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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

2009 Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2009, or tax year beginning , and ending Final return G Check all that apply. Initial return initial return of a former public charity Amended return Address change Name change Name of foundation A Employer identification number Use the IRS ELISABETH AND ROBBY DAWSON FOUNDATION, label. INC. C/O GUDRUN DAWSON 20-1842693 Otherwise. oriat Number and street (or P O box number if mail is not delivered to street address) **B** Telephone number or type. 8200 S. 68TH STREET 414-425-1520 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. FRANKLIN, WI 53132-1271 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust () Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 673,341 . (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) Part 1 (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income ıncome N/A 224,426. Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 83 83. STATEMENT 659. 659. STATEMENT Dividends and interest from securities 5a Gross rents D Net rental income or (loss) 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold c Gross profit or (loss) 11 Other income 225,168 742. Total. Add lines 1 through 11 0. 0. 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 750 750. 0. **b** Accounting fees c Other professional fees Administrative 17 Interest Ō. 492 492. 18 ... 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Operating 23 Other expenses 24 Total operating and administrative 1,242 1,242 expenses. Add lines 13 through 23 86,120 86,120. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 1,242 87,362 86,120 Add lines 24 and 25 27 Subtract line 26 from line 12: 137,806 8 Excess of revenue over expenses and disbursers 0 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-).

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

Form 990-PF (2009)

INC.	C/0	GUDRUN	DAWSON

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	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	rear	
PE	in:	DataTice Sileets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments .	508,719.	623,341.	623,341.	
i	3	Accounts receivable	_			
1		Less: allowance for doubtful accounts ▶	26,816.			
	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				
l		Less allowance for doubtful accounts				
2	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ă	10a	Investments - U S and state government obligations STMT 5	0.	50,000.	50,000.	
		Investments - corporate stock				
İ	C	Investments - corporate bonds				
ĺ	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				
ı		· · · · · · · · · · · · · · · · · · ·				
	16	Total assets (to be completed by all filers)	535,535.	673,341.	673,341.	
	17	Accounts payable and accrued expenses				
	18	Grants payable				
Ş	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			[
jabi	21	Mortgages and other notes payable				
7	22	Other liabilities (describe				
	23		0.	0.		
	ĺ	Foundations that follow SFAS 117, check here				
(A	ļ	and complete lines 24 through 26 and lines 30 and 31.	505 505	650 041		
Ö	24	Unrestricted	535,535.	673,341.		
lan	25	Temporarily restricted			}	
ĕ	26		<u></u>	<u> </u>	1	
Š		Foundations that do not follow SFAS 117, check here				
F		and complete lines 27 through 31.				
ţ	27	• • • • • • • • • • • • • • • • • • • •				
SSe	28	· · · · · · · · · · · · · · · · · · ·		 	-	
Net Assets or Fund Balances	29		F 25 F 25	672 241	-	
ž	30	Total net assets or fund balances	535,535.	673,341.	' {	
	1		E 25 E 25	672 241		
_	31		535,535	673,341.	•[
E	arl	Analysis of Changes in Net Assets or Fund	Balances			
-	Tof	al net assets or fund balances at beginning of year - Part II, column (a), lin	e 30		 	
•		ist agree with end-of-year figure reported on prior year's return)		1	535,535.	
2		er amount from Part I, line 27a			100.000	
3	Oth	er increases not included in line 2 (itemize)		3	0.	
4		I lines 1, 2, and 3			650 041	
5		creases not included in line 2 (itemize)		5	0.	
		al net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30		673,341.	
_					Form 990-PF (2009)	

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				P	- Purc - Dona	quired hase ation		Date acquii io , day, yr		(d) Date so (mo , day,	
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e					<u> </u>						
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale					h) Gain or plus (f) m		
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									 _		
											
		- 									
0		aluma (h) and aumad l	h	10/01/00							
Complete only for assets showing							CC	(I) Gaii ai (k)	ns (Col. (h) but not les) gain r is than	minus -n-) or
(I) F.M V. as of 12/31/69) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any					sses (from		
			_								
			<u> </u>								
	-	(If gain, also en	nter in Part I, line	7	٦٦						
Capital gain net income or (net cap	ortal loss)	If (loss), enter	-0- in Part I, line	7		2					
Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		ied in sections 1222(5)			1	:	İ				
If (loss), enter -0- in Part I, line 8	Jointilli (C)			- P I	3					
by W. Ouglification II.											
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ELISABETH AND ROBBY DAWSON FOUNDATION,

Part VII - Excise Tax Based on Investment Income (Section 4940(s), 4940(s), or 4948 - see instructions) 1 Exempt operating boundation actional in section 4940(s), check here ▶ □ and enter 1% on the 1. Obtained of mining or determination letter (states bay of letter Investations) 1 Domestor foundations that meet the section 4940(s) requirement in Part V, check here ▶ □ and enter 1% on the 1. O or Part I, line 270 2 All other domestic boundations enter 2% of the 270. Exempt foreign organizations enter 3% of Part I, line 12. (cit) 2 All others 1 and 2 3 Add fines 1 and 2 5 Tax based on investment income. Subtract line 4 from time 3 if zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from time 3 if zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from time 3 if zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from time 3 if zero or less, enter -0 6 Exempt foreign operanzations - 1 two timeles at source 6 Exempt foreign operanzations - 1 two timeles at source 7 Total credet and opyments Add lines 5 through 6d 8 Exempt foreign operanzations - 1 two timeles at source 7 Total credet and opyments Add lines 5 through 6d 8 Exempt foreign operanzations - 1 two sincer than time 7, enter amount owed 10 Overpayment. If time 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If time 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If time 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If time 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If time 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If time 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If time 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If time 7 is		990-PF (2009) INC. C/O GUDRUN DAWSON			1842			Page 4
Dates the foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1% of Part I, line 27b s. All other domestic foundations onler 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, cot (b) 2 Tax under section 511 (domestic section 4947(e)(1) frusts and taxable foundations only Others enter -0-) 3	Pa	rt VI · Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	0(e), or	4948	- see ir	ıstru	ction	ns)
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If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation File Form 1120-POL for this year? 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. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year? 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 bylaws, or other similar instruments? If "Yes," attach a centification of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year? If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. 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 state law remain in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? If "Yes," complete Part III, col. (c), and Part		any political campaign?				<u> 1a</u>		<u>X</u>
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Form **990-PF** (2009)

X

X

3b

4a

of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

Form 4720, to determine if the foundation had excess business holdings in 2009.)

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

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

				U
Form	990-	PF	120	ומר

allowances

hours per week devoted to position

(c) Compensation

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

NONE

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

Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter	"NONE "	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of service	(c) compensation
NONE	-	
	 	
	1	
	-	
		
	-	
	4	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistic	eal information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produ	ced, etc	Expenses
1 N/A		
·		
		
2		
<u> </u>		
3		
<u> </u>		
4		
~		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions.		
3		
Total. Add lines 1 through 3		0.
		Form 990-PF (2009)

Page 8

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	idations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	566,030.
	Average of monthly cash balances	16	
	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	566,030.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	O.
3	Subtract line 2 from line 1d	3	566,030.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,490.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	557,540.
6	Minimum investment return. Enter 5% of line 5	6	27,877.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part)	d certain	
1	Minimum investment return from Part X, line 6	1	27,877.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		•
C	Add lines 2a and 2b	2¢	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	27,877.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	27,877.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	27,877.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		06 120
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	86,120.
b	·	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а		3a	
b	,	3b	06 120
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	86,120.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	86,120.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies fo	or the section

Form **990-PF** (2009)

Page 9

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI.	Corpus	Years prior to 2008	2000	2009
line 7				27,877.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years	***************************************			-11:111111-11:11:11:11:11: ,////////
		0.		······
3 Excess distributions carryover, if any, to 2009				,
a From 2004				
b From 2005 23, 185.				
c From 2006 40,875.				
d From 2007				•
e From 2008 21,587.	05 647			
f Total of lines 3a through e	85,647.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ▶ \$ 86, 120.			0.	
a Applied to 2008, but not more than line 2a				######################################
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus				
(Election required - see instructions)	o .			
d Applied to 2009 distributable amount		######################################		27,877.
e Remaining amount distributed out of corpus	58,243.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.	# ! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!		0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	142 900			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	143,890.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b				
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 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2010		***************************************		0.
7 Amounts treated as distributions out of		,		
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)		;		
not applied on line 5 or line 7	0.	,	3 .	, ,
9 Excess distributions carryover to 2010.		· · · · · · · · · · · · · · · · · · ·		
Subtract lines 7 and 8 from line 6a	143,890.			· ·
10 Analysis of line 9:			<i>i</i> ,	·
a Excess from 2005 23, 185.	•		,	
b Excess from 2006 40,875.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1 1
c Excess from 2007	e e e e e e e e e e e e e e e e e e e			1 1
d Excess from 2008 21,587.		· · · · · · · · · · · · · · · · · · ·	`	1 4 1 4 1
e Excess from 2009 58,243.	<u> </u>	[`	<u></u>	<u>r </u>

08461111 758946 2076

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual	ļ	Durage of great as	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year MISCELLANEOUS CHARITABLE ORGANIZATIONS	or outstand contributor		TO ASSIST VARIOUS NEEDS	850.
ST. FRANCIS HOSPITAL			TO ASSIST MEDICAL NEEDS	5,100.
TEEN CHALLENGE OF WISCONSIN 727 N. 31ST STREET MILWAUKEE, WI 53208			TO ASSIST TROUBLED TEENS	55,170.
THE BOYS & GIRLS CLUB			TO ASSIST CHILDREN IN NEED	25,000.
		ļ		
Total	······································	<u> </u>	<u> ▶ 3a</u>	86,120.
b Approved for future payment				
NONE				
		}		
Total	<u> </u>	<u> </u>		0.

Form **990-PF** (2009)

923611 02-02-10

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated	Unrelate	ed business income		by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
					
b	-		+		
c	-				 -
d					
		· · · · · · ·			
f					
g Fees and contracts from government agencies	-				-
Membership dues and assessments					
Interest on savings and temporary cash		<u></u>			
investments			14	83.	
Dividends and interest from securities			14	659.	
Net rental income or (loss) from real estate:	••••				
a Debt-financed property			-		
b Not debt-financed property	·				
Net rental income or (loss) from personal	· 				
				,	
property					
Other investment income	-				_
Gain or (loss) from sales of assets other					
than inventory	<u> </u>				
Net income or (loss) from special events	·		- - - 		
Gross profit or (loss) from sales of inventory	•		 		
Other revenue					
a					 -
b					
·					
d		<u></u>			
			0.	742.	
Subtotal Add columns (b), (d), and (e)		1 '	J • [
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations		•		13	742
Part XVI-B Relationship of Activitie Ine No. Explain below how each activity for which is	income is reported	ın column (e) of Part X\	/I-A contribute		plishment of
▼ the foundation's exempt purposes (other t	han by providing f	unds for such purposes)	· · · · · · · · · · · · · · · · · · ·		
23821 2-02-10					Form 990-PF (26

Fort	n 990-l	PF (2009) INC.	C/O GUDRUN DAW	ison	20-	1842693 Page 13
P	art X	Information Re	egarding Transfers To	and Transactions ar	nd Relationships With No	
		Exempt Organ	izations			
1	Did th	e organization directly or indi	rectly engage in any of the follo	wing with any other organization	described in section 501(c) of	Yes No
	the C	ode (other than section 501(c)(3) organizations) or in section	527, relating to political organiz	rations?	
а	Trans	fers from the reporting found	ation to a noncharitable exempt	organization of		
	(1) (ash				1a(1) X
	(2) (ther assets				1a(2) X
b	Other	transactions				
	(1) 5	ales of assets to a noncharita	ble exempt organization			. 1b(1) X
			ncharitable exempt organization	1		1b(2) X
		lental of facilities, equipment,	· · · · · · · · · · · · · · · · · · ·			1b(3) X
		leimbursement arrangements				1b(4) X
		oans or loan guarantees			•	1b(5) X
			embership or fundraising solicita	ations		1b(6) X
c	٠,		uling lists, other assets, or paid		•	1c X
		• • • • •	•	• •	ays show the fair market value of the	goods, other assets.
_		· · · · · · · · · · · · · · · · · · ·	•	• •	in any transaction or sharing arrange	•
			other assets, or services receive			,
(a) ı	ine no.	(b) Amount involved		ble exempt organization	(d) Description of transfers, transaction	ons, and sharing arrangements
			N/A			
						
						
						
						
_						
			 		 	
			 	 		
					 	
					 	
			 			
			 		 	
		<u> </u>	 			
		 			ļ	
		<u></u>	<u> </u>		l	
2a		•	=	ne or more tax-exempt organiza	itions described	
			r than section 501(c)(3)) or in s	ection 527?	•	Yes X No
<u> </u>	If "Ye	s," complete the following sch				
		(a) Name of org	ganization	(b) Type of organization	(c) Description of r	elationship
		N/A		_		
						
						
						
1				ccompanying schedules and statemed on all information of which preparer h	nts, and to the best of my knowledge and boas any knowledge	ellef, it is true, correct,
- [ana (201			5 (. A . C)	
	N -	Guanu T	7 aus ou			
Sign Here	Si	gnature of officer or trustee	1 11	2 Date	Title	(
딞	ø.	Preparer's 7	\/\	Da	te / Check if self-	Preparer's identifying number
S.	Paid Preparer's Use Only	signature	1 11		///// employed	100/36861
];	Paid Spare Se On	Firm's name (or yours FELD	SCHUMACHER &	COMPANY, LLP	FIN ►	·
ľ	Prep P	if self-employed), 2448		STREET, SUITE 3		
┙		address, and ZIP code WEST	ALLIS, WI 532	27	Phone no. (414)327-2320

Form **990-PF** (2009)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2009

ELISABETH AND ROBBY DAWSON FOUNDATION. 20-1842693 INC. C/O GUDRUN DAWSON 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 X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** J For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

for Form 990, 990-EZ, or 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
ELISABETH AND ROBBY DAWSON FOUNDATION,
INC. C/O GUDRUN DAWSON

Employer Identification number

20-1842693

Part I	Contributors	(see instructions)
--------	--------------	--------------------

¥ 4012.2			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LANNON STONE PRODUCTS, INC. 19567 W. GOOD HOPE REOAD LANNON, WI 53046	\$200,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	GUDRUN DAWSON 8200 S. 68TH STREET FRANKLIN, WI 53132	\$24,426.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
:		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)

of Part II

Name of organization

ELISABETH AND ROBBY DAWSON FOUNDATION, INC. C/O GUDRUN DAWSON

Employer Identification number 20–1842693

Part II	Noncash Property (see instructions)
(a)	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$	000 000 57 000 DEV/0000		

• '								
Schedule B (Fo	rm 990, 990-EZ, or 990-PF) (2009)		Page of of Part III					
Name of org			Employer Identification number					
	SETH AND ROBBY DAWSON F	OUNDATION,						
	C/O GUDRUN DAWSON		20-1842693					
Part III	more than \$1,000 for the year. Complet Part III, enter the total of exclusively religing \$1,000 or less for the year. (Enter this inf	e columns (a) through (e) and the follous, charitable, etc., contributions of	01(c)(7), (8), or (10) organizations aggregating owing line entry. For organizations completing					
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held						
		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
}-	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Furpose of gift	(c) use or grit	(u) Description of now girt is field					
Ļ								
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
İ								

923454 02-01-10

FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY C	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
BAIRD					8	3.
TOTAL TO FORM 990-PF, PART I,	LINE 3, C	OLUMN A			8	3.
FORM 990-PF DIVIDEND	S AND INTE	REST FROM	SECUI	RITIES	STATEMENT	2
SOURCE	GROS	S AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A) AMOUNT	
BAIRD		659.		0.	65	9.
TOTAL TO FM 990-PF, PART I, L	N 4	659.		0.	65	9.
FORM 990-PF	ACCOUNT	ING FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	750).	750.		0	
TO FORM 990-PF, PG 1, LN 16B	750).	750.	====		0 .
FORM 990-PF	T <i>I</i>	AXES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS		EST-			
EXCISE	492	2.	492.			0 .
TO FORM 990-PF, PG 1, LN 18	492	2.	492.			0.

FORM 990-PF U.S. AND STATE/O	ND STATE/CITY GOVERNME		OBLIGATIONS	STATEMENT	5
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	
US TREASURY BILL	<u> x</u>		50,000.	50,00	0.
TOTAL U.S. GOVERNMENT OBLIGATIONS			50,000.	50,00	0.
TOTAL STATE AND MUNICIPAL GOVERNMEN	NT OBLIG	SATIONS			
TOTAL TO FORM 990-PF, PART II, LINE 10A			50,000. 50,		

Form 8868 (Rev 4-2009)				Pa	ige 2
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). 	Form 8			▶ [X]	
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies n	eeded)			
Name of Exempt Organization ELISABETH AND ROBBY DAWSON FOUNDATION, INC. C/O GUDRUN DAWSON		•	entifica	tion num	ber
File by the extended due date for filing the Number, street, and room or suite no. If a P.O. box, see instructions.	For IF	For IRS use only			
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. FRANKLIN, WI 53132-1271	;				······
Check type of return to be filed (File a separate application for each return). Form 990 Form 990-EZ Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 4720 Form 4720	_	rm 522 rm 606		Form 8	870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	d Form	8868.		
FELD, SCHUMACHER & COMPANY, LLP • The books are in the care of ▶ 2448 S. 102ND STREET, SUITE 360 - WEST Telephone No. ▶ 414-327-2320 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 the box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all 1 request an additional 3-month extension of time until NOVEMBER 15, 2010. • For calendar year 2009, or other tax year beginning, and ending, and ending If this tax year is for less than 12 months, check reason: Initial return Final return • State in detail why you need the extension ADDITIONAL TIME IS NEED TO PREPARE AND ACCURATE AND CO	is is for	the whers the	extension	punting pe	 eriod
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$		_,	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, 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	\$_			0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	1				
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$			0.
Signature and Verification					
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to thit is true, correct, and complete, and that I am authorized to prepare this form		-	owledge a	ınd belief,	
Signature ► Title ►	Date	<u> </u>			

Form 8868 (Rev. 4-2009)