books        | (b) Net in                 | ivestment<br>ome                | (c) Adjusted net                                     | (d) Disbursements for charitable purposes |
|                                      | <del></del>   | gifts, grants, etc., rece  | ··-             | <u>·</u>                    | 378,902.                                |                            |                                 |  | (cash basis only)                         |
|                                      | I   | if the foundation is not required  |                 |                             | 3,0,3021                                |                            |                                 |  |   |
|                                      |   | gs and temporary   | io atalon con b |                             | 17,638.                                 | 1                          | 7,638.                          |  |   |
|                                      |   | interest from securitie  | S               |                             | 40,265.                                 |                            | 0,265.                          |  |   |
|                                      | 5a Gross rents  |  |                 |                             |   |                            |                                 |  |   |
|                                      | b Net rental income                                   | e or (loss)  |                 |                             |   |                            |                                 |  |   |
| ø                                    | 6a Net gain or (loss)                                 | from sale of assets not on   |                 |                             | 99,311.                                 |                            |                                 |  | STATEMENT 1                               |
| nua                                  | b Gross sales price for all 807,417.                  |  |                 |                             |   |                            |                                 |  |   |
| Revenue                              | 7 Capital gain net i                                  | ncor <del>ge (from Part IV, line 2</del> )   |                 |                             | 1                                       | 34                         | 7,786.                          |  |   |
|                                      | 8 Net Short-term                                      |  | EIVED           |                             |   |                            |                                 |  |   |
|                                      | 9 Income modifi                                       | returns I  | *************   | 72                          |   |                            |                                 |  |   |
|                                      | 10a and allowances  b Less Cost of good               | S NOV  | 2 1 2012        | S                           | <u> </u>                                |                            |                                 |  |   |
|                                      | c Gross profit or                                     |  | J LUIL          | 8                           |   |                            |                                 |  |   |
|                                      | 11 Other income                                       | OOD!   | - N 1 1 1 7     |                             |   |                            |                                 | ,  | <del> </del>                              |
|                                      | 12 Total. Add line                                    |  | EN, U           |                             | 536,116.                                | 40                         | 5,689.                          | 0.   |   |
|                                      | 13 Compensation of                                    | f officers, directors, trustee   | s, etc          |                             | 0.                                      |                            | 0.                              | 0.   | 0.  |
|                                      | 14 Other employe                                      | e salaries and wages   |                 |                             |   |                            |                                 |  |   |
| S                                    | 1   | , employee benefits  |                 |                             | 200                                     |                            |                                 |  |   |
| nse                                  | 16a Legal fees  |  | MT 2            |                             | 397.<br>5,000.                          |                            | 99.                             | 0.   |   |
| xpe                                  | b Accounting fee                                      |  | 2MT 3           |                             | 5,000.                                  |                            | 1,250.                          | 0.   | 3,750.                                    |
| ē                                    | c Other profession 17 Interest                        | onai iees  |                 |                             |   |                            |                                 |  |   |
| at                                   | 18 Taxes  | ST   | MT 4            |                             | 451.                                    |                            | 451.                            | 0.   | 0.  |
| istr                                 | 19 Depreciation a                                     |  | -               |                             | 1011                                    |                            | 1311                            |  |   |
| Ë                                    | 20 Occupancy  |  |                 |                             |   |                            |                                 |  |   |
| Ad                                   | Travel, confere                                       | ences, and meetings  |                 |                             |   | <del>.</del>               | •                               |  |   |
| and                                  | 20 Occupancy<br>Travel, confere<br>22 Printing and pr | ublications  |                 |                             |   |                            | -                               |  |   |
| ğ                                    | 289 Other expense                                     | s SI   | <b>MT</b> 5     |                             | 8,884.                                  |                            | 8,785.                          | 0.   | 99.                                       |
| rati                                 | 24 Total operatin                                     | ig and administrative  |                 |                             | 4.4 = 0.0                               | 4                          |                                 | _  |   |
| Operating and Administrative Expense | expenses Add  | d lines 13 through 23  |                 |                             | 14,732.                                 | 1                          | 0,585.                          | 0.   | 4,147.<br>393,728.                        |
| _                                    | 252 Contributions,                                    |  |                 |                             | 393,728.                                |                            |                                 |  | 393,728.                                  |
|                                      | Add lines 24 a  | es and disbursements   |                 |                             | 408,460.                                | 1                          | 0,585.                          | 0.   | 397,875.                                  |
|                                      | 27 Subtract line 2                                    |  |                 |                             |   |                            | 3,303.                          |  | 337,073.                                  |
|                                      |   | e over expenses and disbu  | ursements       |                             | 127,656.                                |                            |                                 |  | !   |
|                                      | b Net investmer                                       | nt Income (if negative, en   | ter -0-)        |                             |   | 39                         | 5,104.                          |  |   |
|                                      | Adjusted net i  | ncome (if negative, enter  | -0-)            |                             |   |                            |                                 | 0.   |   |
| 1235<br>12-0                         | 001<br>2-11 LHA For Pa                                | aperwork Reduction A   | ct Notice, see  | instruct                    | ions.                                   |                            |                                 |  | Form <b>990-PF</b> (2011)                 |



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|               | art  | Balance Sheets Attached schedules and amounts in the description   | Beginning of year | End o            | of year                   |
|---------------|------|--|-------------------|------------------|---------------------------|
|               | art  | column should be for end of year amounts only  | (a) Book Value    | (b) Book Value   | (c) Fair Market Value     |
|               | 1    | Cash - non-interest-bearing  |                   |                  |                           |
|               | 2    | Savings and temporary cash investments   | 330,488.          | 287,314.         | 287,314.                  |
|               | 3    | Accounts receivable ►  |                   | <u> </u>         |                           |
|               |      | 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   |                   |                  |                           |
| ţ             | 8    | Inventories for sale or use  |                   |                  |                           |
| Assets        | 9    | Prepaid expenses and deferred charges  |                   |                  |                           |
| Ÿ             | 10a  | Investments - U.S. and state government obligations STMT 7   | 311,435.          | 544,831.         | 551,591.                  |
|               | l t  | Investments - corporate stock STMT 8   | 1,674,633.        | 1,798,386.       |                           |
|               | 0    | Investments - corporate bonds STMT 9   | 48,753.           | 18,907.          | 18,045.                   |
|               | 11   | Investments land buildings, and equipment basis  |                   |                  |                           |
|               |      | Less accumulated depreciation  |                   |                  |                           |
|               | 12   | Investments - mortgage loans   |                   |                  |                           |
|               | 13   | Investments - other  | ,                 |                  |                           |
|               | 14   | Land, buildings, and equipment: basis ▶  |                   |                  |                           |
|               |      | Less accumulated depreciation  |                   |                  |                           |
|               | 15   | Other assets (describe ► STATEMENT 10)   | 82.               | 455.             | 455.                      |
|               |      |  |                   |                  |                           |
|               | 16   | Total assets (to be completed by all filers)   | 2,365,391.        | 2,649,893.       | 3,273,665.                |
|               | 17   | Accounts payable and accrued expenses  |                   |                  |                           |
|               | 18   | Grants payable   |                   |                  |                           |
| es            | 19   | Deferred revenue   |                   |                  |                           |
| ₹             | 20   | Loans from officers directors, trustees, and other disqualified persons  |                   |                  |                           |
| Liabilities   | 21   | Mortgages and other notes payable  |                   |                  |                           |
| _             | 22   | Other liabilities (describe LOAN PAYABLE)  | 0.                | 195,000.         |                           |
|               |      |  |                   | 105 000          |                           |
| _             | 23   | Total liabilities (add lines 17 through 22)  | 0.                | <u> 195,000.</u> |                           |
|               |      | Foundations that follow SFAS 117, check here   |                   |                  |                           |
| S             | ١.,  | and complete lines 24 through 26 and lines 30 and 31.  |                   |                  |                           |
| ž             |      | Unrestricted   |                   |                  |                           |
| Fund Balances |      | Temporarily restricted   |                   |                  |                           |
| ā             | 26   | Permanently restricted  Foundations that do not follow SFAS 117, check here                                    |                   |                  |                           |
| 뒫             |      |  |                   |                  |                           |
| ō             | 27   | and complete lines 27 through 31.  | 0.                | 0.               |                           |
| ets           | 27   | Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund | 531,152.          | 492,998.         |                           |
| 1SS           | l    | Retained earnings, accumulated income, endowment, or other funds   | 1,834,239.        | 1,961,895.       |                           |
| Net Assets    | 30   | Total net assets or fund balances  | 2,365,391.        | 2,454,893.       |                           |
| z             | "    | Total net assets of fund barances  | 2,303,371.        | 2,434,033.       |                           |
|               | 31   | Total liabilities and net assets/fund balances   | 2,365,391.        | 2,649,893.       |                           |
| P             | art  | Analysis of Changes in Net Assets or Fund B  | alances           |                  |                           |
| _             |      | <del>_</del>   |                   |                  |                           |
| 1             |      | net assets or fund balances at beginning of year - Part II, column (a), line                                   | 30                |                  | 0 005 004                 |
| _             |      | st agree with end-of-year figure reported on prior year's return)  |                   | 1                | 2,365,391.<br>127,656.    |
|               |      | ramount from Part I, line 27a  |                   | 2                | 127,656.                  |
|               |      | r increases not included in line 2 (itemize)   |                   | 3                | 0.                        |
|               |      | lines 1, 2, and 3  | ann an-           | 4                | 2,493,047.                |
|               |      | eases not included in line 2 (itemize)   |                   | ATEMENT 6 5      | 38,154.                   |
| 6             | rota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co                                 | iumn (b), line 30 | 6                | 2,454,893.                |
|               |      |  |                   |                  | Form <b>990-PF</b> (2011) |

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C/O JEROME H. STONE ALZHEIMER'S ASSOC.

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr ) (mo, day, yr.) 1a SEE ATTACHED STATEMENT b C d е (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price (or allowable) (e) plus (f) minus (g) plus expense of sale b C d 807.417. 459,631 347,786. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) Losses (from col (h)) (i) F.M.V as of 12/31/69 as of 12/31/69 over col (j), if any b ď 347,786. е If gain, also enter in Part I, line 7 347,786. 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 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making any entries (d)
Distribution ratio
(col. (b) divided by col. (c)) (a)
Base period years
Calendar year (or tax year beginning in) (b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets 424,355 2,859,934. .148379 2010 360,859. 2,602,077. .138681 2009 433,084. 3,161,528. .136986 2008 347,120. .1107723,133,639 2007 477,934. 2,971,774. .160824 2006 .695642 2 Total of line 1, column (d) 2 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .139128 3 3,069,115. 4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5 4 427,000. 5 Multiply line 4 by line 3 5 3,951. 6 Enter 1% of net investment income (1% of Part I, line 27b) 430,951. 7 Add lines 5 and 6 7 397,875. 8 Enter qualifying distributions from Part XII, line 4 8 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

JEROME H. STONE FAMILY FOUNDATION

|    |  | 606130      |  | Page           |
|----|--|-------------|--|----------------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -  | see instr   | ructio   | ns)            |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1  |             |  |                |
|    | Date of ruling or determination letter. (attach copy of letter if necessary-see instructions)  |             |  |                |
| b  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%   |             | 7,9  | 902            |
|    | of Part I, line 27b  |             |  |                |
| C  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)   |             |  |                |
|    | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |             |  | 0.             |
|    | Add lines 1 and 2  |             | 7,9  | 02.            |
|    | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)   |             |  | 0.             |
| 5  | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  |             | 7.9  | 02.            |
|    | Credits/Payments.  |             | - , , -  |                |
|    | 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 7,528.  |             |  |                |
|    | Exempt foreign organizations - tax withheld at source  |             |  |                |
|    | Tax paid with application for extension of time to file (Form 8868)  6c 5,000.   |             |  |                |
|    | Backup withholding erroneously withheld  6d  |             |  |                |
|    | Total credits and payments Add lines 6a through 6d   |             | 12,5   | 528            |
|    | Enter any penalty for underpayment of estimated tax. Check here  |             | 14,  | 20             |
|    | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed   |             |  |                |
|    | <del>  </del>  |             | 1 6  | 26             |
|    |  |             | 4,0  | 0.             |
|    | Enter the amount of line 10 to be Credited to 2012 estimated tax ► 4,626. Refunded ► 11    rt VII-A   Statements Regarding Activities  |             |  |                |
|    |  | <del></del> | Voc  | No             |
| 12 | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in   | 10          | <del></del>                                      | X              |
|    | any political campaign?  Pid it spend more than \$100 during the year (other directly or indirectly) for political purposes (one instructions for definition)?                                     | 1a          | +  | X              |
| U  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?   | 16          | +  | <del>  ^</del> |
|    | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or   |             |  | 1              |
| _  | distributed by the foundation in connection with the activities  |             | - [  | X              |
|    | Did the foundation file Form 1120-POL for this year?   | 1c          | +  | <u> </u>       |
| u  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •                            | -           | ĺ  |                |
|    |  | 1           |  |                |
| е  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •   |             |  | ĺ              |
| ^  |  | ,           |  | X              |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2           | +-   | <u>^</u>       |
| •  | If "Yes," attach a detailed description of the activities  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or     |             |  |                |
| 3  | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   | 3           |  | X              |
| 4. | 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?   |             |  | <u>^</u>       |
|    |  | 5           | <del></del>                                      | X              |
| J  | Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T                                   | <u></u> -   | <del>-                                    </del> | +^             |
|    | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.  |             |  |                |
| U  | By language in the governing instrument, or  |             |  |                |
|    |  |             |  |                |
|    | <ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law<br/>remain in the governing instrument?</li> </ul> |             | X  | l              |
| 7  |  | 6           | $+\frac{\Lambda}{X}$                             | -              |
| ,  | Did the foundation have at least \$5,000 in assets at any time during the year?  | 7           | <b>├</b> ^                                       | ┼              |
| 0- | If "Yes," complete Part II, col. (c), and Part XV  |             |  |                |
| 82 | Enter the states to which the foundation reports or with which it is registered (see instructions)   | —           | 1  |                |
|    |  |             |  | 1              |
| D  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)  | ۱           | \ <b>.</b>                                       | 1              |
| _  | of each state as required by General Instruction G? If "No," attach explanation  | 8b          | <del>  x</del>                                   | ┼—             |
| 9  | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar  | _           |  | <sub>v</sub>   |
| 40 | year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV   | 9           |  | $\frac{X}{X}$  |
| ıU | Did any persons become substantial contributors during the tax year? If "Yes " attach a schedule listing their names and addresses   | 10          | 1  | 1 4            |

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JEROME H. STONE FAMILY FOUNDATION Form 990-PF (2011) 36-6061300 C/O JEROME H. STONE ALZHEIMER'S ASSOC. Page 5 Part 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(b)(13)? If "Yes," attach schedule (see instructions) 11 Х 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address 14 The books are in care of ▶ JEROME H. STONE Telephone no. > 312 - 335 - 5808Located at ▶ 225 N. MICHIGAN AVE, 17TH FLOOR, ZIP+4 ▶60601 CHICAGO, ΙL 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 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? Х 16 See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign Part 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): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) X Yes No a disqualified person? ] Yes 🗶 No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception, Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations X section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected X before the first day of the tax year beginning in 2011? 1¢ 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) 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 before 2011? 」Yes 【X』No If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A statement - see instructions ) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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X

X

3b

4a

Yes X No

N/A

during the year?

b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2011.)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

## JEROME H. STONE FAMILY FOUNDATION

| orm 990-PF (2011) C/O JEROME H. STONE ALZH   |  |                  | 36-60613   | 00 Page <b>6</b>              |
|--|--|------------------|--|-------------------------------|
| Part VII-B   Statements Regarding Activities for Which   | Form 4720 May Be F                               | Required (contin | ued)   |                               |
| 5a During the year did the foundation pay or incur any amount to   |  |                  |  |                               |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section  | n 4945(e))?                                      | Ye               | es X No  |                               |
| (2) Influence the outcome of any specific public election (see section 4955); of   | or to carry on, directly or indire               |                  |  |                               |
| any voter registration drive?  |  | Ye               | s X No   |                               |
| (3) Provide a grant to an individual for travel, study, or other similar purposes  | ?  | Ye               | s X No   |                               |
| (4) Provide a grant to an organization other than a charitable, etc., organization   |  |                  |  |                               |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?   |  |                  | s X No   |                               |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,  | or adjugational nurnoces, or f                   |                  |  |                               |
|  | or educational purposes, or r                    |                  | s X No   | 1 1                           |
| the prevention of cruelty to children or animals?  |  |                  | S A NO   |                               |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un  |  | n Regulations    | 37/3   | .                             |
| section 53 4945 or in a current notice regarding disaster assistance (see instru   | ·  |                  | N/A  | 5b                            |
| Organizations relying on a current notice regarding disaster assistance check h  | iere   |                  |  | i l                           |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f  | rom the tax because it maintai                   | ined             |  |                               |
| expenditure responsibility for the grant?  | N  | 「/A              | s No   |                               |
| If "Yes," attach the statement required by Regulations section 53 494  | 5-5(d)   |                  |  | 1 1                           |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to  | pay premiums on                                  |                  |  | 1                             |
| a personal benefit contract?   |  | ☐ Ye             | s X No   |                               |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p   | personal benefit contract?                       |                  |  | 6b   X                        |
| If "Yes" to 6b, file Form 8870   |  |                  | -  |                               |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s   | chelter transaction?                             | □ v <sub>4</sub> | es X No  |                               |
| b If "Yes," did the foundation receive any proceeds or have any net income attributed to the state of the sta |  |                  | . –  | 7b                            |
| Information About Officers Discotors Truck   |  | nagare Highly    |  | , , ,                         |
| Part VIII Paid Employees, and Contractors  | ees, roundation wa                               | mayers, mymy     | ,  |                               |
| List all officers, directors, trustees, foundation managers and their  | compensation                                     |                  |  |                               |
| Elst all officers, directors, trustees, foundation managers and their  | · ·  | (c) Compensation | (d) Contributions to   | (a) Expense                   |
| (a) Name and address   | (b) Title, and average<br>hours per week devoted | (If not paid,    | (d) Contributions to<br>employee benefit plans<br>and deferred | (e) Expense<br>account, other |
|  | to position                                      | enter -0-)       | compensation   | allowances                    |
| JEROME H STONE   | PRESIDENT  |                  |  |                               |
| 225 N. MICHIGAN AVENUE, 17TH FLOOR   |  |                  |  | _                             |
| CHICAGO, IL 60601  | 1.00   | 0.               | 0.   | 0.                            |
| CYNTHIA RASKIN   | SECRETARY  |                  |  |                               |
| 225 N. MICHIGAN AVENUE, 17TH FLOOR   |  | !                |  |                               |
| CHICAGO, IL 60601  | 1.00   | 0.               | 0.   | 0.                            |
| JAMES H STONE  | TREASURER  |                  |  | •                             |
| 225 N. MICHIGAN AVENUE, 17TH FLOOR   | 1  |                  |  |                               |
| CHICAGO, IL 60601  | 1.00   | 0.               | 0.   | 0.                            |
| ELLEN STONE BELIC  | VICE PRESIDEN                                    | r                |  |                               |
| 225 N. MICHIGAN AVENUE, 17TH FLOOR   |  |                  |  |                               |
| CHICAGO, IL 60601  | 1.00   | 0.               | 0.   | 0.                            |
| 2 Compensation of five highest-paid employees (other than those inc  |  |                  |  |                               |
|  | (b) Title, and average                           |                  | (d) Contributions to   | (e) Expense account, other    |
| (a) Name and address of each employee paid more than \$50,000  | hours per week devoted to position               | (c) Compensation | (d) Contributions to<br>employee benefit plans<br>and deferred | account, other<br>allowances  |
| NONE   | devoted to position                              |                  | compensation   | allowalices                   |
| NONE   | -  |                  |  |                               |
|  |  | <del> </del>     |  |                               |
|  | 1  |                  |  |                               |
|  |  |                  |  |                               |
| <u> </u>   | 4  |                  |  |                               |
| ·  |  |                  |  |                               |
|  | 1  |                  |  |                               |
|  |  |                  |  |                               |
|  | ]  | 1                |  |                               |
|  | 1  |                  | 1  |                               |

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

JEROME H. STONE FAMILY FOUNDATION C/O JEROME H. STONE ALZHEIMER'S ASSOC. 36-6061300 Form 990-PF (2011) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VIII 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE 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 charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Expenses 1 N/A Part IX-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions.

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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, 2,759,429. a Average monthly fair market value of securities 1a 355.969. 1b b Average of monthly cash balances c Fair market value of all other assets 1c 1d 3,115,853. d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 46,738. 4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 3,069,115. Net value of noncharitable-use assets, Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 153.456. Minimum investment return. Enter 5% of line 5 6 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 ) 153,456. Minimum investment return from Part X, line 6 7,902 2a Tax on investment income for 2011 from Part VI, line 5 2a Income tax for 2011 (This does not include the tax from Part VI.) 2b 7.902 Add lines 2a and 2b 20 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 145,554. Add lines 3 and 4 5 6 0. 6 Deduction from distributable amount (see instructions) 7 145.554 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 397.875. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3Ь 397,875. 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 397.875 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.

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Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2010 | (c)<br>2010  | (d)<br>2011                |
|--|---------------|----------------------------|--------------|----------------------------|
| 1 Distributable amount for 2011 from Part XI,  |               |                            |              |                            |
| line 7   |               |                            |              | 145,554.                   |
| 2 Undistributed income, if any, as of the end of 2011  | }             |                            |              |                            |
| a Enter amount for 2010 only   |               |                            | 0.           |                            |
| <b>b</b> Total for prior years:  |               |                            |              |                            |
|  |               | 0.                         |              |                            |
| 3 Excess distributions carryover, if any, to 2011  |               |                            |              |                            |
| a From 2006 481,128.   |               |                            |              |                            |
| b From 2007 347, 120.  |               |                            |              |                            |
| c From 2008 436, 037.  |               |                            | Ì            |                            |
| dFrom 2009 361,452.<br>eFrom 2010 425,878.   |               |                            |              |                            |
|  | 2 051 615     |                            |              |                            |
| f Total of lines 3a through e  | 2,051,615.    |                            |              | <del></del>                |
| 4 Qualifying distributions for 2011 from Part XII, line 4: ►\$ 397,875.  |               |                            |              |                            |
|  |               |                            | 0.           |                            |
| a Applied to 2010, but not more than line 2a  b Applied to undistributed income of prior   |               |                            | <u>U•</u>    |                            |
| years (Election required - see instructions)   |               | 0.                         |              |                            |
| c Treated as distributions out of corpus   |               | · ·                        |              |                            |
| (Election required - see instructions)   | 0.            |                            |              |                            |
| d Applied to 2011 distributable amount   |               |                            | <del> </del> | 145,554.                   |
| e Remaining amount distributed out of corpus   | 252,321.      |                            |              | 143,334.                   |
| 5 Excess distributions carryover applied to 2011   | 0.            |                            |              | 0.                         |
| (If an amount appears in column (d), the same amount must be shown in column (a) )   |               |                            |              |                            |
| 6 Enter the net total of each column as<br>indicated below:  |               |                            |              |                            |
| 2 Corpus Add lines 3f, 4c and 4e Subtract line 5   | 2,303,936.    |                            |              |                            |
| b Prior years' undistributed income. Subtract  |               |                            |              |                            |
| line 4b from line 2b   |               | 0.                         |              |                            |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |              |                            |
| d Subtract line 6c from line 6b. Taxable   |               | - 0.                       | <u> </u>     |                            |
| amount - see instructions  |               | 0.                         |              |                            |
| e Undistributed income for 2010. Subtract line   |               |                            |              | <del>_</del>               |
| 4a from line 2a. Taxable amount - see instr.   |               |                            | 0.           |                            |
| f Undistributed income for 2011. Subtract  |               |                            | i            |                            |
| lines 4d and 5 from line 1. This amount must   |               |                            |              |                            |
| be distributed in 2012   |               |                            |              | 0.                         |
| 7 Amounts treated as distributions out of  |               |                            |              | <del> </del>               |
| corpus to satisfy requirements imposed by  |               |                            |              |                            |
| section 170(b)(1)(F) or 4942(g)(3)   | 0.            |                            |              |                            |
| 8 Excess distributions carryover from 2006   |               |                            |              |                            |
| not applied on line 5 or line 7  | 481,128.      |                            |              |                            |
| 9 Excess distributions carryover to 2012.  |               |                            |              |                            |
| Subtract lines 7 and 8 from line 6a  | 1,822,808.    |                            |              |                            |
| 10 Analysis of line 9.   |               |                            |              |                            |
| a Excess from 2007 347,120.  |               | ļ                          | ļ            |                            |
| b Excess from 2008 436,037.  | ĺ             |                            |              |                            |
| c Excess from 2009 361, 452.   |               |                            |              |                            |
| d Excess from 2010 425,878.  |               |                            |              |                            |
| e Excess from 2011 252, 321.   |               |                            |              | Form <b>QQQ, DE</b> (2011) |

### JEROME H. STONE FAMILY FOUNDATION

Form 990-PF (2011) C/O JEROME H. STONE ALZHEIMER'S ASSOC. 36-6061300 Part XIV Private Operating Foundations (see instructions and Part VII A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling 4942(j)(5) 4942(j)(3) or **b** Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (c) 2009 (a) 2011 (b) 2010 (d) 2008 (e) Total income from Part I or the minimum 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 Complete 3a, b, or c for the alternative test relied upon a "Assets" afternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) JEROME H STONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Light the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds, if the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed. JEROME H STONE, 312-335-5808 225 N. MICHIGAN AVE, 17TH FLOOR, CHICAGO, IL 60601 b The form in which applications should be submitted and information and materials they should include N/A c Any submission deadlines: N/A d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: N/A

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C/O JEROME H. STONE ALZHEIMER'S ASSOC.

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Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of recipient Name and address (home or business) a Paid during the year SEE ATTACHED NONE PUBLIC CHARITABLE 393,728. **▶** 3a 393,728. Total b Approved for future payment NONE Total

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Form 990-PF (2011)

123621 12-02-11

Part XVI-A **Analysis of Income-Producing Activities** 

| Fig. 1  | Unrelated t          | ousiness income      | Excluded by           | y section 512, 513, or 514            | <del></del>                           |
|---|----------------------|----------------------|-----------------------|---------------------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated.                 | (a)<br>Business      | (b) Amount           | (C)<br>Exclu-<br>sion | (d) Amount                            | (e) Related or exempt function income |
| 1 Program service revenue                                       | code                 |                      | code                  | 711100111                             |                                       |
| a   | -                    |                      |                       |                                       |                                       |
| b   | -                    |                      | <del>  -</del>        |                                       |                                       |
| c   |                      |                      | <del></del>           |                                       |                                       |
|   | -                    |                      |                       |                                       |                                       |
| f   |                      |                      |                       |                                       |                                       |
| g Fees and contracts from government agencies                   |                      |                      | <del></del>           |                                       | <u> </u>                              |
| 2 Membership dues and assessments                               |                      | <del>.</del>         | <del></del>           |                                       |                                       |
| 3 Interest on savings and temporary cash                        |                      |                      | <del></del>           |                                       |                                       |
| investments   |                      |                      | 14                    | 17.638.                               |                                       |
| 4 Dividends and interest from securities                        | -                    |                      | 14                    | 17,638.<br>40,265.                    |                                       |
| 5 Net rental income or (loss) from real estate:                 |                      |                      |                       |                                       |                                       |
| a Debt-financed property  |                      |                      | <del>-  </del>        | -                                     |                                       |
| b Not debt-financed property                                    |                      |                      |                       |                                       |                                       |
| 6 Net rental income or (loss) from personal                     |                      |                      | <del></del>           |                                       |                                       |
| property  | -                    |                      |                       |                                       |                                       |
| 7 Other investment income                                       |                      |                      | <del>-   -  </del> -  |                                       |                                       |
| 8 Gain or (loss) from sales of assets other                     |                      |                      |                       | · · · · · · · · · · · · · · · · · · · | <del></del>                           |
| than inventory  |                      |                      | 18                    | 99,311.                               |                                       |
| 9 Net income or (loss) from special events                      | <del></del>          |                      |                       |                                       |                                       |
| 10 Gross profit or (loss) from sales of inventory               |                      |                      |                       |                                       | <del></del>                           |
| 11 Other revenue:   |                      |                      |                       |                                       | · · · · · · · · · · · · · · · · · · · |
| a   |                      |                      |                       |                                       |                                       |
| b   |                      |                      |                       |                                       |                                       |
| С   | -                    |                      |                       |                                       |                                       |
| d   | -                    |                      |                       | · · · · · ·                           |                                       |
| e   |                      |                      |                       |                                       |                                       |
| 12 Subtotal. Add columns (b), (d), and (e)                      |                      | (                    | 0.                    | 157,214.                              | 0.                                    |
| 13 Total Add line 12, columns (b), (d), and (e)                 | <u></u>              |                      |                       | 13                                    | 157,214.                              |
| (See worksheet in line 13 instructions to verify calculations.) |                      |                      |                       | <b>_</b> _                            |                                       |
| Part XVI-B Relationship of Activities                           | to the Accon         | nplishment of        | Exempt Pu             | ırposes                               |                                       |
|   |                      |                      |                       |                                       |                                       |
| Line No Explain below how each activity for which inc           |                      |                      |                       | importantly to the accomp             | olishment of                          |
| ▼ the foundation's exempt purposes (other tha                   | n by providing fund: | s for such purposes) | ·                     |                                       |                                       |
|   |                      |                      |                       |                                       |                                       |
|   |                      |                      |                       |                                       | <del> </del>                          |
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Form **990-PF** (2011)

C/O JEROME H. STONE ALZHEIMER'S ASSOC.

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#### Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** 1. Did the granization directly or indirectly engage in any of the following with any other organization described in section 50.1(c) of Ves No

|             | ,  | ectly engage in any of the followin        | • , ,                                 |                          | 511 50 1(0) 01                     | -                     | 163      | 140      |
|-------------|--|--|---------------------------------------|--------------------------|------------------------------------|-----------------------|----------|----------|
|             | •  | )(3) organizations) or in section 52       |                                       | izations?                |                                    | 1                     | 1        |          |
|             |  | ation to a noncharitable exempt or         | ganization of.                        |                          |                                    |                       |          |          |
| (1) Casi    |  |  |                                       |                          |                                    | 1a(1)                 |          | <u>X</u> |
| ٠.          | er assets                                      |  |                                       |                          |                                    | 1a(2)                 |          | Х        |
|             | ensactions                                     |  |                                       |                          |                                    |                       | ļ        |          |
|             | es of assets to a noncharital                  |  |                                       |                          |                                    | 1b(1)                 |          | <u> </u> |
|             |  | ncharitable exempt organization            |                                       |                          |                                    | 1b(2)                 |          | X        |
|             | ital of facilities, equipment, i               | or other assets                            |                                       |                          |                                    | 1b(3)                 |          | X        |
|             | mbursement arrangements                        |  |                                       |                          |                                    | 1b(4)                 |          | X        |
|             | ns or loan guarantees                          |  |                                       |                          |                                    | 1b(5)                 |          | X        |
|             |  | mbership or fundraising solicitation       |                                       |                          |                                    | 1b(6)                 |          | X        |
|             |  | iling lists, other assets, or paid em      |                                       |                          |                                    | 1c                    |          | X        |
|             |  | "Yes," complete the following sche         |                                       |                          |                                    |                       | ets,     |          |
|             |  | oundation. If the foundation receiv        | ed less than fair market valu         | e in any transaction     | or sharing arrangement, shi        | ow in                 |          |          |
|             | <del> </del>                                   | other assets, or services received         |                                       | 1 (2)                    | <del></del>                        |                       |          |          |
| a)Line no   | (b) Amount involved                            | (c) Name of noncharitable                  | e exempt organization                 | (0) Description          | of transfers, transactions, and sh | aring arra            | angeme   | nts      |
|             |  | N/A  |                                       |                          |                                    |                       |          |          |
|             |  |  |                                       |                          |                                    |                       |          |          |
|             |  |  |                                       |                          | <del></del>                        |                       |          |          |
|             |  | ·  | · · · · · · · · · · · · · · · · · · · |                          |                                    |                       |          |          |
|             |  |  |                                       |                          |                                    |                       |          |          |
|             |  | ·  |                                       |                          | <del></del>                        |                       |          |          |
|             |  |  |                                       |                          |                                    |                       |          |          |
|             |  |  |                                       | _                        |                                    |                       |          |          |
|             |  |  |                                       |                          |                                    |                       |          |          |
|             |  |  |                                       |                          |                                    |                       |          |          |
|             |  |  |                                       |                          |                                    |                       |          |          |
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|             |  |  | ·                                     | <del></del>              |                                    |                       |          |          |
|             |  | the officer of course of the course        |                                       |                          |                                    |                       |          |          |
|             | •  | tly affiliated with, or related to, one    | , ,                                   | ations described         |                                    | ٦٧                    | T        | No       |
|             | ` '  | r than section 501(c)(3)) or in sect       | 110H 5277                             |                          |                                    | Yes                   | LA.      | סאו ר    |
| b II Yes, ( | complete the following sche<br>(a) Name of org |  | (b) Type of organization              | <del></del>              | c) Description of relationship     |                       |          |          |
|             | N/A  |  | (b) Type of organization              |                          | - Totalionsin                      | ·                     |          |          |
|             | N/A  |  |                                       |                          |                                    |                       |          |          |
|             |  |  |                                       | <del></del>              | <del></del>                        |                       |          |          |
|             |  | <del></del>                                |                                       | <del></del>              | <del></del>                        |                       |          |          |
|             |  |  |                                       |                          |                                    |                       |          |          |
| Unde        | er penalties of periury, I declare             | that I have examined this return, includir | ng accompanying schedules and         | statements, and to the b | pest of my knowledge               |                       |          |          |
|             |  | nplete Declaration of preparer (other tha  |                                       |                          | has any knowledge May t            | he IRS di<br>with the | prepare  | er       |
| Here        | musely   | 1,175                                      | I win to                              | Da C                     |                                    | n below (<br>Yes      | see inst | 7 B      |
|             | gnature of officer or trustee                  |  | Date                                  | Title V                  | <u> </u>                           |                       |          | l No     |
|             | Print/Type preparer's na                       |  |                                       | Date                     | Check I If PTIN                    |                       |          |          |
|             | , , , po propuror s nu                         |  | 11.11                                 |                          | self- employed                     |                       |          |          |
| Paid        | AUDREY R.                                      | PERIFFER /////                             | مرابا بالركول                         | 11-512                   | POO                                | 9320                  | ากว      |          |
| Preparer    |  |  | 4 vylugy                              | 11 - 12                  | Firm's EIN ► 42-07                 |                       |          |          |
| Use Only    |  |  | 1                                     |                          |                                    | 7 4 J                 |          |          |
| Joe Only    |  | S. WACKER DRIVE                            | , STE 800                             |                          |                                    |                       |          |          |
|             |  | ICAGO, IL 60606                            |                                       |                          | Phone no 312-6                     | 34-                   | 340      | n        |
|             | <u>CII</u>                                     |  |                                       | <del></del> -            |                                    | n <b>990</b> -        |          |          |
|             |  | /  |                                       |                          | 170111                             | 550                   | . (      |          |

#### 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

Name of the organization

JEROME H. STONE FAMILY FOUNDATION C/O JEROME H. STONE ALZHEIMER'S ASSOC. **Employer identification number** 

36-6061300

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 foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v)) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

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 JEROME H. STONE FAMILY FOUNDATION C/O JEROME H. STONE ALZHEIMER'S ASSOC.

Employer identification number

36-6061300

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional space is needed |
|--------|--|
|        |  |

| Part I      | Contributors (see instructions) Use duplicate copies of Part I if ac | dditional space is needed  |  |
|-------------|--|----------------------------|--|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d) Type of contribution   |
| 1           | CYNTHIA RASKIN  225 N. MICHIGAN AVE, 17TH FLOOR                      | \$179,703.                 | Person Payroll Noncash X   |
|             | CHICAGO, IL 60601  |                            | (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  |
| 2           | ELLEN STONE  |                            | Person   |
|             | 225 N. MICHIGAN AVE, 17TH FLOOR                                      | <u> </u>                   | Payroll X  |
|             | CHICAGO, IL 60601  |                            | (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  |
| 3           | ELLEN STONE  |                            | Person   |
|             | 225 N. MICHIGAN AVE, 17TH FLOOR                                      | <u> </u>                   | Payroll X  |
|             | CHICAGO, IL 60601  |                            | (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   |
| 4           | JAMES STONE  |                            | Person   |
|             | 225 N. MICHIGAN AVE, 17TH FLOOR                                      | \$ 27,194.                 | Payroll X  |
|             | CHICAGO, IL 60601  |                            | (Complete Part II if there is a noncash contribution)                        |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d) Type of contribution   |
|             |  |                            | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                    | (c) Total contributions    | (d) Type of contribution   |
|             |  | \$                         | Person Payroll Complete Part II if there                                     |
| 123452 01-2 | 3-12   | <br>Schedule B (Form       | us a noncash contribution 990, 990-EZ, or 990-PF) (2                         |

Name of organization

JEROME H. STONE FAMILY FOUNDATION C/O JEROME H. STONE ALZHEIMER'S ASSOC.

Employer identification number

36-6061300

| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| 1 1                          | ,948 SHS OF MCDONALD'S CORP.                 |  |                      |
|                              |  | <u> </u>                                       | 11/02/11             |
| (a)<br>No.<br>rom<br>art I   | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
| $\frac{2}{2}$                | ,400 SHS OF LIBERTY GLOBAL INC.              |  |                      |
| -                            |  | \$ 58,030.                                     | 02/07/11             |
| (a)<br>No.<br>om<br>art I    | (b)  Description of noncash property given   | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| 3 2                          | ,500 SHS OF LIBERTY GLOBAL INC.              |  |                      |
|                              |  | \$\$.  | 07/01/11             |
| (a)<br>No.<br>om<br>art I    | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
| 4 48                         | 85 SHS OF T. ROWE PRICE                      |  |                      |
|                              |  | \$\$   | 04/08/11             |
| a)<br>lo.<br>om<br>art l     | (b)<br>Description of noncash property given | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
| _   _                        |  | _  |                      |
| _   -                        |  | \$   |                      |
| a)<br>lo.<br>om<br>art l     | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                              |  |  |                      |
|                              |  |  |                      |

JEROME H. STONE FAMILY FOUNDATION

| - |    |     |     |    |       |       |        |    | -     |
|---|----|-----|-----|----|-------|-------|--------|----|-------|
| 7 | /0 | JEE | OME | H. | STONE | ALZHI | EIMER' | SZ | ASSOC |

Employer identification number

36-6061300

| Part III                  | Exclusively religious, charitable, etc., indiversely ear. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if addition | vidual contributions to section 501(c<br>he following line entry. For organization<br>c , contributions of \$1,000 or less for | )(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter the year- (Enter this information once) |  |  |  |
|---------------------------|---|--|--|--|--|--|
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |
| \ .                       |   |  |  |  |  |  |
| -                         |   | (e) Transfer of gif  | t  |  |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |
| _                         |   | (e) Transfer of git  | ifer of gift   |  |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |
|                           |   | (e) Transfer of gif  | t  |  |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) Description of how gift is held  |  |  |  |
| -                         |   | (e) Transfer of gif  | t  |  |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee   |  |  |  |
|                           |   |  |  |  |  |  |

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs MLC Co (mo, day, yr) (mo., day, yr.) SEE ATTACHED STATEMENT 04/25/0312/31/11 1a HARRIS P VARIOUS b ACORN FUND CAPITAL GAIN DISTRIBUTIONS P 12/31/11 \_ c PLUM CREEK -CAPITAL GAIN DISTRIBUTIONS P VARIOUS 12/31/11CAPITAL GAIN DISTRIBUTIONS P VARIOUS 12/31/11 d VANGUARD -VARIOUS 12/31/11 e ARIEL FUND - CAPITAL GAIN DISTRIBUTIONS P 03/03/0804/12/11 1 485 SHS T. ROWE PRICE  $\overline{ ext{D}}$ 1,400 SHS LIBERTY GLOBAL INC. 05/28/0902/09/11  $\overline{\mathtt{D}}$ h k ١ m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 701,111 433,212 267,899. 20,754. 20,754. b 1,194. 1,194. C d 267. 267. е 26,833. 6,931. 19,902. 57,251. 19,488. 37,763. g h m n 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), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 267,899. а 20,754. b 1,194. C d 267. е 19,902. 37,763. g h k m n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 347,786. 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

| FORM 99 | 00-PF G                  | AIN OR (LOSS) E        | FROM SALE       | OF A | ASSETS            |                         | STA  | TEMENT  | 1     |
|---------|--------------------------|------------------------|-----------------|------|-------------------|-------------------------|------|---------|-------|
| DESCRIE | (A)<br>PTION OF PROPERTY | •                      |                 |      | IANNER<br>CQUIRED | DA!<br>ACQU             |      | DATE SO | OLE   |
| HARRIS  | - SEE ATTACHED S         | TATEMENT               |                 | PUF  | CHASED            | 04/2                    | 5/03 | 12/31,  | /11   |
|         | (B)<br>GROSS             | (C)<br>COST OR         | (D)<br>EXPENSE  | OF   | (E)               |                         |      | (F)     |       |
|         | SALES PRICE              | OTHER BASIS            | SALE            |      | DEPRE             | C.                      | GAIN | OR LOSS | S<br> |
|         | 701,111.                 | 622,882.               |                 | 0.   |                   | 0.                      |      | 78,22   | 29.   |
| DESCRIP | (A)<br>PTION OF PROPERTY | •                      |                 |      | IANNER<br>CQUIRED | DA'<br>ACQU             |      | DATE SO | OLD   |
| ACORN F | UND - CAPITAL GA         | <br>IN DISTRIBUTION    | 1S              | PUR  | CHASED            | VARIO                   | ous  | 12/31,  | /11   |
|         | (B)                      | (C)                    | (D)             |      | (E)               |                         |      | (F)     |       |
|         | GROSS<br>SALES PRICE     | COST OR<br>OTHER BASIS | EXPENSE<br>SALE | OF   | DEPRE             | c.                      | GAIN | OR LOSS | S     |
|         | 20,754.                  | 0.                     |                 | 0.   |                   | 0.                      |      | 20,75   | 54.   |
| DESCRIP | (A)<br>TION OF PROPERTY  |                        |                 |      | IANNER<br>QUIRED  | DA <sup>1</sup><br>ACQU |      | DATE SO | OLD   |
| PLUM CR | EEK - CAPITAL GA         | <br>IN DISTRIBUTION    | 1S              | PUR  | CHASED            | VARIO                   | DUS  | 12/31/  | /11   |
|         | (B)<br>GROSS             | (C)<br>COST OR         | (D)<br>EXPENSE  | OF   | (E)               |                         |      | (F)     |       |
|         | SALES PRICE              | OTHER BASIS            | SALE            | Or   | DEPRE             | c.                      | GAIN | OR LOSS | S     |
|         | 1,194.                   | 0.                     |                 | 0.   |                   | 0.                      |      | 1,19    | 94.   |

| •        | (A)  |                          |                 | M   | IANNER               | DA         | TE         |                 |
|----------|--|--------------------------|-----------------|-----|----------------------|------------|------------|-----------------|
| DESCRIPT | TION OF PROPERTY                             | _                        |                 | AC  | QUIRED               | ACQU       | IRED       | DATE SOLD       |
| VANGUARI | O - CAPITAL GAIN                             | DISTRIBUTIONS            |                 | PUR | CHASED               | VARI       | ous        | 12/31/11        |
|          | (B)<br>GROSS                                 | (C)<br>COST OR           | (D)<br>EXPENSE  | OF  | (E)                  | a          |            | (F)             |
| _        | SALES PRICE                                  | OTHER BASIS              | SALE            |     | DEPRE                |            | GAIN       | OR LOSS         |
|          | 7.   | 0.                       |                 | 0.  |                      | 0.         |            | 7.              |
| DESCRIPT | (A)<br>FION OF PROPERTY                      |                          |                 |     | IANNER<br>QUIRED     | DA<br>ACQU | TE<br>IRED | DATE SOLD       |
| ARIEL FU | JND - CAPITAL GA                             | <br>IN DISTRIBUTION      | ıs              | PUR | CHASED               | VARI       | OUS        | 12/31/11        |
|          | (B)  | (C)                      | (D)             |     | (E)                  |            |            | (F)             |
|          | GROSS<br>SALES PRICE                         | COST OR<br>OTHER BASIS   | EXPENSE<br>SALE | OF  | DEPRE                | c.         | GAIN       | OR LOSS         |
| _        | 267.   | 0.                       |                 | 0.  |                      | 0.         |            | 267.            |
|          | (A) FION OF PROPERTY T. ROWE PRICE (B) GROSS | (C)<br>VALUE AT          | (D)<br>EXPENSE  | DC  | IANNER QUIRED ONATED | 03/0       | 3/08       | 04/12/11<br>(F) |
| _        | SALES PRICE                                  | TIME OF ACQ.             | SALE            |     | DEPRE                |            | GAIN       | OR LOSS         |
|          | 26,833.                                      | 27,194.                  |                 | 0.  | <del></del> -        | 0.         |            | -361.           |
| DESCRIP  | (A)<br>FION OF PROPERTY                      |                          |                 |     | IANNER<br>CQUIRED    | DA<br>ACQU | TE<br>IRED | DATE SOLD       |
| 1,400 SI | HS LIBERTY GLOBA                             | L INC.                   |                 | DC  | NATED                | 05/2       | 8/09       | 02/09/11        |
|          | (B)  | (C)                      | (D)             |     | (E)                  |            |            | (F)             |
|          | GROSS<br>SALES PRICE                         | VALUE AT<br>TIME OF ACQ. | EXPENSE<br>SALE | OF  | DEPRE                | c.         | GAIN       | OR LOSS         |
| _        | 57,251.                                      | 58,030.                  |                 | 0.  |                      | 0.         |            | -779.           |
|          |  | FROM DIRECTOR            |                 |     |                      |            |            |                 |
|          | GAINS DIVIDENDS                              |                          |                 |     |                      |            |            | 0.              |
| TOTAL TO | O FORM 990-PF, P                             | ART I, LINE 6A           |                 |     |                      |            | =          | 99,311.         |

| FORM 990-PF                                       | LEGAL                        | FEES                              | S1                            | TATEMENT 2                    |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION                                       | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | ADJUSTED                      | (D)<br>CHARITABLE<br>PURPOSES |
| LEGAL EXPENSE                                     | 397.                         | 99.                               | 0.                            | 298.                          |
| TO FM 990-PF, PG 1, LN 16A =                      | 397.                         | 99.                               | 0.                            | 298.                          |
| FORM 990-PF                                       | ACCOUNTI                     | NG FEES                           | Si                            | PATEMENT 3                    |
| DESCRIPTION                                       |                              | (B)<br>NET INVEST-<br>MENT INCOME |                               | (D)<br>CHARITABLE<br>PURPOSES |
| ACCOUNTING EXPENSE                                | 5,000.                       | 1,250.                            | 0.                            | 3,750.                        |
| TO FORM 990-PF, PG 1, LN 16B                      | 5,000.                       | 1,250.                            | 0.                            | 3,750.                        |
| FORM 990-PF                                       | TAX                          | ES                                | Si                            | PATEMENT 4                    |
| DESCRIPTION                                       | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME |                               |                               |
| FOREIGN TAXES                                     | 451.                         | 451.                              | 0.                            | 0.                            |
| TO FORM 990-PF, PG 1, LN 18                       | 451.                         | 451.                              | 0.                            | 0.                            |
| FORM 990-PF                                       | OTHER E                      | XPENSES                           | Si                            | PATEMENT 5                    |
| DESCRIPTION                                       | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|   | 0.705                        | 8,785.                            | 0.                            | 0.                            |
| INVESTMENT COUNSELING BANK FEES ANNUAL FILING FEE | 8,785.<br>74.<br>25.         |                                   | 0.<br>0.                      | 74.<br>25.                    |
| BANK FEES   | 74.                          | 0.                                |                               | 74.<br>25.<br>99.             |

| FORM 990-PF OTHER DECREASES IN 1   | NET ASSE      | TS OR F        | UND BALANCES   | STATEMENT                                       | 6              |
|--|---------------|----------------|--|---|----------------|
| DESCRIPTION  |               |                |  | AMOUNT  |                |
| DIFFERENCE BETWEEN FMV AND COST BAS  | SIS OF I      | ONATED :       | SECURITY   | 38,15   | 4.             |
| TOTAL TO FORM 990-PF, PART III, LIN  | NE 5          |                |  | 38,15   | 4.             |
| FORM 990-PF U.S. AND STATE/O   | CITY GOV      | ERNMENT        | OBLIGATIONS  | STATEMENT                                       | 7              |
| DESCRIPTION  | U.S.<br>GOV'T | OTHER<br>GOV'T | BOOK VALUE   | FAIR MARKET<br>VALUE                            |                |
| FEDERAL FARM CREDIT BANK   | X             |                | 51,388.  | 50,71   | —<br>9.        |
| FEDERAL HOME LOAN BANK FHLB 4.875% 11/27/13  | X             |                | 52,362.  | 54,21   | 6.             |
| FEDERAL HOME LOAN BANK FHLB 4.875% 12/13/13  | X             |                | 53,207.  | 54,29   | 6.             |
| FEDERAL HOME LOAN BANK FHLB 5.0% 3/9/12  | X             |                | 51,804.  | 50,31   | 5.             |
| FEDERAL HOME LOAN BANK FHLB 3.35% 6/26/14 FHLMC QC 11/2/12 - 1.7% 11/02/16 NORFOLK UTGO TXBL CC12 VA - 2.09% | X<br>X<br>X   |                | 50,632.<br>75,072.                                   | 53,400<br>75,299                                |                |
| 01/01/14<br>NYC UTGO TXBL SER F2 NY - 3.17%  | X             |                | 50,415.  | 50,33   | 2.             |
| 12/01/15 GLENDALE HTS UTGO BAB IL - 4%   | X             |                | 79,315.  | 79,528  | 8.             |
| 12/15/16   | Λ             |                | 80,636.  | 83,480  | 6.             |
| TOTAL U.S. GOVERNMENT OBLIGATIONS  |               | _              | 544,831.   | 551,591   | <u> </u>       |
| TOTAL STATE AND MUNICIPAL GOVERNMEN  | NT OBLIG      | ATIONS         |  |   |                |
| TOTAL TO FORM 990-PF, PART II, LINE  | E 10A         | =              | 544,831.   | 551,592   | 1.             |
| FORM 990-PF COF  | RPORATE       | STOCK          |  | STATEMENT                                       | 8              |
| DESCRIPTION  |               |                | BOOK VALUE   | FAIR MARKET<br>VALUE                            |                |
| ABBOTT LAB AMERICAN FDS/INVEST CO OF AMERICAN APACHE CORP ARIEL APPRECIATION FUND ARIEL FUND                 |               | -              | 32,800.<br>314,016.<br>27,465.<br>24,350.<br>49,330. | 50,60°<br>309,096<br>45,290<br>26,674<br>54,033 | 6.<br>0.<br>4. |

| JEROME H. STONE FAMILY FO  | OUNDATION C/O JE |            | 36-6061      | 300 |
|----------------------------|------------------|------------|--------------|-----|
| АТ&Т                       |                  | 15,700.    | 4.2          | 34. |
| BRISTOL MYERS SQUIBB       |                  | 45,680.    | 70,4         |     |
| CENOVUS ENERGY             |                  | 21,546.    | 29,8         |     |
| COMCAST CORP               |                  | 26,279.    | 10,2         |     |
| CONAGRA FOODS              |                  | 45,152.    | 55,4         |     |
| COVIDIEN LTD               |                  | 23,126.    | 27,0         |     |
| DIAGEO PLC                 |                  | 38,628.    | 69,9         |     |
| FIDELITY INVESTMENTS       |                  | 82,246.    | 103,2        |     |
| HJ HEINZ                   |                  | 40,290.    | 64,8         |     |
| HOME DEPOT                 |                  | 39,760.    | 58,8         |     |
| INTEL CORP                 |                  | 54,986.    | 63,0         |     |
| ILLINOIS TOOL WORKS        |                  | 39,834.    | 42,0         |     |
| JP MORGAN                  |                  | 68,635.    | 66,5         |     |
| LIBERTY FUNDS / ACORN FUND | 7.               | 318,363.   | 496,1        |     |
| DISCOVERY COMM CL A        |                  | 18,127.    | 49,3         |     |
| MCDONALDS                  |                  | 7,971.     | 50,1         |     |
| NESTLE                     |                  | 20,656.    | 57,4         |     |
| MEDTRONIC                  |                  | 41,602.    | 45,9         |     |
| OAKMARK FUND               |                  | 71,422.    | 110,2        |     |
| PEPSICO INC                |                  | 31,274.    | 33,1         |     |
| PETSMART                   |                  | 11,942.    | 30,7         |     |
| PLUM CREEK TIMBER          |                  | 16,113.    | 25,9         |     |
| REPUBLIC SERVICES          |                  | 53,459.    | 49,5         |     |
| SARA LEE CORP              |                  | 24,314.    | 37,8         |     |
| TENET HEALTHCARE           |                  | 32,402.    | 37,8<br>37,9 |     |
| UNILEVER                   |                  | 45,718.    | 53,6         |     |
| WELLS FARGO                |                  | 50,775.    | 55,1         |     |
| VANGUARD VFSIF ST CORP     |                  | 2,582.     |              |     |
| EXXON MOBIL                |                  | 5,532.     | 2,6<br>66,7  |     |
| OMNICARE INC               |                  |            |              |     |
| OFMICARE INC               | _                | 56,311.    | 62,0         | 10. |
| TOTAL TO FORM 990-PF, PART | II, LINE 10B     | 1,798,386. | 2,416,2      | 60. |
| FORM 990-PF                | CORPORATE BONDS  |            | STATEMENT    | 9   |

| FORM 990-PF                      | CORPORATE BONDS |            | STATEMENT 9          |
|----------------------------------|-----------------|------------|----------------------|
| DESCRIPTION                      | E               | BOOK VALUE | FAIR MARKET<br>VALUE |
| PAYLESS SHOES                    | <del></del>     | 18,907.    | 18,045.              |
| TOTAL TO FORM 990-PF, PART II, L | INE 10C         | 18,907.    | 18,045.              |

| FORM 990-PF                      | OTHER ASSETS  | STATEMENT 10 |             |
|----------------------------------|---------------|--------------|-------------|
| DESCRIPTION                      | BEGINNING OF  | END OF YEAR  | FAIR MARKET |
|                                  | YR BOOK VALUE | BOOK VALUE   | VALUE       |
| OTHER ASSETS                     | 82.           | 380.         | 380.        |
| ACCRUED INTEREST                 |               | 75.          | 75.         |
| TO FORM 990-PF, PART II, LINE 15 | 82.           | 455.         | 455.        |

JEROME H. STONE FAMILY FOUNDATION FEIN#36-6061300

2011 Form 990PF, Part XV, Supplementary Information, 3. Grants and Contributions Paid During the Year

| Date                   | Contribution to                           | Amount              |
|------------------------|---|---------------------|
| 1/31/2011              | Millennium Park                           | 10,000 00           |
| 1/31/2011              | YCCS/Circle Foundation Innovative School  | 1,000 00            |
| 1/31/2011              | Center for Economic & Policy Research     | 1,000 00            |
| 2/14/2011              | Little City Foundation                    | 500 00              |
| 4/7/2011               | The Chicago Council on Global Affairs     | 500 00              |
| 4/7/2011               | Jewish Community Teen Foundation          | 500 00              |
| 9/13/2011              | Jewish Federation of Metropolitan Chicago | 8,535 00            |
| 10/14/2011             | Jewish Federation of Metropolitan Chicago | 6,920 00            |
| 12/1/2011              | Chicago Symphony Orchestra Tomoshefsky    | 1,250 00            |
| 12/1/2011              | Alzheimer's Association                   | 8,000 00            |
| 12/1/2011              | Jewish United Fund                        | 20,000 00           |
| 2/22/2011              | Grant Park Orchestral Association         | 1,450 00            |
| 3/3/2011               | The Art Institute of Chicago              | 5,000 00            |
| 3/15/2011              | Lyric Opera House                         | 3,500 00            |
| 5/18/2011              | Museum of Contemporary Art                | 5,000 00            |
| 5/25/2011              | The Chicago Council on Global Affairs     | 1,000 00            |
| 6/6/2011               | Chicago Humanities Festival               | 12,500 00           |
| 6/20/2011              | J Street Education Fund                   | 1,800 00            |
| 6/20/2011              | Human Rights Watch                        | 1,000 00            |
| 6/30/2011              | Impact, Inc                               | 500 00              |
| 6/30/2011              | Chicago Foundation for Women              | 1,000 00            |
| 6/30/2011              | Chicago Symphony                          | 5,000 00            |
| 6/30/2011              | Museum of Contemporary Art                | 5,000 00            |
| 7/15/2011              | The Chicago International Film Festival   | 1,000 00            |
| 7/13/2011              | J Street Education Fund                   | 1,250 00            |
| 8/11/2011              | Human Rights Watch                        | 6,750 00            |
| 8/26/2011              | Lincoln Park Village                      | 1,000 00            |
| 8/26/2011              | Steppenwolf Directors Circle              | 800 00              |
| 8/26/2011              | YCCS/Circle Foundation Innovative School  | 1,000 00            |
| 9/13/2011              | Columbia College Chicago                  | 50,000 00           |
| 12/1/2011              | Chicago Symphony Orchestra Tomoshefsky    |                     |
| 12/1/2011              | Alzheimer's assoc Evelyn T Stone Fund     | 1,250 00            |
| 12/1/2011              | Jewish United Fund                        | 8,000 00            |
| 12/30/2011             | Women's Studies Research Center           | 20,000 00<br>500 00 |
| 12/30/2011             | US Action Education Fund                  | 500 00              |
| 12/30/2011             | In These Times                            | 5,000 00            |
| 12/30/2011             | Foundation for National Progress          | •                   |
| 12/30/2011             | Millennium Park                           | 500 00<br>10,000 00 |
| 8/26/2011              | PFLAG                                     | 50 00               |
| 12/1/2011              | Chicago Symphony Orchestra Tomoshefsky    | 1,250 00            |
| 12/1/2011              | Alzheimer's assoc Evelyn T Stone Fund     | 8,000 00            |
|                        | Jewish United Fund                        |                     |
| 12/1/2011<br>1/10/2011 |   | 20,000 00           |
|                        | National Multiple Scienosis Society       | 300 00              |
| 1/13/2011              | Ravina Annual Fund                        | 3,500 00            |
| 1/20/2011              | PAVE Academy Charter School               | 1,000 00            |
| 1/20/2011              | Planned Parenthood-Chicago Area           | 100 00              |
| 1/31/2011              | YCCS/Circle Foundation Innovative School  | 5,000 00            |
| 2/1/2011               | Desert Community Foundation               | 200 00              |
| 2/28/2011              | Lyric Opera House                         | 1,150 00            |

| 2/28/2011  | Chicago Symphony                          | 1,500 00  |
|------------|---|-----------|
| 3/15/2011  | Doctors Without Borders                   | 500 00    |
| 4/12/2011  | San Diego Fomchita                        | 400 00    |
| 5/4/2011   | Jewish Community Federation               | 500 00    |
| 5/25/2011  | Alzheimer's Assoc                         | 500 00    |
| 6/6/2011   | The Chicago Council on Global Affairs     | 1,000 00  |
| 6/6/2011   | League of Women Voters of United States   | 50 00     |
| 6/6/2011   | Pilgrim Chamber Players                   | 500 00    |
| 6/6/2011   | The Museum of Contemporary Art            | 30,000 00 |
| 6/21/2011  | WFMT Fine Arts Circle                     | 70 00     |
| 6/21/2011  | The Sustaining Fellows                    | 1,500 00  |
| 6/24/2011  | Southern Poverty Law Center               | 50 00     |
| 6/24/2011  | MADD                                      | 35 00     |
| 6/30/2011  | Northwestern University Leadership Circle | 500 00    |
| 7/15/2011  | NorthShore Congregation Israel            | 2,540 00  |
| 7/15/2011  | World Jewish Congress                     | 100 00    |
| 7/26/2011  | Simon Wiesenthal Center                   | 100 00    |
| 8/11/2011  | Habitat for Humanity                      | 20 00     |
| 8/11/2011  | JVS                                       | 250 00    |
| 8/11/2011  | ADL                                       | 200 00    |
| 8/26/2011  | NorthShore Congregation Israel            | 100 00    |
| 8/26/2011  | WTTW11/WFMT                               | 1,000 00  |
| 8/26/2011  | Impact, Inc                               | 1,000 00  |
| 9/13/2011  | Palm Springs Friends of Philharmonic      | 1,500 00  |
| 9/13/2011  | International Rescue Committee            | 50 00     |
| 9/13/2011  | National Strategy Forum                   | 500 00    |
| 9/21/2011  | Emergency Fund for Needy People           | 1,500 00  |
| 9/21/2011  | The University of Chicago College Fund    | 375 00    |
| 9/23/2011  | Project Kesher                            | 50 00     |
| 9/26/2011  | Gastro Intestinal Research Foundation     | 100 00    |
| 10/11/2011 | Simon Wiesenthal Center                   | 50 00     |
| 10/11/2011 | Americans United for Separation of Church | 70 00     |
| 10/20/2011 | National Strategy Forum                   | 250 00    |
| 10/20/2011 | Alzheimer's ADI                           | 500 00    |
| 10/28/2011 | The Paget Foundation                      | 500 00    |
| 11/9/2011  | Dr Phillips Bonomi Lung Cancer Research   | 100 00    |
| 11/28/2011 | Doctors Without Borders                   | 100 00    |
| 11/28/2011 | Firefighters Burn Fund                    | 20 00     |
| 11/28/2011 | Palm Springs Art Museum                   | 150 00    |
| 12/1/2011  | Catholic Theological Union                | 5,000 00  |
| 12/1/2011  | Chicago Symphony Orchestra Tomoshefsky    | 1,250 00  |
| 12/1/2011  | Eisenhower Medical Center                 | 1,000 00  |
| 12/1/2011  | Millennium Park Inc                       | 27,142 70 |
| 12/1/2011  | Roosevelt University                      | 5,000 00  |
| 12/1/2011  | Roosevelt University                      | 1,000 00  |
| 12/1/2011  | Jewish United Fund                        | 15,000 00 |
| 12/2/2011  | NorthShore Congregation Israel            | 500 00    |
| 12/2/2011  | Jewish Council for Youth Services         | 500 00    |
| 12/2/2011  | Anixter Center                            | 50 00     |
| 12/1/2011  | Jewish United Fund                        | 35,000 00 |
| 6/6/2011   | Honor Flight Chicago                      | 5,000 00  |
|            |   | •         |
|            | ·   |           |

393,727.70

Total

All of the above contributions are for the general charitable, religious, scientific, literary, or educational activities of each donee

All recipients are public charities as described in Sec. 509(a)(1), (2) or (3).

## HARRIS ASSOCIATES L.P.

**REALIZED GAINS AND LOSSES** 

## STONE, JEROME H. FAMILY FDTN

## PF 1766-180902 ESL/A1S DSFIXB

From 01-01-11 Through 12-31-11

| _            |               |          |                                     | _             |                        |            | Gain O     | r Loss    |
|--------------|---------------|----------|-------------------------------------|---------------|------------------------|------------|------------|-----------|
| Open<br>Date | Close<br>Date | Quantity | Security                            | Cost<br>Basis | Amort. or<br>Accretion | Proceeds   | Short Term | Long Term |
| 06-11-03     | 01-10-11      | 8,000 00 | Omnicare Inc                        | 8,206 00      | -145 49                | 8,081 68   |            | -124.32   |
|              |               |          | XXXXCD11@100<br>6 125% Due 06-01-13 |               |                        |            |            |           |
| 08-20-09     | 01-20-11      | 200.00   | PetSmart                            | 3,980 52      |                        | 8,016 82   |            | 4.036 30  |
| 03-18-04     | 02-07-11      |          | Diageo ADR                          | 10,928 00     |                        | 16,038 07  |            | 5,110 07  |
| 08-20-09     | 02-23-11      |          | PetSmart                            | 3,980 52      |                        | 7,993 72   |            | 4,013 20  |
| 11-18-09     | 02-25-11      |          | H&R Block                           | 26,864 23     |                        | 19,596 02  |            | -7,268 21 |
| 03-05-10     | 02-25-11      |          | H&R Block                           | 11,720 09     |                        | 10,551 70  | -1,168 39  | ,,200 22  |
| 08-23-10     | 02-25-11      | 900 00   | H&R Block                           | 12,387.43     |                        | 13,566.47  | 1,179 04   |           |
| 06-28-10     | 03-01-11      | 200 00   | Genzyme                             | 10,684 20     |                        | 15,081 73  | 4,397 53   |           |
| 06-28-10     | 03-10-11      |          | Genzyme                             | 16,026 30     |                        | 22,808 56  | 6,782 26   |           |
| 07-01-10     | 03-10-11      | 200 00   | Genzyme                             | 9,948 90      |                        | 15,205 70  | 5,256 80   |           |
| 11-26-07     | 03-10-11      | 100 00   | Covidien (old)                      | 3,867 50      |                        | 5,255.90   | .,         | 1,388 40  |
| 11-26-07     | 03-10-11      | 400 00   | Covidien (old)                      | 15,461 48     |                        | 21,023 59  |            | 5.562 11  |
| 06-11-03     | 03-11-11      | 4,000 00 | Omnicare Inc                        | 4,103 00      |                        | 4,040 84   |            | -62.16    |
|              |               |          | XXXXCD11@100                        |               |                        |            |            | 02.10     |
|              |               |          | 6.125% Due 06-01-13                 |               |                        |            |            |           |
| 06-11-03     | 05-09-11      | 3,000.00 | Omnicare Inc                        | 3,077 25      |                        | 3,030 63   |            | -46 62    |
|              |               |          | XXXXCD11@100                        |               |                        |            |            | 40 0Z     |
|              |               |          | 6 125% Due 06-01-13                 |               |                        |            |            |           |
| 06-11-03     | 06-01-11      | 3,000 00 | Omnicare Inc                        | 3,077 25      |                        | 3,000 00   |            | -77 25    |
|              |               |          | XXXXCD11@100                        |               |                        |            |            |           |
|              |               |          | 6 125% Due 06-01-13                 |               |                        |            |            |           |
| 05-22-06     | 06-03-11      | 200 00   | Johnson & Johnson                   | 12,016 00     |                        | 13,239 41  |            | 1,223 41  |
| 04-28-06     | 06-03-11      | 400.00   | Johnson & Johnson                   | 23,438 67     |                        | 26,478 82  |            | 3,040 15  |
| 04-28-06     | 06-03-11      | 200 00   | Johnson & Johnson                   | 11,719 33     |                        | 13,232 90  |            | 1,513 57  |
| 05-22-06     | 07-05-11      | 500 00   | Bristol-Myers Squibb                | 12,150 00     |                        | 14,557 33  |            | 2,407 33  |
| 01-31-06     | 07-05-11      |          | Bristol-Myers Squibb                | 2,287 00      |                        | 2,911.47   |            | 624 47    |
| 05-28-09     | 07-05-11      |          | Liberty Global Cl A                 | 34,799 17     |                        | 117,951 73 |            | 83,152 56 |
| 06-11-03     | 08-08-11      | 2,000 00 | Omnicare Inc                        | 2,051 50      |                        | 2,000 00   |            | -51.50    |
|              |               |          | XXXXCD11@100                        |               |                        |            |            | 01.00     |
|              |               |          | 6.125% Due 06-01-13                 |               |                        |            |            |           |
| 04-08-11     | 08-30-11      | •        | Bank of New York Mellon             | 30,233 70     |                        | 20,856 00  | -9,377.70  |           |
| 07-05-11     | 08-30-11      |          | Bank of New York Mellon             | 7,731 61      |                        | 6,256 80   | -1,474.81  |           |
| 11-06-08     | 09-21-11      |          | Kinetic Concepts                    | 9,989 87      |                        | 26,562 28  |            | 16,572 41 |
| 01-11-07     | 10-11-11      | 4,000 00 | Payless Shoesrce XXX CC             | 4,201 60      |                        | 4,000 00   |            | -201.60   |
|              |               |          | 8 250% Due 08-01-13                 |               |                        |            |            |           |
| 06-11-03     | 10-20-11      | 5,000 00 | Omnicare Inc                        | 5,128 75      |                        | 5,000 00   |            | -128 75   |
|              |               |          | XXXXCD11@100                        |               |                        |            |            |           |
|              |               |          | 6 125% Due 06-01-13                 |               |                        |            |            |           |
| 05-20-04     | 11-04-11      |          | McDonald's                          | / 12,755 85   |                        | 46,692 30  |            | 33,936.45 |
| 04-25-03     | 11-04-11      | •        | McDonald's                          | 19,894 99     |                        | 116,543 99 |            | 96,649 00 |
| 07-06-11     | 11-16-11      | •        | Boston Scientific                   | 10,007 06     |                        | 7,870 37   | -2,136 69  |           |
| 11-15-10     | 11-16-11      |          | Boston Scientific                   | 17,582.36     |                        | 14,616 39  | 4          | -2,965 97 |
| 08-19-11     | 11-16-11      |          | Boston Scientific                   | 6,246 10      |                        | 5,621 69   | -624.41    |           |
| 06-06-08     | 11-18-11      | 50,000   | Fedl Home Ln Bks                    | 52,042 25     |                        | 50,000 00  |            | -2,042.25 |
| 01 21 07     | 11 21 11      | 500.00   | 4.875% Due 11-18-11                 | 11 426 00     |                        | 15 105 75  |            | 2 550 55  |
| 01-31-06     | 11-21-11      | 200.00   | Bristol-Myers Squibb                | 11,435 00     |                        | 15,185 75  |            | 3,750 75  |

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## HARRIS ASSOCIATES L.P.

REALIZED GAINS AND LOSSES

## STONE, JEROME H. FAMILY FDTN

## PF 1766-180902 ESL/A1S DSFIXB

From 01-01-11 Through 12-31-11

|              |               |                   |                       |                        |          |            | Gain O     | r Loss                               |
|--------------|---------------|-------------------|-----------------------|------------------------|----------|------------|------------|--------------------------------------|
| Open<br>Date | Close<br>Date | Quantity Security | Cost Basis            | Amort. or<br>Accretion | Proceeds | Short Term | Long Term  |                                      |
| 04-25-03     | 11-21-11      | 200 00            | McDonald's            | 3,188 30               |          | 18,242 22  |            | 15,053 92                            |
| TOTAL G      | AINS          |                   |                       |                        |          |            | 17,615 63  | 278,034 10                           |
| TOTAL LO     | OSSES         |                   |                       |                        |          |            | -14,782.00 | 12,968.63                            |
|              |               |                   |                       | 433,211.78             |          | 701,110.88 | 2,833.63   | 265,065.47                           |
| TOTAL SI     | UPERVISED     | REALIZED          | GAIN/I OSS 270 555 80 |                        |          |            |            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

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## Form **8868**

(Rev January 2012) Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

| • If you  | are filing for an Automatic 3-Month Extension, comple  | te only Pa  | art I and check this box               |               | ;                                     | $\mathbf{X}$ |  |  |  |
|---|--|-------------|--|---------------|---------------------------------------|--------------|--|--|--|
| •   | are filing for an Additional (Not Automatic) 3-Month Ex  | •           |  | this form)    |                                       |              |  |  |  |
| Do not c  | omplete Part II unless you have already been granted a   | an automa   | atic 3-month extension on a previous   | sly filed Fo  | orm 8868                              |              |  |  |  |
| Electron  | ic filing (e-file). You can electronically file Form 8868 if y   | ou need a   | a 3 month automatic extension of tin   | ne to file (  | (6 months for a cor                   | poration     |  |  |  |
|   | to file Form 990-T), or an additional (not automatic) 3-more   |             |  |               |                                       |              |  |  |  |
| of time to  | o file any of the forms listed in Part I or Part II with the exc   | ception of  | Form 8870, Information Return for      | Transfers     | Associated With C                     | Certain      |  |  |  |
| Persona   | Benefit Contracts, which must be sent to the IRS in pap  | er format   | (see instructions) For more details of | on the ele    | ectronic filing of this               | s form,      |  |  |  |
| visit www   | virs gov/efile and click on e-file for Charities & Nonprofits  | :           |  |               |                                       |              |  |  |  |
| Part I  | Automatic 3-Month Extension of Time  | Only s      | submit original (no copies nee         | eded)         |                                       |              |  |  |  |
| A corpor  | ation required to file Form 990-T and requesting an autor  | natic 6 mo  | onth extension check this box and      | complete      | :                                     |              |  |  |  |
| Part I on   | ly   |             |  |               | l                                     | ▶ □          |  |  |  |
| All other   | corporations (including 1120-C filers), partnerships, REM  | IICs, and t | rusts must use Form 7004 to reques     | st an exte    | nsion of time                         |              |  |  |  |
| to file inc   | come tax returns   |             |  |               |                                       |              |  |  |  |
| Type or   | or Name of exempt organization or other filer, see instructions Employer identification number             |             |  |               |                                       |              |  |  |  |
| print   | JEROME H. STONE FAMILY FOUNDATION  |             |  |               |                                       |              |  |  |  |
| •   | C/O JEROME H. STONE ALZHEIMER'S ASSOC. X 36-606130   |             |  |               |                                       |              |  |  |  |
| File by the<br>due date fo  |  |             |  |               |                                       | SN)          |  |  |  |
| filing your   | "   225 N. MICHIGAN AVE. 17TH FLOOR  |             |  |               |                                       |              |  |  |  |
| return See<br>instructions  | City, town or post office, state, and ZIP code. For a fo   | oreign add  | ress, see instructions                 |               |                                       |              |  |  |  |
|   | CHICAGO, IL 60601  |             |  |               |                                       |              |  |  |  |
|   |  |             |  |               |                                       |              |  |  |  |
| Enter the   | e Return code for the return that this application is for (file  | e a separa  | te application for each return)        |               |                                       | 0 4          |  |  |  |
|   |  |             |  |               |                                       |              |  |  |  |
| Applicat  | ion  | Return      | Application                            |               |                                       | Return       |  |  |  |
| Is For  |  | Code        | is For                                 |               |                                       | Code         |  |  |  |
| Form 99   | 0  | 01          | Form 990-T (corporation)               |               |                                       | 07           |  |  |  |
| Form 99   |  | 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           |  |  |  |
|   | 0 T (trust other than above)   | 06          | Form 8870                              |               |                                       | 12           |  |  |  |
|   | JEROME H. STON   | È           |  |               |                                       |              |  |  |  |
| • The b   | ooks are in the care of > 225 N. MICHIGAL  | N AVE       | , 17TH FLOOR - CHI                     | CAGO,         | , IL 60601                            | -            |  |  |  |
|   | hone No ▶ 312-335-5808   |             | FAX No ▶                               |               |                                       |              |  |  |  |
|   | organization does not have an office or place of business  | s in the Ur |  |               |                                       |              |  |  |  |
|   | is for a Group Return, enter the organization's four digit   |             |  | If this is fo | or the whole group                    | . check this |  |  |  |
| box >   | . If it is for part of the group, check this box   | 3           |  |               | • .                                   | •            |  |  |  |
|   | equest an automatic 3-month (6 months for a corporation  |             |  |               |                                       |              |  |  |  |
|   |  |             | tion return for the organization name  |               | . The extension                       |              |  |  |  |
| 15  | for the organization's return for  | t organiza  | inon rotan rot the organization mann   | 00 0000       | · · · · · · · · · · · · · · · · · · · |              |  |  |  |
|   | X calendar year 2011 or  |             |  |               |                                       |              |  |  |  |
|   | tax year beginning , and ending  |             |  |               |                                       |              |  |  |  |
|   | tax year beginning   | ,           |  |               |                                       |              |  |  |  |
| 2 If 1  | he tax year entered in line 1 is for less than 12 months, o  | heck reas   | on Initial return                      | Final retu    | ım                                    |              |  |  |  |
| - ï   | Change in accounting period  | nicon road  |  | i iiiai rota  |                                       |              |  |  |  |
| _   | Change in accounting period  |             |  |               |                                       |              |  |  |  |
| 3a If   | Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any |             |  |               |                                       |              |  |  |  |
|   | 10   |             |  |               |                                       |              |  |  |  |
| _   |  |             |  |               |                                       |              |  |  |  |
|   | If this application is for Form 990-PF, 990 T, 4720, or 6069, enter any refundable credits and             |             |  |               |                                       | 7,528.       |  |  |  |
|   |  |             |  |               |                                       | 1,340.       |  |  |  |
|   | Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,               |             |  |               |                                       | 5,000.       |  |  |  |
|   | using EFTPS (Electronic Federal Tax Payment System).   |             |  | 3c            | •                                     |              |  |  |  |
| Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for payment instructions |  |             |  |               |                                       |              |  |  |  |

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)

| Form 886   | 68 (Rev. 1-2012)   |                                   |  |  | Page 2     |  |  |  |
|--|--|-----------------------------------|--|--|------------|--|--|--|
| • If you   | are filing for an Additional (Not Automatic) 3-Month Ex  | tension, d                        | complete only Part II and check the                | s box  | <u>X</u>   |  |  |  |
| Note. Or   | nly complete Part II if you have already been granted an a   | automatic                         | 3-month extension on a previously f                | filed Form 8868                                    |            |  |  |  |
|  | are filing for an Automatic 3-Month Extension, comple  |                                   |  |  |            |  |  |  |
| Part:II  | Additional (Not Automatic) 3-Month E   | xtensio                           | n of Time. Only file the origin                    | nal (no copies needed)                             |            |  |  |  |
|  |  |                                   | Enter filer's                                      | identifying number, see in                         | structions |  |  |  |
| Type or  | Name of exempt organization or other filer, see instru   | Employer identification num       | Employer identification number (EIN) or            |  |            |  |  |  |
| print  | JEROME H. STONE FAMILY FOUND   |                                   |  |  |            |  |  |  |
| File by the  | C/O JEROME H. STONE ALZHEIM  | X = 36-60613                      | 36-6061300   |  |            |  |  |  |
| due date for<br>filing your  | Number, street, and room or suite no. If a P.O. box, so  | ee instructions.                  |  | Social security number (SSN)                       |            |  |  |  |
| return See   |  |                                   |  |  |            |  |  |  |
| instructions   | Crty, town or post office, state, and ZIP code. For a foreign address, see instructions.  CHICAGO, IL 60601                                |                                   |  |  |            |  |  |  |
|  |  |                                   |  |  |            |  |  |  |
| Enter the  | Return code for the return that this application is for (file  | e a separa                        | te application for each return)                    |  | 0 4        |  |  |  |
|  |  | ,                                 | _  | · · · · · · · · · · · · · · · · · · ·              |            |  |  |  |
| Applicat   | ion  | Return                            | Application  | Return   |            |  |  |  |
| is For   |  | Code                              | Is For   | VASOR 1 1 3 1 7 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Code       |  |  |  |
| Form 990   |  | 01                                |  |  |            |  |  |  |
| Form 990   | DBL.   | 02                                | Form 1041-A  |  | 08         |  |  |  |
| Form 990   |  | 01                                | Form 4720  |  | 09         |  |  |  |
| Form 990   |  | 04                                | Form 5227  | <del> </del>                                       | 10         |  |  |  |
|  | O-T (sec 401(a) or 408(a) trust)   | 05                                | Form 6069  |  | 11         |  |  |  |
|  | OT (trust other than above)  | 06                                | Form 8870  | <del></del>  | 12         |  |  |  |
| STOP! D  | o not complete Part II if you were not already granted<br>JEROME H. STONE  |                                   | natic 3-month extension on a prev                  | viously filed Form 8868.                           |            |  |  |  |
|  | *  |                                   | 17mm FI OOD 001T                                   | 0300 TT C0C01                                      |            |  |  |  |
|  | ooks are in the care of $\triangleright$ 225 N. MICHIGAN   | N AVE                             |  | CAGO, IL 60601                                     |            |  |  |  |
| -  | hone No ► 312-335-5808   |                                   | FAX No >   |  |            |  |  |  |
|  | organization does not have an office or place of business  |                                   |  | <b></b>  |            |  |  |  |
|  | is for a Group Return, enter the organization's four digit   | 1                                 |  |  |            |  |  |  |
| box ▶  |  |                                   | ach a list with the names and EINs on BER 15, 2012 | f all members the extension i                      | s for      |  |  |  |
|  |  | NOVEM.                            | <del></del>  |  |            |  |  |  |
|  | r calendar year $2011$ , or other tax year beginning<br>he tax year entered in line 5 is for less than 12 months, c                        | <b>6</b> 1                        | , and endin  | Final return                                       |            |  |  |  |
| 6 If t   |  | neck reas                         | ion L Initial return                               | Final return                                       |            |  |  |  |
| C44  | LJ Change in accounting period   |                                   |  |  |            |  |  |  |
|  | ate in detail why you need the extension  DDITIONAL TIME IS NEEDED TO  | ZATHE                             | R THE INFORMATION                                  | MECESSARV TO P                                     | TT.F A     |  |  |  |
|  | ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.                                      |                                   |  |  |            |  |  |  |
| <u> </u>   | SHI BBIB IND HECCIAIL REIGIAN.   |                                   |  | <del>,</del>                                       |            |  |  |  |
| 8a Ift   | his application is for Form 990 BL, 990-PF, 990-T, 4720,   | or 6069 e                         | enter the tentative tay loss any                   |  |            |  |  |  |
|  | nrefundable credits See instructions   | 8a S 1                            | 2,528.   |  |            |  |  |  |
|  |  |                                   |  |  |            |  |  |  |
|  | a payments made. Include any prior year overpayment all  | 257 - 1<br>27 1<br>27 1<br>28 24. |  |  |            |  |  |  |
|  | eviously with Form 8868.   | 8b s 1                            | 2,528.   |  |            |  |  |  |
|  | lance due. Subtract line 8b from line 8a. Include your pa  |                                   |  |  |            |  |  |  |
| EFTPS (Electronic Federal Tax Payment System). See instructions  8c \$ |  |                                   |  | 8c \$  | 0.         |  |  |  |
|  |  |                                   | st be completed for Part II                        |  |            |  |  |  |
| Under per  |  |                                   |  |  | belief.    |  |  |  |
| it is true, o  | nallies of perjury, I declare that)I have examined this form, includ<br>correct, and complete, and that I am authorized to prepare this fo | orm.                              | A  | 00   | •          |  |  |  |
| Signature \ Mall Male & 8-9-12   |  |                                   |  |  |            |  |  |  |

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