

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2008

OMB No 1545-0052

For	caler	ndar year 2008, or tax year beginning		, and endin	19		····
G	Check	call that apply: Initial return	Final return	Amended return		Address change	Name change
	e the label		ON INCORPORA	TED		A Employer identification	
Ot	herwi	se, AGENCY				<u> 39-6048524</u>	<u> </u>
	print r typ	230 FRONT STREET NORT		Roc	om/suite	B Telephone number (608)782-1	148
	Spe	cific Crty or town state and ZID code				C if exemption application is p	
IRST	tructi	LA CROSSE, WI 54601				D 1. Foreign organization	s, check here
H	Check	type of organization: X Section 501(c)(3) ex	empt private foundation			Foreign organizations me check here and attach co	eeting the 85% test, proputation
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion		E If private foundation sta	·
l Fa	air ma	arket value of all assets at end of year J Account	ng method: 🗶 Cash	Accrual		under section 507(b)(1	
•			ther (specify)			F If the foundation is in a	60-month termination
	-\$	306 , 815 . (Part I, colu	mn (d) must be on cash l	oasis)		under section 507(b)(1)(B), check here
Pa	art I	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 invest income		(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received				<u> N/A</u>	
	2	Check I if the foundation is not required to attach Sch. B			0.60	·	
	3	Interest on savings and temporary cash investments	4,960.		960.		GM3 MT3 573 = 4
	4	Dividends and interest from securities	3,743.	3,	743.		STATEMENT 1
	Ι.	Gross rents					
	1 _	Net rental income or (loss)	3,358.				
97	Da b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 28, 358.	3,330.				
Revenue	1 -			3	358.		
	8	Capital gain net income (from Part IV, line 2) Net short territ capital gain			330.		
	9			······································			
		Gross sales less returns a bug					
		Less Cost of goods sold					
	C	Over the state of					
	11	Other Inecome DEN, UT					
	12	Total. Add lines 1 through 11	12,061.	<u> </u>	061.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					ļ
s	15	Pension plans, employee benefits					
nse	,	Legal fees	0.55		400		400
9	.l	Accounting fees STMT 2	965.		483.		482.
ш	6	Other professional fees STMT 3	4,047.	4,	047.		0.
aţ	17	Interest Taxes STMT 4	184.		184.		0.
trative Expenses	18 19	Depreciation and depletion	104.		7040		
ii.	20	Occupancy					
Adr	21	Travel, conferences, and meetings					
2	22	Printing and publications					
g B	23	Other expenses					
aţir	24	Total operating and administrative					
per		expenses. Add lines 13 through 23	5,196.	4,	714.		482.
0	25	Contributions, gifts, grants paid					
	26	Total expenses and disbursements.	_				
	L	Add lines 24 and 25	5,196.	4,	714.		482.
	27	Subtract line 26 from line 12:					1
8		Excess of revenue over expenses and disbursements	6,865.				
4		Net investment income (if negative, enter -0-)		7,	347.		<u> </u>
4		Adjusted net income (if negative, enter -0-)		·		<u>N/A</u>	Form 990 PE (2008)

823501 01-02-09

TRANE FATTLY FOUNDATION INCORPORATE

Form 990-PF (2008) 39-6048524 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 8,696. 40,257. 40,257. 2 Savings and temporary cash investments 3 Accounts receivable ► Less; allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 49,494. 10a Investments - U.S. and state government obligations STMT 5 49,794. 50,946. 245,602. 245,602. 170,038. b Investments - corporate stock STMT ..6 86,849. ... STMT 7. 61,853. 45,574. c Investments - corporate bonds 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 ► 390.641. 397,506. 306,815. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Fund Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. þ 0. 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 390,641 397,506. 29 Retained earnings, accumulated income, endowment, or other funds ě 390,641 397,506 30 Total net assets or fund balances 390.641 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 390,641. (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 6,865. 3 Other increases not included in line 2 (itemize)

Form 990-PF (2008)

397,506.

397.506.

Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

823521 01-02-09

Page 3

Part IV Capital Gains	and Losses for Tax on I	lnvestment	t Income				
(a) List and desci 2-story brick wa	ribe the kind(s) of property sold (e. rehouse; or common stock, 200 s	g., real estate, hs. MLC Co.)		` P -	ow acquired Purchase Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr.)
18 BANK ONE TEXAS	6.25% - BOND M	ATURITY			P		02/15/08
b CAPITAL GAINS	DIVIDENDS						
<u> </u>							
_d						·	
<u> </u>		1		Ц,			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 (4)	st or other basis expense of sale			(h) Gain or (los (e) plus (f) minus	s (g)
<u>a</u> 25,000.			25,00	0.	 		0.
ь 3,358.		<u> </u>		-			3,358.
<u>c</u>			 	-+			
<u>d</u>		 	 .	$ \vdash$			
Complete anhy for accets chown	g gain in column (h) and owned by	u the foundation	on 12/21/60	-		(I) Coine (Col. (b) and	
Complete only for assets showin	<u> </u>		cess of col. (i)	\dashv		(I) Gains (Col. (h) ga: ol. (k), but not less th	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any	1		Losses (from col	. (h))
a		 		\dashv			0.
b				t			3,358.
C		+					0,000
d							
0							
	∫ If gain, also ent	er in Part I line	7	7			
2 Capital gain net income or (net ca	pital loss)	0- ın Part I, line	7	}	2	-	3,358.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		and (6);		}		N/	a
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	Inve	stment In		A
Was the foundation liable for the sect If "Yes," the foundation does not qual Enter the appropriate amount in e	rfy under section 4940(e). Do not c	complete this pa	rt				Yes X No
(a)	(b)			(c)			(d)
Base periód years Calendar year (or tax year beginnii	ng in) Adjusted qualifying di		Net value of no			(col. (b) c	ribution ratio Irvided by col. (c))
2007		22,746. 14,640.			421,13 412,14		.054011
2006 2005		19,436.		_	399,48		.048653
2003		14,585.			388,52		.037539
2003		14,140.			349,21		.040491
2 Total of line 1, column (d)					<u> </u>	2	.216216
3 Average distribution ratio for the	5-year base period - divide the tota		or by the number	of yea	rs .		<u>. </u>
the foundation has been in exister	•				•••	3	.043243
4 Enter the net value of noncharitab	le-use assets for 2008 from Part X	, line 5				4	360,382.
5 Multiply line 4 by line 3		• • ••				5	15,584.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					8	73.
7 Add lines 5 and 6						. 7	15,657.
8 Enter qualifying distributions from	Part XII, line 4					8	482.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin	e 1b, and comp	lete that part using	g a 1%	tax rate.		
823521 01-02-09							Form 990-PF (2008)

	TRANE F7 LY FOUNDATION INCORPORATE					
_	n 990-PF (2008) AGENCY		<u>6048</u>			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see ir	ıstru	ction	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here ▶ 🔲 and enter "N/A" on line 1		Ì			
	Date of ruling letter. (attach copy of ruling letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	1			<u> </u>	47.
	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) ノ		1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3	ļ		<u> </u>	<u>47.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	ļ		1	47.
6	Credits/Payments:					
a	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 280	<u>. </u>				
b	Exempt foreign organizations - tax withheld at source	_				
C	Tax paid with application for extension of time to file (Form 8868)	_				
d	Backup withholding erroneously withheld	_				
7	Total credits and payments. Add lines 6a through 6d	7	_		<u>2</u>	80.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached _	8	<u> </u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u></u>			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1	33.
11	Enter the amount of line 10 to be; Credited to 2009 estimated tax	11	<u> </u>			0.
Pa	art VII-A Statements Regarding Activities					
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	any political campaign?			1a	لـــــا	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		ļ	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?		-	1c		X
d	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. ► \$	<u>.</u>				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2_		X
	If "Yes," attach a detailed description of the activities.]
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				1
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		ļ	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	. 1	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.				1	1
8	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				l ,	1
	● By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta	te law			1	1
	remain in the governing instrument?			6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV.					1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				ĺ	
	WI				1	1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					1
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	$oxed{oxed}$
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar				
	year 2008 or the tayable year beginning in 2008 (see instructions for Part XIV)? If "Yes " complete Part XIV			Ω	1	x

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

TRANE FATLY FOUNDATION INCORPORATED		
Form 990-PF (2008) AGENCY 39-6048!	<u> </u>	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	- 1	ł
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before	ļ	j
August 17, 2008?	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	K
Website address ► N/A		
14 The books are in care of ► TRUST POINT INC Telephone no. ► 608-782	2-11	48
Located at ► 230 FRONT STREET NORTH, LA CROSSE, WI ZIP+4 ► 540		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		\blacktriangleright
and enter the amount of tax-exempt interest received or accrued during the year	N/2	A
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.	Υ	es No
1a During the year did the foundation (either directly or indirectly).	- }	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	İ	1
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	İ	
a disqualified person?		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
(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		
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		
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		
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	15	
Organizations relying on a current notice regarding disaster assistance check here		1
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		
before the first day of the tax year beginning in 2008?	10	x
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)):		1
a At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		
before 2008?		
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	1	1
statement - see instructions.) N/A	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	1	
during the year?	İ	
b If "Yes," did it have excess business holdings in 2008 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		1
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,		1
Form 4720, to determine if the foundation had excess business holdings in 2008) N/A	3ь	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	Х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		
had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b	X

TRANE FAMILY FOUNDATION INCORPORATED Form 990-PF (2008) **AGENCY** 39-6048524 Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes X No Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? вb X If you answered "Yes" to 6b, also file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (b) Title, and average (e) Expense account, other hours per week devoted to position (If not paid, enter -0-) (a) Name and address allowances MAXWELL TRANE PRESIDENT PART-TIME CRESCENT, MN 0.00 0 0. CHRISTOPHER HOOD VICE PRES. PART-TIME LA CROSSE, WI 0. 0.00 0 SEC/TREAS PART-TIME SUSAN ROBINSON CINCINNATI, OH 0.00 0. 0. 0. (b) Title, and average

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and defended compensation

(e) Expense account, other allowances

NONE

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

Form 990-PF (2008)

Form 990-PF (2008) AGENCY		39-	6048524 Page
Part VIII Information About Officers, Description Paid Employees, and Contract	Directors, Trustees, Foundation ctors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for p	rofessional services. If none, enter "N	IONE."	
(a) Name and address of each person pa	ud more than \$50,000	(b) Type of service	(c) Compensatio
NONE			
			
			-
Total number of others receiving over \$50,000 for profession Part X-A Summary of Direct Charitable	Activities		
<u> </u>		1-4	
List the foundation's four largest direct charitable activities d number of organizations and other beneficiaries served, conf			Expenses
1 NOT APPLICABLE			
2			
			
3			
	· · · · · · · · · · · · · · · · · · ·		
4			
Part IX-B Summary of Program-Related	Investments	- 	
Describe the two largest program-related investments made		es 1 and 2.	Amount
1 NONE			
2			
All other program-related investments. See instructions.			
8 NONE			

Total. Add lines 1 through 3

·Form 990-PF (2008) 39-6048524 AGENCY Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Part X Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 1 341,393. a Average monthly fair market value of securities 1a b Average of monthly cash balances 1b 24,477. c Fair market value of all other assets 10 365.870. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 365,870. 3 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 5,488. 4 4 360,382. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 18.019. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here
and do not complete this part.) 18,019. Minimum investment return from Part X, line 6 1 147. Tax on investment income for 2008 from Part VI, line 5 2b Income tax for 2008. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 በ 5 872. 5 Add lines 3 and 4 0. в Deduction from distributable amount (see instructions) 6 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: 482. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: a Surtability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3Ь 482 4 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

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

Form 990-PF (2008)

5

8

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

39-6048524

AGENCY

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,				17,872.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2008.				
a From 2003				
b From 2004 .				
c From 2005				
d From 2006				
e From 2007 2, 217.				
f Total of lines 3a through e	2,217.			
4 Qualifying distributions for 2008 from				
Part XII, line 4: ► \$ 482.				
a Applied to 2007, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			100
d Applied to 2008 distributable amount				482.
Remaining amount distributed out of corpus	0.			0.015
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))	2,217.			2,217.
6 Enter the net total of each column as indicated below;				,
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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				
amount - see instructions		0.		
e Undistributed income for 2007. Subtract line			_	
4a from line 2a. Taxable amount - see ınstr.			0.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				15,173.
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 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	1			
a Excess from 2004	İ			
b Excess from 2005				
c Excess from 2006				
d Excess from 2007				
e Excess from 2008				L

Form 990-PF (2008)

TLY FOUNDATION INCORPORATE

TRANE F1

823601 01-02-09

TRANE FF 'LY FOUNDATION INCORPORATE'

Form 990-PF (2008)

AGENCY

39-6048524

Page 11

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		
a Paid duning the year				
NONE				
Total .	T	 	<u>▶ 3a</u>	0.
b Approved for future payment NONE				
Tabal			21	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	(a) Business	business income (b) Amount	(c) Exclu- sion	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue	code	Amount	code	Allount	Tallegoll illegille
a				- 	
b					····
<u> </u>	1 1				
d	 				
			- 		
	 	· · · · · · · · · · · · · · · · · · ·		 +	
g Fees and contracts from government agencies		·			
2 Membership dues and assessments 3 Interest on savings and temporary cash	 				
investments			14	4,960.	
4 Dividends and interest from securities			14	3,743.	
5 Net rental income or (loss) from real estate:				3,143.	
a Debt-financed property					···· <u>···</u>
b Not debt-financed property		····		· -	
6 Net rental income or (loss) from personal			_ _		
property					
7 Other investment income			 		
8 Gain or (loss) from sales of assets other					
than inventory			18	3,358.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue;]]		-
8					
b					
c	1 1				
d					
e	<u> </u>				
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	(0.	12,061.	0.
13 Total. Add line 12, columns (b), (d), and (e)		•		. 13	12,061.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of	Exempt P	urposes	
Line No. Explain below how each activity for which inco				I importantly to the accomp	olishment of
the foundation's exempt purposes (other than	by providing funds	s for such purposes)	•		
N/A					
	 -	 			
				· <u> </u>	
					
					
				-	
					
					•
		 			
					
					
				·	
					
					
322521					

39-6048524

Page 13

but the organization directly or indirectly all programs any of the following with any other cognization discribed in section 501(c) of the Code (other than section 501(c)) organizations or misches 527, relation to produce organizations? 1 Transfers from the reporting (ourdation to a noncharitable exempt organization of, (1) Cash (2) Other transactions: (3) Other transactions: (1) Sales of Sasets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Purchases of assets from a noncharitable exempt organization (3) Renated fractions, equipment of other sections (4) Renated fractions, equipment of other sections (4) Renated fractions, equipment of sections (4) Renated fractions, equipment, making lets, other assets, or paid employees 4 If the answer to any of the above or Yes, complete the following schedules. (3) Performance of services or membership or fundrasing selectations: (4) If the answer to any of the above or Yes, complete the following schedule. (5) Is the following schedule. (6) It has not where the any of the politory foundation in the foundation developes of the section of the section of the section of the politory of the object of politory of politory of the object of polit	Pa	art XVI	Information Re Exempt Organ	egarding Transfers To a izations	and Transactions	and Relat	ionships With N	oncharitable		190 10
the Code (often than section 50 (c)(3) organizations) or in section 577, relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of: 1 (1) Clock 2 (2) Other assets: 1 (1) Sales of assets to annocharitable exempt organization 2 (2) Purchase of assets from a noncharitable exempt organization 2 (3) Renatul of facelities, equipment, or other assets 3 (4) Renaturement arrangement or surveines or membership or fundrasing solicitables (5) Loans or foaring suranites (6) Performance of services or membership or fundrasing solicitables 2 Sharing of facilities, equipment, mining lests, other assets, or paid simployees 4 If the answer to any of the above is "Yes," complete the following schedule. Oxform (6) should always show the fair market value of the goods, other assets, or an animal control or services relevant or an average show by the reporting foundation. If the outdation relevated less than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services relevant or services (color) in the goods, other assets, or services relevant or services (color) in the goods, other assets, or services relevant or services (color) in the goods of the goods, other assets, or services relevant or services (color) in the goods, other assets, or services (color) in the goods of the goods, other assets, or services (color) in the goods of the goods, other assets, or services (color) in the goods of the goods, other assets, or services (color) in the goods of the goods, other assets, or services (color) in the goods of the good of the goods of the goods, other assets, or services (color) in the goods of the good of the goods of the goods of the goods of the goods of the goods of the goods of the goods of the good of the goods of the goods of the goods of the goods of the good of the goods of the goods of the goods of the goods of the good of the goods of the goods of the goods of the goods of the	1	Did the	organization directly or indi	rectly engage in any of the following	ng with any other organizat	on described i	n section 501(c) of		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cloths assets. 10 Other transactions; (1) Safes of lasts to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reministration of other assets (5) Loans or loan guarantess (6) Performance of services or membership or fundrating selectations (6) Performance of services or membership or fundrating selectations (7) If the answer far any of the above or "Sec, complete the following schedule. Collumn (a) should always show the fair market value of the goods, other assets, or safe applications (6) Line to (b) Amount involved (c) Name of noncharitable exempt organization (6) Description of relationship and plantship of indirectly of indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 201(c) of the Goods (other than section 501(c)(3)) or in section 527? (6) If Yes, complete this following schedule. (a) Have of organization (b) Type of organization (c) Description of relationship and belief, in a fault organization of section 201(c) of the Goods (other than section 501(c)(3)) or in section 527? (a) If Yes, complete this following schedule. (a) Have of organization (b) Type of organization (c) Description of relationship and belief, in a fault property of sectionship and section of sectionship and section of sectionship and section 201(c) of the Goods (other than section 501(c)(3)) or in section 527? (a) If Yes, complete the following schedule. (a) Have of organization (b) Type of organization (c) Description of relationship and belief, in a fault property is any howeledge. (b) In Yes, complete the following schedule. (c) Description of property is described and section of the complete property is any howeledge. (d) In Yes, complete the following schedule. (e) Date in the following schedule. (f) Complete the following schedule. (g) Type of organization (here							, ,			
(1) Cash (2) Other assets . 10 Other transactions: (1) Sales of assets to a noncharibble exempt organization (2) Purchase of assets from a noncharibble exempt organization (3) Rental of facilities, equipment, or other assets (4) Remburstanean arrangements (5) Loans or loan quararibes (6) Performance of services for membership or fundrasing selectations (6) Performance of services for membership or fundrasing selectations (7) Purchase of assets from a noncharibble exempt organization (8) Performance of services from a noncharibble search of the season of t	a		•							}
(2) Purchases of assets from a noncharitable exempt organization (1) Sales of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of activities, equipment, or other assets (4) Rembursament arrangements (5) Loans of loan guarantees (6) Purformance of services or membership or fundrating solicitations (8) Purformance of services, equipment, making lists, other assets, or paid employees (9) Purformance of services, equipment, making lists, other assets, or paid employees (1) If the answer to any of the above is "res", complete the following schedule. Column (6) should always show the fair market value of the goods, other assets, or assets, or paid employees (1) If the answer to any of the above is "res", complete the following schedule. Column (6) should always show the fair market value of the goods, other assets, or assets, or paid employees (1) If the answer to any of the above is "res", complete the following schedule. Column (6) should always show the fair market value of the goods, other assets, or assets, or paid employees (1) If the answer to any of the above is "res", complete the following schedule. Only the second of the color of the cold (other than section 50 ft(c)(3)) or in section 52 ft answer to any transaction or sharing arrangement, show in section 50 ft(c) than of noncharitable exempt organization (9) Description of relationships (1) Almost furnished to a section 50 ft(c)(3)) or in section 52 ft answer to any transaction or sharing arrangement, show in section 50 ft answer to any transaction or sharing arrangements. (1) Line to (1) Almost organization (1) Property of individual answer to any transaction or sharing arrangement, show in section 52 ft answer to any transaction or sharing arrangement. (1) Line to (1) Description of relationships (1) Description of relationships (2) Description of relationships (3) No. 1 Property of the Cold (other than section to which prepare schedules and alteriorships and to this best o		(1) Cas	sh	·				1a(1)		х
b Other transactions: (1) Sales of assets to an oncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Parformance of services or membership or fundrationg solicitations (7) Sales of assets from a noncharitable exempt organization (8) Parformance of services or membership or fundrational solicitations (9) Parformance of services or membership or fundration services or services (complete the following schedule. Column (6) should always show the fluir market value of the goods, other assets, or services (conceived. (9) Line on (9) Amount livrolved (2) Name of organization (4) Description of transfers, variancetors, and sharing arrangement, show an occurrence of the goods, other assets, or services (conceived. (9) Name of organization (1) Sales of assets to any of the above is "Sec. complete the following schedule. Column (6) should always show the fluir market value of the goods, other assets, or services (conceived. (1) Line on (1) Amount livrolved (2) Name of organization (3) Rein subset or any of the above is "Sec. complete the following schedule. (4) Name of organization (5) Loans or loan guarantees (6) Amount livrolved (6) Name of organization (9) Name of organization (9) Name of organization (9) Name of organization (9) Name of organization (9) Name of organization (1) Type of organization (9) Name of organization of proper (other) than toque or inducing is based on all information of which prepare has any troordege (1) Line of the proper (other) than toque or inducing is based on all information of which prepare has any troordege (1) Reima to any organization of proper (other) than toque or inducing is based on all information of which prepare has any troordege (1) Reima to any organization (1) Description of relationships and the late of the proper or inducing is based on all information of which prepare has any troor		(2) Oth	er assets			_		1a(2)		
19 Purchases of assets from a noncharidate exempt organization 19 19 18 18 18 18 18 19 18 18	b			•		-				
19 Purchases of assets from a noncharidate exempt organization 19 19 18 18 18 18 18 19 18 18		(1) Sal	es of assets to a noncharita	ble exempt organization				16(1)	ļ	х
(3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Leans or loan guarantees (6) Performance of services or membership of fundrasing solicitations (7) Performance of services or membership of fundrasing solicitations (8) Performance of services or membership of fundrasing solicitations (8) Performance of services or membership of fundrasing solicitations (8) Example of fundracity or find services or period depends on the above is "es; Complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) this value of the goods, other assets, or services freewed. (a) Name of noncharitable exempt organization (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of tenders, transactions, and always arrangements N/A (a) In rest complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (d) Description of relationship (e) Description of relationship N/A Under primates of perpay, I declarage following has perpayed a following is based on all information of which prepare has any knowledge and betef, it is bue, correct, and complete Declaration of properer philarytain bapayer or following is based on all information of which prepare has any knowledge Singular publication or fundation N/A Under primates of perpay, I declarage following has perpayed or following accompanying schedules and statements, and to the best of my knowledge and betef, it is bue, correct, and complete Declaration of properer information and properer information of which prepare has any knowledge and betef, it is bue, correct, and complete Declaration of properer informations are perpayed or information of which prepare has any knowledge and betef, it is bue, correct, and complete Declaration of properer informations						•	•			
19 19 19 19 19 19 19 19		• •		, ,	•		•			
(a) Leans or loan guarantees (b) Performance of services or membership or fundraising solicitations c) Sharing of facilities, equipment, making lists, other assets, or paid employees d) If the answer to any of the above is "es," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reprofund goundation. If the foundation consequenced less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Lims no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A (e) If "es," complete the following schedules (g) Name of organization (g) Description of relationship (g) Name of organization (g) Description of relationship (g) Name of organization (g) Name of organization (g) Description of relationship (g) Name of organization (g) Description of relationship (g) Description of										_
(e) Performance of services or membership of fundrasing solectations Sharing of facilities, equipment, making lists, other assets, or paid employees If it he answer to any of the above is "Ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services egiven by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (e) Line no (D) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exampt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (e) Description of relationship N/A Under penalties of perplin, if declary fill They examined this return, including accompanying schedules and slatements, and to the best of my knowledge and belief, it is true, correct, and complish. Technical on of prepline (other) has been organization of which prepare has each of the code (other) than tempers or folicewy) is based on all information of which prepare has each of the code (other) than tempers or folicewy) is based on all information of which prepare has each of the code of the code (other) than the preparative of the code of the code (other) than tempers or folicewy) is based on all information of which prepare has each of the code of		• •	•		•		•		1	
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees It a X If the answer to any of the above is "res," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation ceaved less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of nonchartables exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exampt organizations described in section 50 (c) of the Code (other than section 50 (c)(3)) or in section 527? b If "res," complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship N/A N/A				mbership or fundraising solicitation	ons .		•			
d If the answer to any of the above is "est," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greated by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	C			•						
or services given by the reporting foundation. If the foundation acceived less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line so (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of person, i declarged Tibble examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of person for the control of the code of the penalties of person, i declarged Tibble examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of person for the control of the code of t	d	-		• •	• •	lways show the		goods, other ass	ets.	
column (d) the value of the goods, other assets, or services roceived. (a) Line no (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, twissactions, and sharing arrangements N/A 2a is the foundation directly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I decling mital Tibre examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and correlate Declaration of pregister (other shan tax-payer or idusory) is based on all information of which preparer has any knowledge Under penalties of perjury, I decling mital Tibre examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and correlate Declaration of pregister (other shan tax-payer or idusory) is based on all information of which preparer has any knowledge Signature Declaration of pregister (other shan tax-payer or idusory) is based on all information of which preparer has any knowledge Signature Declaration of pregister (other shan tax-payer or idusory) is based on all information of which preparer has any knowledge Signature Declaration of pregister (other shan tax-payer or idusory) is based on all information of which preparer has any knowledge Signature Declaration of pregister (other shan tax-payer or idusory) is based on all information of which preparer has any knowledge Signature Declaration of pregister (other shan tax-payer or idusory) is based on all information of which preparer has any knowledge Signature Declaration of pregister (other shan tax-payer or idusory) is based on all information of which preparer has any knowledge and belief, it is true, correct, and control pregister (other shan tax-payer) Signature Decl	_		•	· · · · · · · · · · · · · · · · · · ·					,	
(a) Lime on (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 ((c) of the Code (other than section 50 1(c) (d)) or in section 52?? (a) No (b) Types, complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of person, I declare wifall these examined their return, including accompanying schedules and statements, and to the best of my knowledge and ballet, it is true, correct, and complete. Declaration of preptive (other/hina topogyer or feduciary) is based on all information of which prepare has any knowledge. Sogniture pateries in faulties Date Proparer's identifying number significant in the preparer's					•		,			
N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of person, I declare of state to the person of the state of the person of the state of the person of the state of the person of the state of the person of the state of the person of the state of the person of the person of the state of the person of the per	(a)		<u>, , , , , , , , , , , , , , , , , , , </u>	, 		(d) Des	cription of transfers, transac	tions, and sharing ar	rangeme	ents
2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52/? b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perpury, I declary will Those examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer is dentifying number of significant of the preparer is dentifying number of significant of the property of individually in based on all information of which preparer has any knowledge. Significant of the property is dentifying number of significant of the property of individual property is significant. Preparer's identifying number of significant of the property of individual property is significant. Significant of the property is identifying number of the property of individual property is significant. Significant of the property is identifying number of individual property is identifying number of individual property. Significant of the property is identifying number of individual property. Significant of the property is identifying number of individual property. Significant of the property is identifying number of individual property. Significant of the property is identifying number of individual property. Significant of the property is identifying number of individual property. Significant of the property is identifying number of individual property. Significant of the property is identifying number of individual property. Significant of the property is identifying number of individual property. Significant of the property is identifying number of individual property. Significant of the property is identifying number of individual property. Significant of the property is identifying number of individual property in its individual property.	``					- ` - 	- 			
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	_									
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501										
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501										
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	_					 -				
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501										
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	_					 	· · · · · · · · · · · · · · · · · · ·			
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501			····							
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	_		 · · 							
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501										
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501										
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501										
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501				· · · · · · · · · · · · · · · · · ·						
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501										
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501			·							
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501										
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or (iduciary) is based on all information of which preparer has any knowledge Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	28	Is the fo	undation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organ	nizations descri	bed			
b If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare mat have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other/than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or sustee Preparer's Signature Preparer's Signature Fiftle Preparer's identifying number self- employed LA CROSSE, WI 54601-4062 Phone no. 608.791.6501			= = = = = = = = = = = = = = = = = = =					Yes	X	Пио
(c) Description of relationship N/A Under penalties of perjury, I declare mat I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer or trustee Date Preparer's identifying number self-employed, and rest, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Preparer's identifying number self-employed milest employed in the self-employed in the self-employed, address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	Ь		` '				•			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of efficer or trustee Date Date Check if self-employed Preparer's identifying number signature Preparer's identifying number Prepar					(b) Type of organization		(c) Description of	relationship		
and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer of sustance Date Date			N/A							
and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer of sustance Date Date								_		
and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer of sustance Date Date	_		·	_ _		<u> </u>		·—-·		
and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer of sustance Date Date						<u> </u>				
and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Signature of officer of sustance Date Date	_					<u> </u>				
Signature of efficer of sulstee Date Date Date Date Check of self-employed Firm's name (or yours of self-employed), address, and ZIP code LA CROSSE, WI 54601-4062 Preparer's identifying number Signature Preparer's identifying number Self-employed LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	- 1							belief, it is true, come	ect,	
Signature of officer of trustee Preparer's signature Preparer's signature Preparer's identifying number self- employed Firm's name (or yours if self-employed). address, and ZIP code LA CROSSE, WI 54601-4062 Pate Check if self- employed Firm's name (or yours if self-employed). Address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	4			yanan aaqaya a maasaay, is sassa sii	La					
Firm's name (or yours of SEN MCGLAOREY, INC. 1 sett-employed). address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501						- DI	Sidons			
Firm's name (or yours of SEN MCGLAOREY, INC. 1 sett-employed). address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	휘	Sign	ature of officer of trustee			Title		7		
Firm's name (or yours of SEN MCGLAOREY, INC. 1 sett-employed). address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	딞	φ \ P		<u> </u>				Preparer's identify	ying nun	nber
address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	S.	ᅙᅙᅜ	ignature V	un U Haven		2.9.09		71		
address, and ZIP code LA CROSSE, WI 54601-4062 Phone no. 608.791.6501	[8 9 8 8 8 € 8 1			005		EIN -			
	Ì			KING ST., STE.			1	600 551	<i></i>	4
Form 990-PF (2008)	_		LA C	KUSSE, WI 54601	-4062		Phone no.			

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT	
TRUST POINT INC	•		7,101.		3,358.	3,74	3.
TOTAL TO FM 990-PF, PART I, I	N 4		7,101.		3,358.	3,74	3.
FORM 990-PF	AC	COUNTI	NG FEES		-	STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		EST-	(C) ADJUSTED NET INCOM		
TAX RETURN PREPARATION		965.		483.		48	2.
TO FORM 990-PF, PG 1, LN 16B		965.	-	483.		48	2.
FORM 990-PF 0	THER I	PROFES	SIONAL F	EES		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-			
TRUSTEE'S FEES		4,047.	4	,047.			0.
TO FORM 990-PF, PG 1, LN 16C	•	4,047.	4	,047.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
2008 FEDERAL TAX ESTIMATE		184.		184.			0.
TO FORM 990-PF, PG 1, LN 18		184.		184.			0.

FORM 990-PF U.S. AND STATE/	CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT	5
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET	r
FEDERAL HOME LOAN MORTGAGE CORP FEDERAL HOME LOAN BANK 4.26%	X X		24,844. 24,950.	25,02 25,92	
TOTAL U.S. GOVERNMENT OBLIGATIONS		_	49,794.	50,94	16.
TOTAL STATE AND MUNICIPAL GOVERNMEN	NT OBLIC	RATIONS			
TOTAL TO FORM 990-PF, PART II, LIN	E 10A	=	49,794.	50,94	16.
FORM 990-PF COI	RPORATE	STOCK		STATEMENT	6
DESCRIPTION			BOOK VALUE	FAIR MARKET	r
EUROPACIFIC GROWTH FUND HARBOR CAPITAL APPRECIATION DODGE & COX STOCK FUND GOLDMAN SACHS SMALL VALUE VANGUARD STRATEGIC EQUITY INV ' 'GAN STANLEY INSTL SMALL COMPANY AMERICAN BEACON INTERNATIONAL EQUIT		- A	9,150. 58,873. 47,351. 28,081. 8,698. 24,102. 10,035.	11,16 43,89 31,91 19,95 5,63 15,86	90. 14. 53. 36.
RIDGEWORTH LARGE CAP CORE EQUITY I TOTAL TO FORM 990-PF, PART II, LINE	Е 10в	- -	245,602.	35,631 170,038	
FORM 990-PF COR	RPORATE	BONDS		STATEMENT	7
DESCRIPTION			BOOK VALUE	FAIR MARKET	r
CALAMOS CONVERTIBLE FUND PIMCO FOREIGN BOND INSTL GOLDMAN SACHS HIGH YIELD FUND PIMCO REAL RETURN BOND FUND LOOMIS SAYLES GLOBAL BOND FUND I		_	22,738. 13,159. 8,283. 5,500. 12,173.	13,72 11,56 5,26 4,55 10,46	59. 55.
TOTAL TO FORM 990-PF, PART II, LINE	E 10C	_	61,853.	45,57	74.