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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

2011

| Name of the organizat   |   |  |  |  |  |
|---|---|--|--|--|--|
|   | KEMPER AND LEILA WILLIAMS FOUNDATION, INC. 23-7336090   |  |  |  |  |
| Organization type (che  |   |  |  |  |  |
| Filers of:  | Section:    501(c)( ) (enter number) organization   4947(a)(1) nonexempt charitable trust not treated as a private foundation   527 political organization   X 501(c)(3) exempt private foundation  |  |  |  |  |
| 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   | X 501(c)(3) exempt private foundation   |  |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private foundation   |  |  |  |  |
|   | 501(c)(3) taxable private foundation  |  |  |  |  |
|   | on is covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  |  |  |  |  |
|   | ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one implete Parts I and II.  |  |  |  |  |
| Special Rules   |   |  |  |  |  |
| For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. |   |  |  |  |  |
| total contributi  | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.  |  |  |  |  |
| contributions f<br>If this box is ch<br>purpose. Do no  | 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. |  |  |  |  |
| but it must answer "No  | on 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), 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 neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  |  |  |  |  |
| LHA For Paperwork R   | eduction 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
KEMPER AND LEILA WILLIAMS

Employer identification number

| FOUND      | ATION, INC.   |                            | 23-7336090   |
|------------|---|----------------------------|--|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed.         |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 1          | See Schedule #1  SEE SCHEDULE #1  | \$ 215,000                 | Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 2          | See Schedule #1  SEE SCHEDULE #1  | \$ <u>727,467</u>          | Person Payroll Noncash X  (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash Complete Part II if there is a noncash contribution.)     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| <u>-</u>   |   | \$                         | Person Payroll Moncash (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)<br>Total contributions | (d) Type of contribution   |
|            |   | \$                         | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)    |