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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

Department of the Treas
For calendar year 2
Name of foundation

Intern	rtment of the Treasury lat Revenue Service Note The foundation may b	be able to use a copy of this	return to satisfy state repo	orting requirements	Open to public li
	calendar year 2012 or tax year beginning		, and ending		
	ne of foundation			A Employer identification	number
υ.	EBECCA SUSAN BUFFETT FOUN	$\mathbf{D} \mathbf{A} \mathbf{T} \mathbf{T} \mathbf{O} \mathbf{M}$		36-4201771	
	nber and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	•
	/O L. BETTANIN, 548 HYACI	•		(847) 432-	2134
	or town, state, and ZIP code			C if exemption application is p	ending, check here
H	IGHLAND PARK, IL 60035				
G C	theck all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
	Final return Address change	Amended return Name change		2 Foreign organizations me check here and attach co	eeting the 85% test,
H C	Check type of organization X Section 501(c)(3) ex		· · · · · · · · · · · · · · · · · · ·	E If private foundation sta	
		Other taxable private founda	tion	under section 507(b)(1	
l Fa	ir market value of all assets at end of year 👃 Accounting	ng method X Cash	Accrual	F If the foundation is in a	60-month termina
-		her (specify)	1	under section 507(b)(1)(B), check here
▶				(-) AdvA-dA	(d) Disburser
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for chantable pu
	1 Contributions, gifts, grants, etc., received	10,306,472.		N/A	,
	2 Check ▶ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	16.	16.		STATEMEN
	4 Dividends and interest from securities	41.	41.)	STATEMEN
	5a Gross rents D Net rental income or (loss)				
	62 Net gain or (loss) from sale of assets not on line 10	396,952.			,
Revenue	b Gross sales price for all 1,020,952.				
ě	7 Capital gain net income (from Part IV, line 2)		396,952.	•	
-	8 Net short-term capital gain		· · · · · · · · · · · · · · · · · · ·		
	9 Income modifications Gross sales less returns and allowances				
	b Less Cost of goods sold		.,		
	c Gross profit or (loss)				
	11 Other income	10,703,481.	397,009		
	12 Total Add lines 1 through 11 13 Compensation of officers directors, trustees etc	0.	0.		
		<u></u>			
	Other employee salaries and wages CEIVE 15 Pension plans, employee benefits ECEIVE	U			
nse	16a Legal fees STMT 3	3 Q 3,478.	14,010. 3,478.		
Expenses	b Accounting fees NOTMI 14 201	3 O 3,478. Ø 3,600.	3,600		
/e E	c Other professional fees STMT 5		37000	<u></u>	
Administrative	18 Taxes OGMEN, U	758.	758.		
ınist	19 Depreciation and depletion				
mp)	20 Occupancy	14,415.	14,415		
ъ	21 Travel, conferences, and meetings 22 Printing and publications	14,417.	14,413	•	
ng an		1,091.	1,091		
Operating	24 Total operating and administrative	25 252	05 050		
Ope	expenses Add lines 13 through 23	37,352. 3,431,954.	37,352	•	3,431,
-	25 Contributions, gifts, grants paid 26 Total expenses and disbursements	3, 431, 734.		-	3,431
	Add lines 24 and 25	3,469,306.	37,352	•	3,431,
	27 Subtract line 26 from line 12	- 601			
	Excess of revenue over expenses and disbursements	7,234,175.	359,657		
	b Net investment income (if negative, enter -0-)		337,037	N/A	
	c Adjusted net income (if negative, enter 0-) 5-12 LHA For Paperwork Reduction Act Notice, see	Instructions		41/44	Form 990-F

Form 9		OUNDATION Beginning of year		-4201771 Page 2 of year
Parl	Balance Sheets Attached schedules and amounts in the description column should be for end-oil-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	750,735.	658,718.	658,718.
3	Accounts receivable 11.			
	Less allowance for doubtful accounts ▶	48.	11.	11.
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 ▶			
Ssets 6 @				
	Prepaid expenses and deferred charges a Investments - U.S. and state government obligations			
- 1	Gmwm O	3,354,000.	11,494,376.	13,393,484.
		3,331,0001	11/1/1/01/00	13/333/1011
- 1	c Investments - corporate bonds Investments - land, buildings, and equipment basis		. ,,,,,,,,	
' '	Less accumulated depreciation	į		
12	Investments - mortgage loans			
13				
14				
	Less accumulated depreciation			
15	Other assets (describe)			
16	Total assets (to be completed by all filers)	4,104,783.	12,153,105.	14,052,213.
17	*Accounts payable and accrued expenses			1
18				4
.≌ ∣	Deferred revenue			-
· 5	Loans from officers, directors, trustees, and other disqualified persons			-
E 21	, , , , , , , , , , , , , , , , , , ,	146,828.	6,474.	-
22	Other liabilities (describe STATEMENT 10)	140,020.	0/4/4.	4
22	Total liabilities (add lines 17 through 22)	146,828.	6,474.	
23	Foundations that follow SFAS 117, check here	210/0201	<u> </u>	
	and complete lines 24 through 26 and lines 30 and 31			
8 24	·			
E 25				1
B 26				
בַּ	Foundations that do not follow SFAS 117, check here			
בַ	and complete lines 27 through 31			
န္ဌာ 27	Capital stock, trust principal, or current funds	14,811,044.	14,811,044.	
Net Assets or Fund Balances		10.053.000	0.	<u>.</u>
₹ 29	·	-10,853,089. 3,957,955.	-2,664,413.	
ž 30	Total net assets or fund balances	3,957,955.	12,140,031.	<u>-</u>
21	Total liabilities and net assets/fund balances	4.104.783.	12,153,105.	
				· L
Par		 .		
	al net assets or fund balances at beginning of year - Part II, column (a), line 3	30		2 057 055
•	ust agree with end-of-year figure reported on prior year's return)		1 2	3,957,955. 7,234,175.
	er amount from Part I, line 27a	SEE STA	$\frac{2}{3}$	954,501.

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1_	3,957,955.
2	Enter amount from Part I, line 27a	2	7,234,175.
3	Other increases not included in line 2 (Itemize) SEE STATEMENT 8	3	954,501.
4	Add lines 1, 2, and 3	4	12,146,631.
5	Decreases not included in line 2 (itemize) ▶	5	0.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	12,146,631.

Part IV Capital Gains a	and Losses for Tax on In	vestment					·
(a) List and descr 2-story brick wai	abe the kind(s) of property sold (e.g. rehouse, or common stock, 200 shs	, real estate, MLC Co)	1	How acqui P - Purchase D - Donation	e ''	c) Date acquired (mo , day, yr)	(mo , day, yr)
1a BERKSHIRE HATHA	AWAY, CLASS A -	2 SHS		D		6/25/98	
b BERKSHIRE HATHA		4 SHS		D		6/25/98	
c BERKSHIRE HATHA	AWAY, CLASS A -	2 SHS		D	0	6/25/98	3 12/17/12
<u>d</u>							
_e		<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			(h) Gain or (lo (e) plus (f) mini	us (g)
a 239,131.			156,000				83,131.
b 513,289.			312,000				201,289.
c 268,532.			156,000) •		-	112,532.
<u>d</u>	·						
<u>e</u>			10/04/00				
Complete only for assets showing	g gain in column (h) and owned by t	r				Gains (Col. (h) g k), but not less l	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			Losses (from co	
	as 01 12/3 1/09	Over	COI ()), II ally				02 121
a							83,131. 201,289. 112,532.
b							112 532
<u>c</u>							112,332.
<u>d</u>							
е				, 			
2 Capital gain net income or (net cap	pital loss) $ \begin{cases} If gain, also enter \\ If (loss), enter -0- \end{cases} $	in Part I, line	7) ₂			396,952.
	•		,	/ 			03073321
3 Net short-term capital gain or (los:		d (6)		٦			
If gain, also enter in Part I, line 8, of If (loss), enter -0- in Part I, line 8	courin (c)) ₃		N/	A
	nder Section 4940(e) for	Reduced	Tax on Net I	nvestmer	nt Inco		
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment inc	ome)			
(i or optional doc by domestic pivate	Touristic Subject to the occurr	, o , o (u) tun o		, ,			
If section 4940(d)(2) applies, leave th	iis part blank						
Was the foundation liable for the sect	ion 4942 tax on the distributable am	ount of any ye	ear in the base perio	od?			Yes X No
If "Yes," the foundation does not quali	ify under section 4940(e). Do not co	mplete this pa	rt				
1 Enter the appropriate amount in e	each column for each year, see the in	istructions bef	fore making any ent	tries			
(a) Base period years	(b)			(c)		Dis	(d) stribution ratio
Calendar year (or tax year beginnin	ng in) Adjusted qualifying dist		Net value of non-			(col (b)	divided by col (c))
2011		6,596.		5,910,			.133080
2010		1,928.		6,544,			.099613
2009		2,639.		6,035,			.081630
2008		6,557.		8,904,			.123151
2007	96	5,154.		9,258,	<u>798.</u>		.104242
2 Total of line 1, column (d)						2	.541716
3 Average distribution ratio for the 5	5-year base period - divide the total (on line 2 by 5,	or by the number o	of years			
the foundation has been in exister	ice if less than 5 years					3	.108343
							10 600 500
4 Enter the net value of noncharitab	le-use assets for 2012 from Part X,	line 5				4	10,689,529.
5 Multiply line 4 by line 3						5	1,158,136.
6 Enter 1% of net investment incom	ie (1% of Part I, line 27b)					6	3,597.
7 Add lines 5 and 6						7	1,161,733.
	0.1991						3,431,954.
8 Enter qualifying distributions from		41	John Bhak mark	n 40/ +		8	3,431,334.
See the Part VI instructions	line 7, check the box in Part VI, line	io, and comp	nete that part using	a 170 tax rate			

Form 9	90-PF(2012) REBECCA SUSAN BUFFETT FOUNDAT	ION	36-420			Page 4
Par			<u>r 4948 - see</u>	nstru	ictio	ns)
1a E	xempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and e	nter "N/A" on line 1				
C	ate of ruling or determination letter (attach copy of letter if nec	cessary-see instructions)				
b 0	comestic foundations that meet the section 4940(e) requirements in Part V, check here $lacksquare$	► X and enter 1%	1		<u>3,5</u>	97.
_	f Part I, line 27b					
	ill other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					_
2 T	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	2		- -	0.
3 A	add lines 1 and 2		3		3,5	9/.
4 S	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others enter -O-)	4		<u> </u>	0.
	ax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-		5		3,5	97.
	Credits/Payments	1 1 2 60				
	012 estimated tax payments and 2011 overpayment credited to 2012	6a 2,68	U •			
	xempt foreign organizations - tax withheld at source	6b 3 00				
	ax paid with application for extension of time to file (Form 8868)	6c 2,00	<u> </u>			
	lackup withholding erroneously withheld	_6d	_		1 6	0.0
	otal credits and payments. Add lines 6a through 6d		7		4,0	80.
	inter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	iched	8			
	ax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9		1 0	02
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1 002	10		1,0	83.
	inter the amount of line 10 to be Credited to 2013 estimated tax	1,083. Refunded) 11			<u> </u>
	t VII-A Statements Regarding Activities	alabian as did it as trajanta as inten		Т	Voc	No
	During the tax year, did the foundation attempt to influence any national, state, or local legis	station or did it participate of litter	ene m	1a	163	X
	iny political campaign?	and lead instructions for definition	13	1b		X
	old it spend more than \$100 during the year (either directly or indirectly) for political purpo			""		
	f the answer is "Yes" to 1aor 1b, attach a detailed description of the activities an	io copies of arry materials pub	isried or			
	distributed by the foundation in connection with the activities			10		Х
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	a vaar		16		
u -	1) On the foundation \blacktriangleright \$ (2) On foundation managers	s > \$	0.		•	
۱ ،	Enter the reimbursement (if any) paid by the foundation during the year for political expend	· · · · · · · · · · · · · · · · · · ·		1		
	managers > \$ 0.	intaro tax imposos on roundation		1		
	las the foundation engaged in any activities that have not previously been reported to the l	RS?		2		Х
	f "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 incorporati	on, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year			4a		X
	f "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
	Nas there a liquidation, termination, dissolution, or substantial contraction during the year	?		5		X
1	f "Yes," attach the statement required by General Instruction T					
6 4	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	uther				
•	▶ By language in the governing instrument, or					
•	By state legislation that effectively amends the governing instrument so that no mandato	ry directions that conflict with the	state law			
	remain in the governing instrument?			6	X	ļ
7 [Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
	f "Yes," complete Part II, col (c), and Part XV					
8a 8	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►				
_	IL					
b I	f the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	-
	s the foundation claiming status as a private operating foundation within the meaning of se		calendar			
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," o			9		X
10 (Did any persons become substantial contributors during the tax year? If "yes," attach a sched	ule listing their names and addresses	<u></u>	10	<u> </u>	X

P	art X Minimum Investment Return (All domestic foundations must comple	ete this part. Foreign foun	dations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpose	ses		· · · · · · · · · · · · · · · · · · ·
а	Average monthly fair market value of securities		1a	10,425,384.
	Average of monthly cash balances		1b	10,425,384.
	Fair market value of all other assets	[1c	0.
	Total (add lines 1a, b, and c)	ſ	1d	10,852,314.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	10,852,314.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruction	ons)	4	162,785.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	1	5	10,689,529.
6	Minimum investment return: Enter 5% of line 5		6	534,476.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) prival foreign organizations check here and do not complete this part)	ite operating foundations and	d certain	
1	Minimum investment return from Part X, line 6		1	534,476.
2a		3,597.		
b	Income tax for 2012 (This does not include the tax from Part VI)			
			2c	3,597.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	3,597. 530,879.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4	<u> </u>	5	530,879.
6	Deduction from distributable amount (see instructions)	Ţ	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	Ī	7	530,879.
	art XII Qualifying Distributions (see instructions)			- (-)
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			2 421 254
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	-	1a	3,431,954.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purp	oses	2	
3	Amounts set aside for specific charitable projects that satisfy the			
а	Suitability test (prior IRS approval required)	_	3a	
b	Cash distribution test (attach the required schedule)	ļ	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, li	ine 4	4	3,431,954.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income Enter 1% of Part I, line 27b		5	3,597. 3,428,357.
6	Adjusted qualifying distributions Subtract line 5 from line 4		6	
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculated 4940(e) reduction of tax in those years	ng whether the foundation q	ualifies fo	or the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,		· · · · · · · · · · · · · · · · · · ·		
line 7				530,879.
2 Undistributed income, if any, as of the end of 2012		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
a Enter amount for 2011 only			0.	
b Total for prior years				,,
		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007 510,895.				
b From 2008 654,758.				
c From 2009 193, 363.				
d From 2010 329, 400.				
e From 2011 496,418.	2 104 024			
f Total of lines 3a through e	2,184,834.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ► \$ 3,431,954.			0.	
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		V •		
c Treated as distributions out of corpus	0.			
(Election required - see instructions) d Applied to 2012 distributable amount			, , , , , , , , , , , , , , , , , , ,	530,879.
e Remaining amount distributed out of corpus	2,901,075.			330,013.
5 Excess distributions carryover applied to 2012	0.		-,n,	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 indicated below				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,085,909.			
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		0.		
assessed		· · · · · · · · · · · · · · · · · · ·		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2011 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	510,895.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	4,575,014.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
10 Analysis of line 9				
a Excess from 2008 654, 758.				
b Excess from 2009 193, 363.				
c Excess from 2010 329, 400.				
d Excess from 2011 496, 418.				
e Excess from 2012 2,901,075.			1	Form 990-PF (2012)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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REBECCA SUSAN BUFFETT FOUNDATION Form 990-PF (2012) REBECCA SUSAN BUFFE
Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	, , , , , , , , , , , , , , , , , , , ,
a Paid during the year				
CENTER FOR REPRODUCTIVE RIGHTS			MEDICAL	100,000.
A BETTER LA			CHARITABLE	
			CHARITABLE	75,000.
CHAPEL HAVEN			RELIGIOUS	
			RELIGIOUS	5,000.
ALL SAINTS EPISCOPAL CHURCH			RELIGIOUS	7,145.
BRIT WEEK			CHARITABLE	1,200.
	TINUATION SHEE	T(S)	▶ 3a	3,431,954.
b Approved for future payment NONE				
Total			▶ 3b	0.

Enter gross amounts unless otherwis	e indicated	Unrelated b	usiness income		y section 512, 513, or 514	(e)
1 Program service revenue	••	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
						
					•	
			<u> </u>			
		-				
e						
g Fees and contracts from gover	nment agencies					
Membership dues and assessmen						
Interest on savings and temporary						
investments	Casii			14	16.	
Dividends and interest from secur	itioc			14	41.	
Net rental income or (loss) from re			,		*	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
a Debt-financed property	701 63(0)6	<u> </u>				
b Not debt-financed property						
	are and					
Net rental income or (loss) from p	ersonai					
property						
Other investment income	othor		 			
Gain or (loss) from sales of assets	, other			18	396,952.	
than inventory	ovente			- - - 	3307321	
Net income or (loss) from special Gross profit or (loss) from sales o						
	i inventory					
Other revenue						
a						
b		-				
C						
е						
Subtotal Add columns (b), (d), ar		1		0.	397,009.	
Total Add line 12, columns (b), (c)	• •	1				397,00
ee worksheet in line 13 instructions						
		<u>.</u>				
	hip of Activities t					
	ach activity for which incompt purposes (other than				importantly to the accom-	plishment of
				<u></u>		
						_
						· · · · · · · · · · · · · · · · · · ·
					-	
						
						
					- 	
				······································		
				 _		
				 _		

	I-PF (2012)				CONDATION				Page 13
Part)		ation Regard ot Organization	_	To and	Transactions a	and Relations	ships With Noncl	naritable	
1 Did				ollowing with	any other organizati	on described in sec	tion 501(c) of	Ye	s No
	•	•	• •	-	ating to political organ				1
	·		a noncharitable exen						
(1)	Cash	•		, ,				1a(1)	X
• •	Other assets							1a(2)	X
	er transactions								
(1)	Sales of assets to a	noncharitable exe	mpt organization					1b(1)	X
(2)	Purchases of asset	ts from a noncharita	able exempt organizat	tion				1b(2)	X
(3)	Rental of facilities,	equipment, or othe	r assets					1b(3)	X
(4)	Reimbursement ar	rangements						1b(4)	X
(5)	Loans or loan guar	antees						1b(5)	X
(6)	Performance of se	rvices or membersh	np or fundraising soli	icitations				1b(6)	X
c Sha	iring of facilities, equ	upment, mailing lis	ts, other assets, or pa	aid employe	es			10	X
d If th	e answer to any of t	the above is "Yes," o	omplete the following	g schedule	Column (b) should al	ways show the fair	market value of the good	is, other assets,	
or s	ervices given by the	reporting foundati	on If the foundation	received les	s than fair market vali	ue in any transactio	n or sharing arrangemer	it, show in	
colu	ımn (d) the value of	the goods, other a	ssets, or services rec	eived					
(a) Line no	(b) Amount i	nvolved	(c) Name of noncha	arıtable exen	npt organization	(d) Description	n of transfers, transactions, a	and sharing arrange	ments
			N,	/A				_	
									
			<u> </u>						
									
			·						
									
					ore tax-exempt organ	izations described			X No
			ection 501(c)(3)) or	in section 5	217			Yes _	A IVO
<u> </u>	es," complete the fo	Name of organization	<u> </u>	(b)	Type of organization	1	(c) Description of relation	nnshin	
	(a)	N/A	JII	(6)	Type of organization	 	(b) Description of rolation	ж	
		N/A				 			
						ļ			
						1			
			•-						
	Under penalties of pe	gury, I declare that I ha	ve examined this return,	including acco	ompanying schedules and	statements, and to th	e best of my knowledge	M= 100 d	
Sign					ayer) is based on all infor			May the IRS discurretum with the pre	parer
Here	lame	la Bu	Mitt		111/13/13	PRESI	DENT	shown below (see	No No
	Signature of office		- I- O	$\overline{}$	Date	Title			
	L_ <u>~</u> ,	oreparer's name	Pyep#	rer's signati		Date	Check If PT	IN	
		•	$\mathcal{L}^{\prime\prime}$	1		1 1	self- employed		
Paid	JAY I	DAHL, CPA	A = A	الكول	•	11/7/13		0052550	6
Prepa			NANCIAL S	ERVIC	ES, INC.	11/		2704011	
Use (- -		-				
		ess ► 3400	W. DUNDEE	RD.,	STE 180				
	NORTHBROOK, IL 60062 Phone no (847) 291-1333								

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.

REBECCA SUSAN BUFFETT FOUNDATION

OMB No 1545-0047

2012

Name of the organization

Employer identification number

36-4201771

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	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(covered by the General Rule or a Special Rule 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	For an organization contributor Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II				
Special	Rules					
	509(a)(1) and 170(b)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II				
	total contributions)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.				
	contributions for us If this box is checked purpose Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively setc., contributions of \$5,000 or more during the year				
but it mi	ust answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

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) (2012)

Name of organization

Employer identification number

36-4201771

REBEC	CA SUSAN BUFFETT FOUNDATION	1_30	9-4201//1
Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAMELA BUFFETT 1016 CHEVY CHASE BEVERLY HILLS, CA 90210	\$\$\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PAMELA BUFFETT 1016 CHEVY CHASE BEVERLY HILLS, CA 90210	\$ 10,123,925.	Person Payroli Noncash X (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)	(b)	\$(c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution (d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there

is a noncash contribution)

Name of organization

Employer identification number

REBECCA SUSAN BUFFETT FOUNDATION

36-4201771

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	2,020 SHARES BERKSHIRE HATHAWAY CLASS		
1	В		
		\$182,547.	12/18/12
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncessin property given	(see instructions)	
	83 SHARES BERKSHIRE HATHAWAY CLASS A		
2			
		\$ 10,123,925.	06/14/12
		Ψ	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(see instructions)	Date received
		•	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
•		-	
		\$	-
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
Faiti		<u> </u>	
. –			
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I			
		\$	990, 990-EZ, or 990-PF) (

Name of orga	nization			Employer identification number
REBECC	A SUSAN BUFFETT FOUNDAT	TON		36-4201771
Part III	Exclusively religious, charitable, etc., indivi- year Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additiona	dual contributions to section 501(c); following line entry: For organization , contributions of \$1,000 or less for t	s completing Part III, enter	ns that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
-		(e) Transfer of gift		
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_		(e) Transfer of gift		
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
<u> </u> 	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	L	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
			0-1-4-1-	P /Form 000 000 F7 or 000 PE) /2012

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to **Amount** any foundation manager status of Name and address (home or business) or substantial contributor recipient EDUCATION CENTRAL HIGH SCHOOL FOUNDATION 103,000. EDUCATION CLINTON FOUNDATION 50,000. CHARITABLE FACE FORWARD, INC. 15,196. EDUCATION COLUMBIA UNIVERSITY 5,000. CHARITABLE GIRLS, INC. 50,000. CHARITABLE H.O.M.E. 1,000. CHARITABLE HUMAN RIGHTS WATCH 1,500. EDUCATION LA'S BEST AFTER SCHOOL PROGRAM 21,000. MAGIC JOHNSON FOUNDATION CHARITABLE 8,000. MASS MILITARY HERO FUND CHARITABLE 1,000. 3,243,609. Total from continuation sheets

3 Grants and Contributions Paid During the		····		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	Amount
MULLIGAN PROJECT			CHARITABLE	3,00
ORTHWESTERN UNIVERSITY SETTLEMENT			CHARITABLE	_5(
OCD CHICAGO			MEDICAL	1,00
OUR HOUSE GRIEF SUPPORT			CHARITABLE	6,00
ONTIFICAL COUNCIL COR UNUM			CHARITABLE	89,9
APE FOUNDATION			CHARITABLE	10,0
PECIAL OLYMPICS			CHARITABLE	3,0
JCLA			EDUCATION	25,0
THRESHOLDS PSYCHIATRIC REHAB CENTERS			CHARITABLE	198,2
JCSF			EDUCATION	20,0

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient EDUCATION US OLYMPIC COMMITTEE 1,000. EDUCATION USC 75,125. CHARITABLE CHILD WELFARE INITIATIVE 20,000. ECF KAYNE CENTER CHARITABLE 1,000. CHARITABLE EVERY CHILD FOUNDATION 5,000. EDUCATION FREEDOM WRITERS FOUNDATION 1,000. FULFILLMENT FUND EDUCATION 25,180. EDUCATION HARPER COLLEGE EDUCATIONAL FUND 1,000. CHARITABLE MOVEMBER 300. PUBLIC COUNCIL CHARITABLE 3,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient MEDICAL SHEILA KAR HEALTH FOUNDATION 2,000. THRESHOLDS PSYCHIATRIC REHAB CENTERS CHARITABLE 1,095,362. CHARITABLE THRESHOLDS PSYCHIATRIC REHAB CENTERS 402,278. CHARITABLE OMAHA BOYS CLUB 938,648. EDUCATION NORTHSTAR FOUNDATION 60,309. Total from continuation sheets

FORM 990-PF INTEREST ON SAVI	INGS A	ND TEMI	PORARY CA	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
JP MORGAN							16.
TOTAL TO FORM 990-PF, PART I,	, LINE	3, CO	LUMN A				16.
FORM 990-PF DIVIDENT	OS AND	INTERI	EST FROM	SECUF	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	.)
JP MORGAN			41.		0.		41.
TOTAL TO FM 990-PF, PART I, I	LN 4		41.		0.		41.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT INC	EST-	(C) ADJUSTED NET INCOM		
LEGAL FEES	1	4,010.	14	,010.			0.
TO FM 990-PF, PG 1, LN 16A	1	4,010.	14	,010.			0.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
ACCOUNTING & TAX PREP		3,478.	3	,478.	·		0.
TO FORM 990-PF, PG 1, LN 16B		3,478.	3	,478.			0.
=							==

FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
CONSULTING FEES	3,600.	3,600.		0.
TO FORM 990-PF, PG 1, LN 16C	3,600.	3,600.		0 .
FORM 990-PF	TAX	ES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
IL CHARITY BUREAU TAX FEDERAL INCOME TAX	115. 643.	115. 643.		0.
TO FORM 990-PF, PG 1, LN 18 =	758.	758.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLI PURPOSES
OFFICE, POSTAGE & MISC	1,091.	1,091.		0 .
TO FORM 990-PF, PG 1, LN 23	1,091.	1,091.		0.
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FUND BA	ALANCES S	STATEMENT 8
FORM 990-PF OTHER INCREASES DESCRIPTION	IN NET ASS	ETS OR FUND BA	ALANCES S	STATEMENT 8

FORM 990-PF	CORPORATE STOCK		STAT	EMENT	9	
DESCRIPTION		BOOK VALU		MARKE ALUE	T	
BERKSHIRE HATHAWAY CLASS A BERKSHIRE HATHAWAY CLASS B	•	11,371,9 122,4		,271,9 121,5		
TOTAL TO FORM 990-PF, PART II,	LINE 10B	11,494,3	76. 13	,393,4	84.	
FORM 990-PF	OTHER LIABILITIES		STAT	EMENT	10	
DESCRIPTION		BOY AMOUN	т еоу	AMOUNT		
CREDIT CARD PAYABLE	•	146,8	28.	6,474.		
OTAL TO FORM 990-PF, PART II, LINE 22 146,82				6,474		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIE	EXPEN		
PAMELA BUFFETT C/O L. BETTANIN, 548 HYACINTH HIGHLAND PARK, IL 60035	PRESIDENT 1.00	0.			0.	
ALLEN GREENBERG 209 KIEWIT PLAZA OMAHA, NE 68131	SECRETARY 1.00	0.	0.		0.	
PAMELA BUFFETT C/O L. BETTANIN, 548 HYACINTH HIGHLAND PARK, IL 60035	TREASURER 1.00	0.	0.			
					0.	
PAMELA BUFFETT C/O L. BETTANIN, 548 HYACINTH HIGHLAND PARK, IL 60035	DIRECTOR 1.00	0.	0.		0.	

REBECCA SUSAN BUFFETT FOUNDATION			36-42	201.771
SARAH BUFFETT 1640 MAPLE EVANSTON, IL 60201	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

Form **8868**.

(Rev. January 2013)

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.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

X

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print REBECCA SUSAN BUFFETT FOUNDATION 36-4201771 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your C/O L. BETTANIN, 548 HYACINTH return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions HIGHLAND PARK, IL 0 | 4 | Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return 's For Code Is For Code Form 990-T (corporation) orm 990 or Form 990-EZ Form 990-BL Form 1041-A 80 Form 4720 (individual) 03 Form 4720 09 Form 5227 10 Form 990-PF 04 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 11 Form 990-T (trust other than above) 06 Form 8870 12 PAMELA BUFFETT - C/O L. BETTANIN, 548 HYACINTH, HIGHLAND The books are in the care of ▶ PARK, IL -60035 Telephone No. ► (847) 432-2134 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2012 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 4,680. nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 2,680. estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 2,000. by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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. For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2013)

Form 8868 (Rey 1-2013)					' P	age 2
 If you are filing for an Additional (Not Automatic) 3-Month Ex 	xtension,	complete only Part II and check this	s box		<u>▶ X</u>]
Note. Only complete Part II if you have already been granted an				ı 8868	<u> </u>	
 If you are filing for an Automatic 3-Month Extension, comple 						
Part II Additional (Not Automatic) 3-Month E	Extensio	on of Time. Only file the origin	al (no	copie	s needed).	
		Enter filer's	identify	ing nu	ımber, see instructi	ions
Type or Name of exempt organization or other filer, see instru	uctions				tification number (E	
print					,	•
File by the REBECCA SUSAN BUFFETT FOUND.	ATION			36	5-4201771	
due date for Number, street, and room or suite no. If a P O. box, s	see instruc	etions	Social s	ecurity	y number (SSN)	
return See C/O L. BETTANIN, 548 HYACIN	TH					
City, town or post office, state, and ZIP code. For a fine HIGHLAND PARK, IL 60035	oreign add	dress, see instructions.				
Enter the Return code for the return that this application is for (file	e a separa	ate application for each return)		• • • • • • • • • • • • • • • • • • • •		4
Application	Return	Application			Ret	urn
ls For	Code	Is For			1	de
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A			0	8
Form 4720 (individual)	03	Form 4720			0	
Form 990-PF	04	Form 5227			10	0
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			1	1
Form 990-T (trust other than above)	06	Form 8870			1:	2
	035	FAX No. Fax no. Fax no.	HYAC		H, HIGHLAN	— —
If this is for a Group Return, enter the organization's four digit			 this is fo	r tha v	holo group, shock (thia
Lox ►	3	ch a list with the names and EINs of				11112
		BER 15, 2013.	an mem.	ers ur	e extension is ior.	
5 For calendar year 2012, or other tax year beginning		, and ending				
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas		Final	eturn	 · · · · · · · · · · · · · · · · · · 	—'
Change in accounting period				010111		
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED TO I	PREPAI	RE A COMPLETE AND A	CCUR	ATE	RETURN.	
			-			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ei	nter the tentative tax less any		·		
nonrefundable credits. See instructions.	,		8a	\$	4,68	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		_ <u></u>		
tax payments made. Include any prior year overpayment all	•					
previously with Form 8868.		, ,	8b	\$	4,68	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	yment witi	h this form, if required, by using	-			
EFTPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$		0.
Signature and Verificat	ion mus	st be completed for Part II or	ոly.			
Inder penalties of perjury, I declare that I have examined this form, includi is true, cotrect, and complete, and that I ampauthorized to prepare this fo	ing accomp irm	anying schedules and statements, and to	the best o	f my kr	owledge and belief,	
signature > Oncy allany Title >	\mathcal{C}	PA	Date	>	8/16/13	
, Williams		V -) 3	Jaic		Form 8868 (Rev. 1-20	013)
				1	Jan 6000 (1 164. 1-2)	510)

Form 8869 (Poy. 1-2012)						Pogo 2
Form 8868 (Rev 1-2013) If you are filing for an Additional (Not Automatic) 3-Month	Extension of	complete only Part II and check this	box		•	Page 2
Note. Only complete Part II if you have already been granted a				8868.		
If you are filing for an Automatic 3-Month Extension, comp						
Part II Additional (Not Automatic) 3-Month			al (no c	opies ne	eded).	
With the state of		Enter filer's				uctions
Type or Name of exempt organization or other filer, see inst	tructions				tion numbe	
print				. ,		
File by the REBECCA SUSAN BUFFETT FOUN	36-4201771					
due date for Number, street, and room or suite no. If a P.O. box	Social se	curity nun	nber (SSN)			
filing your return See C/O L. BETTANIN, 548 HYACI	NTH					
Instructions City, town or post office, state, and ZIP code For a HIGHLAND PARK, IL 60035	a foreign add	fress, see instructions				
mionization right, right of the control of the cont						
Enter the Return code for the return that this application is for	(file a separa	te application for each return)				0 4
Application	Return	Application				Return
ls For	Code	Is For				Code
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A				08
Form 4720 (individual)	03	Form 4720				09
Form 990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T (trust other than above)	06	Form 8870				12
STOP! Do not complete Part II if you were not already grant						
		O L. BETTANIN, 548	HYAC	INTH,	HIGHI	AND
• The books are in the care of \triangleright PARK, IL - 6	0035					
Telephone No ▶ <u>(847)</u> 432-2134		FAX No ▶				
If the organization does not have an office or place of busing					•	
If this is for a Group Return, enter the organization's four dig						
box ► If it is for part of the group, check this box ►		ach a list with the names and EINs of BER 15, 2013	all memo	ers the ex	tension is to	<u> </u>
 I request an additional 3-month extension of time until For calendar year 2012, or other tax year beginning 		·•	~			
			J ☐ Final r	eturn		
6 If the tax year entered in line 5 is for less than 12 months Change in accounting period	s, check reas	on initial return	1 111011	etuiii		
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED TO	PREPA	RE A COMPLETE AND	ACCUR	ATE R	ETURN	•
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	0, or 6069, e	enter the tentative tax, less any			···	
nonrefundable credits. See instructions			8a	\$	4	,680.
b If this application is for Form 990-PF, 990-T, 4720, or 606	89, enter any	refundable credits and estimated				
tax payments made Include any prior year overpayment	allowed as	a credit and any amount paid			_	
previously with Form 8868			8b	\$	4	,680.
c Balance due. Subtract line 8b from line 8a Include your	payment wi	th this form, if required, by using				•
EFTPS (Electronic Federal Tax Payment System) See in:			8c	\$		0.
		st be completed for Part II o	•			_
Under penalties of perjury, I declare that I have examined this form, incit is true, correct, and complete, and that I am authorized to prepare thi	luding accom s form	panying schedules and statements, and to	the best o	if my knowl	edge and bel	ief,
Signature ▶	▶ PRESI	DENT	Date	>		
				Forn	n 8868 (Rev	/. 1-2013)

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