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

OMB No. 1545-0052 2009

ln	ternal F	Revenue Se	rvice Not	e: The foundat	ion may	be able to use a cop	by of t	this return to sa	tisfy sta	te rep	orting requirements.	
F	or ca	lendar	year 2009, or					, 2009,	and e	nding		, 20
G	Che	ck all t	hat apply <sup>.</sup>	X Initial retu	rn	Initial re	eturn	of a former p	ublic c	harity	<u> </u>	Final return
_				Amended	return	<i>P</i>	Addre	ss change		<u> </u>	Name change	
			Name of founda	stion							A Employer identif	ication number
	Use t	he IRS	CHARLES J	AND MAR	JORIE	SCHRUP JR	FAM:	ILY				
label. FOUNDATION 444880009										26-	-6719843	
Otherwise, Number and street (or P O. box number if					mail is not delivered to street address) Room/suite				B Telephone number (see page 10 of the instructions)			
	•	rint	ŀ									
		ype.	P.O. BOX	938							(56	53) 582-1841
		pecific ctions.	City or town, sta		de						C If exemption applica	ition is
•	III SI III	CHOHS.									pending, check here	<b>►</b>   •
			DUBUQUE,	TA 52004.	-0938						D 1 Foreign organiza 2 Foreign organiza	
н	Che	ck type				(c)(3) exempt priv	vate f	foundation			85% test, check i	nere and attach
Ϊ			1947(a)(1) nonex					rivate foundat	ion		computation -	
1			t value of all as		1	unting method.	_,_				E If private foundation	
•			m Part II, col. (d			ther (specify)			ruai		i	o)(1)(A), check here .
		<b>►</b> \$		,725.	(Part I	column (d) must	he o	n cash basis l		<i>-</i> -		o)(1)(B), check here
			sis of Revenue			<del>,</del>		1 00311 00010.1		Т	under section 507(i	(d) Disbursements
	ait	total d	of amounts in colu	umns (b), (c), aı	nd (d)	(a) Revenue ar		(b) Net inve	stment		(c) Adjusted net	for charitable
		may n	ot necessarily eq n (a) (see page 1	ual the amount	s in	expenses per books		incom	е		income	purposes
-						1,000,	000		-	+		(cash basis only)
	1			idation is not req	uired to	1,000,1	000	<del> </del>		+-		
	2	Check	attach Sch	n. B		7 7	077		1,07	, —	1,077.	STMT 1
	3		on savings and tem	•			509		2,509		2,509.	
	4		ids and interest f			۷,:	509	<b>†</b>	2,50	<del>"</del>	2,509.	STMT 2
			ents					<u> </u>		+-		
			al income or (loss)					-				
æ	6a b		or (loss) from sale les price for all	of assets not on	line 10			<del></del>				· ·
Revenue	i	assets o	n line 6a —			<del></del>					<del></del>	
ş	7	•	gain net income			<del></del>						
_	8		ort-term capital ga									
	9	Income	modifications •		• • • •							
	'"		wances · · · ·									
	ı		st of goods sold .									
	C		rofit or (loss) (atta								<del> </del>	
	11	Other	ncome (attach sc	hedule)								
_	12		Add lines 1 throug			1,003,5			3,586		<u>3,586</u> .	
	13	Compen	sation of officers, d	irectors, trustees	, etc	1,	181.	ļ	1,181	<u> </u>	1,181.	1,181
	14		mployee salaries	_				·				
ses	15	Pension	ı plans, employee	e benefits		- ·		<del>-</del>		_ _		
Expens	16a	Legal fe	es (attach sched	ule)				OF IVE	$\overline{n}$	71_		
ă	ь	Accoun	ting fees (attach	schedule)			<u></u>	ECEIVE	<u>.</u> ロ	_  _		
ē	c	Other p	rofessional fees (	attach schedul	e)					3		
à	17	Interest				[2]		AY 1 0 20	40			
str	18	Taxes (a	ttach schedule) (see	page 14 of the inst	tructions)	[8]	IV	AY I W ZU	10	(2)		
and Administrative	19	Deprec	ation (attach sch	edule) and dep	oletion .							
틧	20	Occupa	ncy					GDEN,	<u>UT</u>			
b	21	Travel,	conferences, and	meetings			=			工		
ᇤ	22		and publications									
<u>B</u>	23	Other e	xpenses (attach s	schedule) STM	IT. 3 .		750.		750	]. (	750.	750
Operating	24		perating and adn									
a	1		es 13 through 23			1,9	931.		1,931		1,931.	1,931
0	25	Contrib	utions, gifts, gran	nts paid		10,0						10,000
	26		enses and disbursemi			11,9			1,931		1,931.	11,931
	27		t line 26 from lin									
			revenue over expens		ents .	991,6	555.					
			estment income						1,655	5.		
_			d net income (if	_							1,655.	
-	Dete		d D	D 4 11 A-4	NI-AL-	30 -( 1)						5 000 PE (2000)

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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444880009

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Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 (	Cash - non-interest-bearing	NONE	196,855.	196,855
	Savings and temporary cash investments			
3 /	Accounts receivable			
1	Less. allowance for doubtful accounts ▶			
4 1	Pledges receivable >			
l	Less: allowance for doubtful accounts		i	
5 (	Grants receivable			
	Receivables due from officers, directors, trustees, and other			· · · · · · · · · · · · · · · · · · ·
	disqualified persons (attach schedule) (see page 16 of the instructions)			
	Other notes and loans receivable (attach schedule)			
	Less. allowance for doubtful accounts			
l a i	nventories for sale or use			<del></del>
Assets 10 a l	Prepaid expenses and deferred charges			
SSI				
-1	nvestments - U S and state government obligations (attach schedule)	<del></del>	394,800.	304 604
11 6	nvestments - corporate bonds (attach schedule)		400,000.	398,266
				•
i	and equipment basis Less accumulated depreciation			
	nvestments - mortgage loans			
13 l	nvestments - other (attach schedule)			
'	and, buildings, and quipment: basis ess accumulated depreciation attach schedule)			
(	attach schedule)			
15 (	Other assets (describe			
	Total assets (to be completed by all filers - see the			
	nstructions. Also, see page 1, item I)	NONE	991,655.	989,725
17 A	Accounts payable and accrued expenses			
18 0	Grants payable			
ဖ္ဖ 19 C	Deferred revenue			
三 20 L	oans from officers, directors, trustees, and other disqualified persons			
Liabilities 7 19 19 19 19 19 19 19 19 19 19 19 19 19	Mortgages and other notes payable (attach schedule)			
⊐ <sub>22</sub> 0	Other liabilities (describe			
23 T	otal liabilities (add lines 17 through 22)			
F	oundations that follow SFAS 117, check here			,
	and complete lines 24 through 26 and lines 30 and 31.			
8 24 L	Inrestricted			
<b>U</b>	emporarily restricted			
	'ermanently restricted			
	oundations that do not follow SFAS 117.			
.5	heck here and complete lines 27 through 31.			
	Capital stock, trust principal, or current funds	NONE	991,655.	
9 28 P	aid-in or capital surplus, or land, bldg , and equipment fund	HONE		
81			<del></del>	
<b>8</b> 20 7	etained earnings, accumulated income, endowment, or other funds			
# 30 I	otal net assets or fund balances (see page 17 of the	MONE	001 (55	
	nstructions)	NONE	991,655.	
	otal liabilities and net assets/fund balances (see page 17	NONE	201 655	
	f the instructions)	NONE	991,655.	
	Analysis of Changes in Net Assets or Fund			
	net assets or fund balances at beginning of year - Part II, c			
end-of-	year figure reported on prior year's return)			NONE
Z Enter a	amount from Part I, line 27a			991,655.
3 Other i	increases not included in line 2 (ıtemize) ▶		3	
4 Add lir	nes 1, 2, and 3		4	991,655.
5 Decrea	ses not included in line 2 (itemize) ▶		5	
6 Total n	et assets or fund balances at end of year (line 4 minus lin	ie 5) - Part II, column (b),	line 30 6	991,655.

Part IV Capital Gains	s and Losses for Tax on Inv	estment Income			
	d describe the kind(s) of property sold rick warehouse; or common stock, 200	<del>-</del>	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)
1a					
<u>b</u>					
С					
<u>d</u>	<u> </u>				
<u>e</u>	<del></del>	T	<del> </del>		L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a	. —		ļ		
<u>b</u>		<del> </del>	<del> </del>	<del>.</del>	
C		<del> </del>			
e d	<del></del>	<del> </del>		<del> </del>	
	wing gain in column (h) and owne	Led by the foundation on 12/31/69		C (C-1 /h)	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i)		Gains (Col. (h) ga (k), but not less t Losses (from co	han <i>-</i> 0-) <b>or</b>
	as 01 12/31/69	over col (j), if any	-	203323 (110111 00	
<u>a</u>					
<u>b</u>					
d d			<del></del>		
e	-		<del>                                     </del>		
2 Capital gain net income or	(not canital loce)	gain, also enter in Part I, line 7 }	2		
3 Net short-term capital gain	or (loss) as defined in sections 12				
If gain, also enter ın Part I, I	ine 8, column (c) (see pages 13 a	nd 17 of the instructions).			
	ne 8		3		
		ced Tax on Net Investment Inc		N/	'A
(For optional use by domestic	private foundations subject to the	section 4940(a) tax on net investn	nent inco	me.)	
If "Yes," the foundation does n	the section 4942 tax on the distrik not qualify under section 4940(e). unt in each column for each year;	see page 18 of the instructions bet			Yes No
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col. (b) divided by	
2008			ļ·	(coi. (b) divided by	coi. (c))
2007					
2006					
2005					
2004					
3 Average distribution ratio	for the 5-year base period - divide lation has been in existence if less	the total on line 2 by 5, or by the than 5 years	3		
4 Enter the net value of none	charitable-use assets for 2009 from	m Part X, line 5	4		<del>.</del>
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment	t income (1% of Part I, line 27b)		6		
<b>7</b> Add lines 5 and 6			7		
8 Enter qualifying distribution If line 8 is equal to or gree Part VI instructions on page	ater than line 7, check the box i	n Part VI, line 1b, and complete t	8 hat part u	using a 1% tax	rate. See the
JSA 9E1430 1 000 CTC131 H171 05/0	03/2010 12:42:52	444880009		Form	<b>990-PF</b> (2009) 5 -

	20-0/13043			yo <b>-</b>
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	he ins	truction	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter:(attach copy of ruling letter if necessary - see instructions)			
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3	3.
	here And enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% ) of Part I, line 12, col. (b)			
_				
2			3	3.
3	Add lines 1 and 2			NE
4				3.
5				<del>, , .</del>
6	Credits/Payments.			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	trongs organization tax managers and the second sec			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE  Backup withholding erroneously withheld			
			NC	NE
7	Total credits and payments. Add lines 6a through 6d			,111
8			- 3	3.
9				<u> </u>
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10  Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities		_	
`	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
13	participate or intervene in any political campaign?	1a	763	X
ь.	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
b		1b		Х
	of the instructions for definition)?	<del>     </del>		
			1	
_	published or distributed by the foundation in connection with the activities.	1c		Х
ن	Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	<u></u>		
d	(1) On the foundation. $\blacktriangleright$ \$			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
e	on foundation managers. • \$		1	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
4.	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 conformed copy of the changes	3		Х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
70 h	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
J	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.		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 state law remain in the governing instrument?	6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) > STMT 4			
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ь	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		Х

Х

X No

3a Did the foundation hold more than a 2% direct or indirect interest in any business

enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)

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 2009?

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

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

3 Five highest-paid independent contractors for professional services (see page 23 of the instruction	ns). If none, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of se	
NONE	NONE
otal number of others receiving over \$50,000 for professional services	NON
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the nur of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mber Expenses
1NONE	
	<del></del>
2	<b></b>
3	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	<del></del> _ <del>-</del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1NONE	
2	
2	<del></del>
All other program-related investments. See page 24 of the instructions.	
The time program to the time t	
3NONE	
ANONE	
ANONE	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundations,	
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	406,736.
b	Average of monthly cash balances	1b	386,608.
C		1c	NONE
d	Total (add lines 1a, b, and c)	1d	793,344.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	1 2	NONE
3		3	793,344.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25		
		4	11,900.
5	of the instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	781,444.
6	Minimum investment return. Enter 5% of line 5	6	39,072.
	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private	te operating	
	foundations and certain foreign organizations check here ▶ and do not complete this p	part.)	
1	Minimum investment return from Part X, line 6	1	39,072.
2a	1 - 1		
b		1	
c	Add lines 2a and 2b	2c	33.
3	Distributable amount before adjustments. Subtract line 2c from line 1		39,039.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	39,039.
6	Deduction from distributable amount (see page 25 of the instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	<del></del>	
	line 1 · · · · · · · · · · · · · · · · · ·	7	39,039.
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	11,931.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		·
_	· · · · · · · · · · · · · · · · · · ·	2	NONE
3	purposes Amounts set aside for specific charitable projects that satisfy the:	- <del>-</del> -	NONE
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	11,931.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	- <del> </del>	<u> </u>
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		11,931.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when calculating when the column (b) is subsequent years when years where years when years whe		
	note. The amount on the 6 will be used in rait v, column (b), in subsequent years when calculating wi	nomer the lounday	

	1 990-PF (2009)				Page 9
⁻Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)	<del></del>	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				39,039.
2	Undistributed income, if any, as of the end of 2009			270277	
	Enter amount for 2008 only		27027	NONE _	
b	Total for prior years: 20, 20, 20		NONE		
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005				
C	From 2006 NONE				
d	From 2007				
	From 2008 NONE	NON			
	Total of lines 3a through e	NONB			
4	Qualifying distributions for 2009 from Part XII,				
	line 4: ▶ \$ 11,931.			NONE	
а	Applied to 2008, but not more than line 2a			NONE	
Ь	Applied to undistributed income of prior years (Election		NONE		
	required-see page 26 of the instructions)		NONE	-	
C	Treated as distributions out of corpus (Election	NONE			
	required - see page 26 of the instructions)	MONT			11,931.
	Applied to 2009 distributable amount	NONB			
е 5	Remaining amount distributed out of corpus L  Excess distributions carryover applied to 2009 .	NONB			NONE
9	(If an amount appears in column (d), the same	NOND		<del></del>	1,01,12
_	amount must be shown in column (a) )				
6	Enter the net total of each column as indicated below:				
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
	·				
D	Prior years' undistributed income. Subtract line 4b from line 2b		NONE		
С	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		NONE		
А	Subtract line 6c from line 6b. Taxable				
•	amount - see page 27 of the instructions		NONE		
e	Undistributed income for 2008. Subtract line				
	4a from line 2a. Taxable amount - see page 27 of the instructions			NONE	
	Undistributed income for 2009. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2010				27,108.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
_	instructions)	NONB			
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				
	instructions)	NONE			
9	Excess distributions carryover to 2010.	MONT			
	Subtract lines 7 and 8 from line 6a	NONE			
	Analysis of line 9:				
	Excess from 2005 NONE				
	Excess from 2006 NONE				
	Excess from 2007 NONE				
d	Excess from 2008 NONE				

ь			letermination letter tha	t it ie a private epera	t VII-A, question 9)	
b	foundation, and the ruling		ter the date of the ruling		iung -	
	Check box to indicate whe				4942(j	)(3) or   4942(j)(
2 -	Check box to indicate with		private operating rounda		1 4342()	13101   4342()/(
	Enter the lesser of the ad-	Tax year	01000	Prior 3 years		(e) Total
	justed net income from Part for the minimum investment:	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	return from Part X for each	İ				
	year listed					
b	85% of line 2a					
c	Qualifying distributions from Part					
	XII, line 4 for each year listed .	1				_
d ·	Amounts included in line 2c not					
	used directly for active conduct					
	of exempt activities				<del></del>	
	directly for active conduct of					
	exempt activities Subtract line					
_	2d from line 2c					
	alternative test relied upon					1
9	"Assets" alternative test - enter					
	(1) Value of all assets					
,	(2) Value of assets qualifying under section					Ì
_	4942(j)(3)(B)(i)					
	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
c ·	"Support" alternative test - enter	1				
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities					
	loans (section 512(a)(5)),					
	or royalties)					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(m)					
1	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income .		<u> </u>			<u> </u>
Part				only if the founda	ition had \$5,000	or more in ass
			page 28 of the in	structions.)		
	Information Regarding	•				
	List any managers of t					ed by the foundati
'	before the close of any	tax year (but only if the	iey nave contributed r	nore than \$5,000). (Se	ee section 507(a)(2).)	
	N/A					
	List any managers of	the foundation who	own 10% or more of	the stock of a corpo	ration (or an equally	large portion of t
Ь	ownership of a partners					<b>.</b>
	N/A					
•	N/A Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:		
2 1	Information Regarding				able organizations a	nd does not acco
2 1	Information Regarding Check here ► if the	ne foundation only r	makes contributions	to preselected charit		
2 1	Information Regarding Check here ► if the insolicited requests for	ne foundation only r or funds. If the found	makes contributions dation makes gifts, g	to preselected charit rants, etc. (see page		
2 1	Information Regarding Check here ▶ ☐ if the unsolicited requests for organizations under oth	ne foundation only roor funds. If the foundations, comple	makes contributions dation makes gifts, g ete items 2a, b, c, and	to preselected charit rants, etc. (see page d.	28 of the instructio	
2 I	Information Regarding Check here  if the unsolicited requests foo organizations under oth The name, address, and	ne foundation only roor funds. If the found ner conditions, comple d telephone number o	makes contributions dation makes gifts, g ete items 2a, b, c, and	to preselected charit rants, etc. (see page d.	28 of the instructio	
2   (	Information Regarding Check here ► if th unsolicited requests for organizations under oth The name, address, and SEE STATEMENT 7	ne foundation only roor funds. If the found ner conditions, comple d telephone number o	makes contributions dation makes gifts, g ete items 2a, b, c, and f the person to whom	to preselected charit rants, etc. (see page d. applications should be	28 of the instructio	
2   (   (   a   (	Information Regarding Check here ▶ if the unsolicited requests for forganizations under other than the name, address, and SEE STATEMENT 7 The form in which apples	ne foundation only roof funds. If the found ner conditions, completed telephone number o	makes contributions dation makes gifts, gete items 2a, b, c, and if the person to whom omitted and information	to preselected charit rants, etc. (see page d. applications should be	28 of the instructio	
2   (   (   a   (	Information Regarding Check here ► if th unsolicited requests for organizations under oth The name, address, and SEE STATEMENT 7	ne foundation only roof funds. If the found ner conditions, completed telephone number o	makes contributions dation makes gifts, gete items 2a, b, c, and if the person to whom omitted and information	to preselected charit rants, etc. (see page d. applications should be	28 of the instructio	
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a b c /	Information Regarding Check here ▶ if the unsolicited requests for the organizations under other than the name, address, and SEE STATEMENT 7 The form in which apple SEE ATTACHED ST	ne foundation only ror funds. If the foundations, complete telephone number of telephone should be suffications should be suffications.	makes contributions dation makes gifts, gete items 2a, b, c, and f the person to whom mitted and information.	to preselected charit rants, etc. (see page d. applications should be	28 of the instructio	
a b c /	Information Regarding Check here ▶ ☐ if the unsolicited requests for organizations under other than the name, address, and SEE STATEMENT 7 The form in which apple SEE ATTACHED STANY submission deadling.	ne foundation only ror funds. If the foundations, complete telephone number of telephone should be suffications should be suffications.	makes contributions dation makes gifts, gete items 2a, b, c, and f the person to whom mitted and information.	to preselected charit rants, etc. (see page d. applications should be	28 of the instructio	
a - c /	Information Regarding Check here   if the unsolicited requests for the organizations under other the name, address, and the second second in the second sec	ne foundation only represented in the foundations of the foundations, completed telephone number of the foundations should be sufficient for LI nes:	makes contributions dation makes gifts, gete items 2a, b, c, and f the person to whom omitted and information. NE 2	to preselected charit trants, etc. (see page d. applications should be on and materials they s	28 of the instruction addressed:	ns) to individuals
2   1   ( )	Information Regarding Check here ▶ ☐ if the unsolicited requests for organizations under other than the name, address, and SEE STATEMENT 7 The form in which apple SEE ATTACHED STANY submission deadling.	ne foundation only represented in the foundations of the foundations, completed telephone number of the foundations should be sufficient for LI nes:	makes contributions dation makes gifts, gete items 2a, b, c, and f the person to whom omitted and information. NE 2	to preselected charit trants, etc. (see page d. applications should be on and materials they s	28 of the instruction addressed:	ns) to individuals
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Part XV Supplementary Information (cc 3 Grants and Contributions Paid Durin	ontinued)	oved for F	uture Payment	
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, 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	or substantial contributor	resipient	<u> </u>	
a Talo during the year				
SEE STATEMENT 8		l	}	
	•			
	}	1		}
		İ		
		ł		
		]		
	<u> </u>	L	<u> </u>	
Total	<del> <u>.</u></del>	<del></del>	▶ 3a	10,000.
<b>b</b> Approved for future payment				
		i		
		1		
	1			
		1		}
			▶ 3b	
<del></del>		<u></u>		<del></del>

ter gross amounts unless otherwise indicated.	Unrela	ted business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
_	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions.)
Program service revenue.	-				the instructions.)
a	<u> </u>		<del></del>		
b	<del></del>		<del></del>		
<u> </u>			<del></del>		
d					
8			<del></del>		
f					
Fees and contracts from government agencies		<u> </u>	-		<u> </u>
Membership dues and assessments			14	1,077.	
Interest on savings and temporary cash investments Dividends and interest from securities			14	2,509.	· · · · · · · · · · · · · · · · · · ·
Net rental income or (loss) from real estate			+	2/305.	
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property			1		
Other investment income			1		
Gain or (loss) from sales of assets other than inventory	,				
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory.					
Other revenue: a					
D					
d					
e					
Subtotal. Add columns (b), (d), and (e)					
Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions on page 28 t rrt XVI-B Relationship of Activities	o verify calcu to the Ac	ulations.)	xempt Purp	oses	3,58
Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions on page 28 t  rt XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the fo	o verify calcu to the Ac	ulations.) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 t rt XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) .  e worksheet in line 13 instructions on page 28 t  rt XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the fo	o verify calcu to the Ac	ulations.) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions on page 28 t  rt XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the fo	o verify calcu to the Ac	ulations.) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to total to	o verify calcu to the Ac	ulations.) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to total to	o verify calcu to the Ac	ulations.) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to total to	o verify calcu to the Ac	ulations.) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to total to	o verify calcu to the Ac	ulations.) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions on page 28 t  rt XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the fo	o verify calcu to the Ac	ulations.) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) .  e worksheet in line 13 instructions on page 28 t  rt XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the fo	o verify calcu to the Ac	ulations.) complishment of E	xempt Purp	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions on page 28 t  rt XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the fo	o verify calcu to the Ac	ulations.) complishment of E	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to total to	o verify calcu to the Ac	ulations.) complishment of E ch income is reporte exempt purposes (	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to total to	o verify calcu to the Ac	ulations.) complishment of E ch income is reporte exempt purposes (	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 to total to	o verify calcu to the Ac	ulations.) complishment of E ch income is reporte exempt purposes (	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,58
rt XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.) complishment of E ch income is reporte exempt purposes (	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions on page 28 t  rt XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the fo	o verify calcu to the Ac	ulations.) complishment of E ch income is reporte exempt purposes (	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions on page 28 t  rt XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the fo	o verify calcu to the Ac	ulations.) complishment of E ch income is reporte exempt purposes (	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions on page 28 t  rt XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the fo	o verify calcu to the Ac	ulations.) complishment of E ch income is reporte exempt purposes (	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,58
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rt XVI-B Relationship of Activities  Explain below how each activities the accomplishment of the form	o verify calcu to the Ac	ulations.) complishment of E ch income is reporte exempt purposes (	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,58
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Total. Add line 12, columns (b), (d), and (e) .  e worksheet in line 13 instructions on page 28 t  Int XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the fo	o verify calcu to the Ac	ulations.) complishment of E ch income is reporte exempt purposes (	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,58
Total. Add line 12, columns (b), (d), and (e)	o verify calcu to the Ac	ulations.) complishment of E ch income is reporte exempt purposes (	xempt Purp ed in column other than b	oses (e) of Part XVI-A con	3,58

orm	990-PF	(2009)				26-6719843			Pa	age <b>13</b>
Par	rt XVII	Information Re Exempt Organi	-	ransfers To and	Transactions	and Relationships	With I	Vonc	harit	able
1	ın se	the organization directly of the Code	other than	section 501(c)(3) or	ganizations) or in s				Yes	No
а	Organ Trans	izations <sup>7</sup> fers from the reporting found	dation to a nonc	charitable exempt orgai	nization of					
	(1) C	ash			• • • • • • • • • •			1a(1)		X
	_	ther assets	· · · · · · · ·		• • • • • • • • • •			1a(2)		X
b		transactions:	- lui					45/41		Х
		ales of assets to a noncharita						1b(1)		X
		urchases of assets from a no						1b(2) 1b(3)		X
		ental of facilities, equipment eimbursement arrangements					· · · · · ·	1b(4)		X
		oans or loan guarantees						1b(5)		X
		erformance of services or me					 			Х
c		ng of facilities, equipment, m								Х
		answer to any of the	=						fair	market
	value	of the goods, other as	sets, or service	es given by the re	porting foundation.	If the foundation rec	eived less	than	fair	market
	value	in any transaction or s	haring arrange	ement, show in colu	mn (d) the value	of the goods, other	assets, or	service	es red	eived.
						<u>-</u>				
(a) l	Line no.	(b) Amount involved	(c) Name of no	encharitable exempt organ	zation (d) Desc	ription of transfers, transact	ons, and sha	ing arra	ngeme	nts
				· —			<del> </del>			
		-								
										-
									-	
						•				
	sectio	e foundation directly or inc n 501(c) of the Code (other s," complete the following so (a) Name of organization	than section 50		277		scribed in		es 🖸	X No
_		(a) Home of organization		(o) Type of org		(o) Description	o. rolation	<u>P</u>		
						•				
					_					
	-			·						
					payer or fiduciary) is ba	ules and statements, and to sed on all information of w	hich prepare			
	<b>)</b> -	KINYHI -			<u> </u>		CIVE VP			
e	Sı	gnature of officer or trustee	ROBERT	J DONOVAN	Date	Title				
Sign Here	Paid Preparer's Use Only	Preparer's signature			Date	Check if self-employed ▶	Preparer's number (So page 30 of t	e Signi	ature o	
ر ,	Paid Preparer's Use Only	Firm's name (or yours if			<del>-                                    </del>	EIN ▶				
ľ	ج ج	self-employed), address,								
		and ZIP code				Phone no	_			

Phone no.

### Schedule B (Form 990, 990-EZ,

Internal Revenue Service

or 990-PF) Department of the Treasury

## Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

Name of the organization CHARLES J AND MARJORIE SCHRUP JR FAMILY 26-6719843 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% 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 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 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). Schedule B (Form 990, 990-EZ, or 990-PF) (2009) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

JSA

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

9	of	of Part

Name of organ	nizat	ion				
CHARLES	J	AND	MARJORIE	SCHRUP	JR	FAMILY

Employer identification number 26-6719843

Part I	Contributors	lsee	instructions	١
ган		1366	111511 40110115	ı

(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	Marjorie Schrup  995 Indian Ridge  Dubuque, IA 52003-8506	- \$\$ 650,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2	CJ Schrup JR Marital Trust 2  895 Main St  Dubuque, IA 52004-0938	- _ \$ <u>350,000.</u> -	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		- -   \$	Person Payroll Noncash (Complete Part II of there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		- _	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		- - \$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

STATEMENT

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

ADJUSTED NET INCOME	1,077.
NET INVESTMENT INCOME	1,077.
REVENUE AND EXPENSES PER BOOKS	1,077.
	TOTAL
DESCRIPTION	INTEREST

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

ADJUSTED NET INCOME	2,509.
NET INVESTMENT INCOME	2,509.
REVENUE AND EXPENSES PER BOOKS	2,509.
	TOTAL
7. 1	
DESCRIPTION	DIVIDENDS

444880009

0

STATEMENT

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FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES	750.	750.	
ADJUSTED NET INCOME		750.	
NET INVESTMENT INCOME		750.	
REVENUE AND EXPENSES PER BOOKS		750.	
		TOTALS	
DESCRIPTION	FEE-QUALIFY CHARITAB		

STATE(S) WHERE THE FOUNDATION IS REGISTERED

TΑ

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

Marjorie Schrup 995 Indian Ridge Dubuque, IA 52003-8506

CJ Schrup JR Marital Trust 2 895 Main St Dubuque, IA 52004-0938 FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

Marjorie Schrup

ADDRESS:

995 Indian Ridge

Dubuque, IA 52003-8506

TITLE:

Co-Trustee

OFFICER NAME:

American Trust & Savings Bank

ADDRESS:

PO Box 938

Dubuque, IA 52004-0938

TITLE:

Co-Trustee

TOTAL COMPENSATION:

1,181.

CHARLES J AND MARJORIE SCHRUP JR FAMILY FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

CHARLES J & MARJORIE SCHRUP CHARITABLE

ADDRESS:

C/O AMERICAN TRUST & SAVINGS BANK

PO BOX 938, DUBUQUE, IA 52004-0938

RECIPIENT'S PHONE NUMBER: 563-582-1841

FORM, INFORMATION AND MATERIALS:

THE REQUEST SHOULD INCLUDE ALL NECESSARY INFORMATION CONCERNING THE REASON FOR REQUESTING THE GRANT, LOAN, ETC. INCLUDING WHERE YOU CAN BE REACHED

SUBMISSION DEADLINES:

NA

RESTRICTIONS OR LIMITATIONS ON AWARDS:

GRANTS WILL BE MADE TO ORGANIZATIONS THAT ARE EXEMPT UNDER 501(3)(C) OF THE INTERNAL REVENUE CODE & ARE NOT PRIVATE ORGANIZATIONS AS DEFINED IN 509(A)

ADDRESS:

, AL

CHARLES J AND MARJORIE SCHRUP JR FAMILY 26-6719843 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID 

RECIPIENT NAME:

Dubuque County Historical Society

Aquarium & Museum Capital

ADDRESS:

350 E 3RD ST

Dubuque, IA 52001 PURPOSE OF GRANT:

CHARITABLE

AMOUNT OF GRANT PAID ..... 10,000.

TOTAL GRANTS PAID:

10,000.