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Form **990-PF**

Department of the Treasury

Internal Revenue Service (77)

Return of Private Foundation

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

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

OMB No 1545-0052

2009

Ford	calen	dar year 2009, or tax	year beginning			, and e	nding		·
G C	heck	all that apply:	Initial returi		Initial Return of a f	•	charity	Final return	
			Amended re	eturn	Address chan	ge		Name change	
I	the l abel. erwis	L		I.V FOIN	DATION, INC			A Employer identification 39–1629355	number
	print	· · · · · · · · · · · · · · · · · · ·			ered to street address)	•	Room/suite	B Telephone number	
01	r type		GRIM RO	AD				262-781-03	32
	Spec	City or town, stat					-	C If exemption application is pe	
Insti	ructio	ns BROOKFIE		53005				D 1. Foreign organizations,	check here
H C	heck	type of organization:	X Section	501(c)(3) exer	npt private foundation			Foreign organizations mee check here and attach con	ting the 85% test, putation
匚] Sec	ction 4947(a)(1) none	xempt charitable	trust 0	her taxable private found:			 E If private foundation state	is was terminated
ı Fa	ıır ma	rket value of all assets	at end of year	J Accounting	method: L Cash	X Accr	ual	under section 507(b)(1)(
		Part II, col (c), line 1	•		r (specify)			F If the foundation is in a 6	
	\$	Analysis of Days	2,620.	(Part I, colum	n (d) must be on cash	oasis.)		under section 507(b)(1)(
Pa	art I	(The total of amounts in necessarily equal the an	columns (b), (c), an nounts in column (a))	(a) Revenue and expenses per books	(b) Net in		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	l	Contributions, gifts, g			2,500.				
	1 -	Check X If the four	•	attach Sch B					
	4	cash investments Dividends and interes	t from cocurities	- }					
	1	Gross rents	t iiviii secui iiles	F					
	}	Net rental income or (loss)			_			
ane	62	Net gain or (loss) from sat Gross sales price for all assets on line 6a		ne 10					
Revenue	7	Capital gain net income (f	rom Part IV, line 2)				0.		
æ	8	Net short-term capital	l gaın						
		Income modifications							
	10a	Gross sales less returns and allowances							<u>.</u>
	b	Less Cost of goods sold							
		Gross profit or (loss)		<u> </u>					
	1	Other income		. -	0.500				
		Total. Add lines 1 thr		-	2,500. 0.	· · · · · · · · · · · · · · · · · · ·	0.	0.	0
	_	Other employee salar		, etc			0.	0.	<u>U</u>
	14	Pension plans, emplo		7					
ses		Legal fees	Con the de de de la constant de	أ إن⊤ُ					
ens		1.00.le	กดูจูวณ์เก	išt					
Ж	C	Other professional red	B 2 2 2010	IRS-C					
Operating and Admınistrative Expen	17	Interest L		┯╩╽┖					
trat	18		DEN, U						
nis	19	Depreciation and dep	letion	-					
를	20	Occupancy		- -	·				
ΨÞ	21	Travel, conferences, a	-	-					
a	22	Printing and publicati		vm 1	225	.,,			
ţi	23	Other expenses		MT 1	335.		0.	0.	0
era	24	Total operating and a expenses. Add lines			335.		0.	0.	0
ဝ	25	Contributions, gifts, g		<u> </u>	4,586.				4,586
	1	Total expenses and		-	2,5501				2,000
		Add lines 24 and 25			4,921.		0.	0.	4,586
		Subtract line 26 from	line 12:						
	l	Excess of revenue over ex		sements	<2,421.	>			
	-			_					
	1	Net investment incor	ne (if negative, ent	er -0-)			0.	0.	

1

For	m 99	0-PF(2009) THE VANKEP FAMILY FOUNDA			L629355 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	End of (b) Book Value	(c) Fair Market Value
_			5,041.	2,620.	
	1	Cash - non-interest-bearing	3,041.	2,020.	<u> </u>
	1	Savings and temporary cash investments			
	3	Accounts receivable			
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable -			
	1	Less: allowance for doubtful accounts			
	1	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	1	Less: allowance for doubtful accounts			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment basis ▶		-	
	' '	Less accumulated depreciation			
	15	Other assets (describe >	· · · · · · · · · · · · · · · · · · ·		
		Carlot about (docornous -			
	16	Total assets (to be completed by all filers)	5,041.	2,620.	2,620.
_		Accounts payable and accrued expenses	3,011.	<u> </u>	2,020.
		Grants payable			
	19	Deferred revenue			
Liabilities	1				
∄		Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	00	Tatal liabilities (add lines 17 through 22)	0.	0.	
_	23_	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here		<u> </u>	
		•			
S		and complete lines 24 through 26 and lines 30 and 31.	5,041.	2 620	
ĕ	24	Unrestricted	3,041.	2,620.	
흥	25	Temporarily restricted			
<u>Б</u>	26	Permanently restricted			
ڃ		Foundations that do not follow SFAS 117, check here]		
Net Assets or Fund Balances		and complete lines 27 through 31.			
ş	27	Capital stock, trust principal, or current funds			
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
ţ	29	Retained earnings, accumulated income, endowment, or other funds			
Ž	30	Total net assets or fund balances	5,041.	2,620.	
			F 044	0.600	
_	31_	Total liabilities and net assets/fund balances	5,041.	2,620.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
-	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0	- 11	
•		st agree with end-of-year figure reported on prior year's return)	-	11	5,041.
2	•	r amount from Part I, line 27a			<2,421.>
		r increases not included in line 2 (itemize)		3	0.
-		lines 1, 2, and 3		4	2,620.
		eases not included in line 2 (itemize)	•		0.
_		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (h) line 30	5	2,620.
<u>6</u>	TULA	not ussons of futile balantees at end of year finite 4 fillings line s) - Falt H, Con	anni (n), iine ou		Form 990-PF (2009)
022	E 1 1				(2003)

See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Enter qualifying distributions from Part XII, line 4

8

Forn	1990-PF (2009) THE VANKEP FAMILY FOUNDATION, INC. 39-	<u> 1629:</u>	<u> 355</u>		Page 4
Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see in	stru	ctio	ns)
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 letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%				0.
	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)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		-		0.
6	Credits/Payments:				
Ů,	2009 estimated tax payments and 2008 overpayment credited to 2009				
	Exempt foreign organizations - tax withheld at source				
	· · · · · · · · · · · · · · · · · · ·				
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d				^
7	Total credits and payments. Add lines 6a through 6d			-	0.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax				
	rt 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 intervene in			Yes	_
	any political campaign?	Ĺ	_1a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	L	1b		<u> </u>
	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.	1			
	Did the foundation file Form 1120-POL for this year?		10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	ſ			
	(1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶ \$ O .	ļ	Į		
E	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
-	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				
J	byławs, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u> </u>	4a		X
		/A	4b		
		/			X
ə	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	_5		
_	If "Yes," attach the statement required by General Instruction T		ì		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1	ŀ		
	By language in the governing instrument, or	ĺ			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1			
	remain in the governing instrument?	-	_6		_X_
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
	If "Yes," complete Part II, col. (c), and Part XV.	Į	l		
88	Enter the states to which the foundation reports or with which it is registered (see instructions)		l		
	WI	[İ		
t	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	L	8b		X
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	Ī			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? 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	ľ	10		X
				DE	2009)

Form 990-PF (2009) THE VANKEP FAMILY FOUNDA			<u>39-16293</u>	<u>55 Page 6</u>	
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(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); of	or to carry on, directly or indir	ectly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	1 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or	for			
the prevention of cruelty to children or animals?	• • •		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?	-	N/A	5 b	
Organizations relying on a current notice regarding disaster assistance check h		•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
expenditure responsibility for the grant?		I/A 🗀 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	•				
a personal benefit contract?	pay promisent on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			Sb X	
If "Yes" to 6b, file Form 8870.				-	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?		es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut		· · ·		7b	
Information About Officers Directors Trust		nagers, Highly		· · · · · · · · · · · · · · · · · · ·	
Part VIII Paid Employees, and Contractors			,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances	
C.M. VANDERBLOEMEN	PRESIDENT	Cities o /	Compensation		
3455 PILGRIM ROAD	T TO I DENT				
BROOKFIELD, WI 53005	0.00	0.	0.	0.	
S.C. VANDERBLOEMEN	V PRESIDENT		-		
3455 PILGRIM ROAD	TREBIBERT				
BROOKFIELD, WI 53005	0.00	0.	0.	0.	
	SECRETARY				
N84 W15170 KNOLL TERRACE	DECKETARI				
MENOMONEE FALLS, WI 53051	0.00	0.	0.	0.	
	TREASURER		0.		
21715 W NORTH AVENUE	IKEASUKEK				
WAUWATOSA, WI 53213	0.00	0.	0.	0	
2 Compensation of five highest-paid employees (other than those inc				0.	
Z Compensation of the highest para employees totale than those me		The Home.	(d) Contributions to	(e) Expense	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances	
MONE	devoted to position		compensation	allowalices	
NONE					
			 		
	 				
					
	{	1			
		<u> </u>			
	<u> </u>		L		
Total number of other employees paid over \$50,000				0	
			Form S	990-PF (2009)	

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons,	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	0.
b	Average of monthly cash balances	1b	1,674.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,674.
е	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	0.
3	Subtract line 2 from line 1d	3	1,674.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,649.
6	Minimum investment return. Enter 5% of line 5	6	82.
P	art XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	82.
2a	Tax on investment income for 2009 from Part VI, line 5	ŀ	
b	Income tax for 2009. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	82.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	82.
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	82.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		4 -06
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	4,586.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	····
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,586.
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	4,586.
	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 for	the section

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
-	Corpus	Years prior to 2008	2008	2009
1 Distributable amount for 2009 from Part XI, line 7				82.
2 Undistributed income, if any, as of the end of 2009				02.
a Enter amount for 2008 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 1, 278.	i			
b From 2005 8, 100.				
c From 2006 10,482.				
d From 2007 5,704.				
e From 2008 10,510.				
f Total of lines 3a through e	36,074.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 4,586.				
a Applied to 2008, 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.			82.
d Applied to 2009 distributable amount e Remaining amount distributed out of corpus	4,504.			02.
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	- 0.			
6 Enter the net total of each column as				
indicated below:	40,578.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	40,370.			
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 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				_
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	1 270		1	
not applied on line 5 or line 7	1,278.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	_ 39,300.			
10 Analysis of line 9:	39,300.			
a Excess from 2005 8, 100.				
b Excess from 2006 10, 482.				
c Excess from 2007 5, 704.	j			
d Excess from 2008 10,510.	ļ	1		
e Excess from 2009 4,504.				
				Form 990-PF (2009)

Part XIV Private Operating Fo		FOUNDATION			1-1629355 Page 10		
			I-A, question 9)	N/A			
1 a If the foundation has received a ruling or		, , ,					
foundation, and the ruling is effective for	•	•	▶ ∟				
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or L	4942(j)(5)		
2 a Enter the lesser of the adjusted net	Tax year	(F) 0000	Prior 3 years	T (4) 000C	(a) Tabel		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total		
investment return from Part X for							
each year listed							
b 85% of line 2a							
c Qualifying distributions from Part XII,							
line 4 for each year listed		ļ					
d Amounts included in line 2c not							
used directly for active conduct of							
exempt activities		ļ					
e Qualifying distributions made directly		-					
for active conduct of exempt activities.							
Subtract line 2d from line 2c							
3 Complete 3a, b, or c for the alternative test relied upon:							
a "Assets" alternative test - enter:							
(1) Value of all assets							
(2) Value of assets qualifying							
under section 4942(j)(3)(B)(i)							
b "Endowment" alternative test - enter							
2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c "Support" alternative test - enter:	· ·-						
(1) Total support other than gross				ĺ			
investment income (interest,							
dividends, rents, payments on							
securities loans (section							
512(a)(5)), or royalties)		_					
(2) Support from general public and 5 or more exempt							
organizations as provided in							
section 4942(j)(3)(B)(iii)	····						
(3) Largest amount of support from							
an exempt organization	· · · · · · · · · · · · · · · · · · ·						
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only	if the foundat	tion had \$5 000	or more in accete		
at any time during the			ii the loundai	uon nau \$5,000 (or more in assets		
			 		· · · · · · · · · · · · · · · · · · ·		
1 Information Regarding Foundation		than 70/ of the total con-	h.h	the foundation hefere	the close of each toy		
a List any managers of the foundation who year (but only if they have contributed m			iributions received b	y the foundation before	the close of any tax		
	ιοι ο τιιαιι φο,σσο). (σσο σ	0011011 001 (0)(2).)					
SEE STATEMENT 2				1 - 40 - 1			
 b List any managers of the foundation who other entity) of which the foundation has 			(or an equally large	portion of the ownership	o ot a partnersnip or		
-,	ou 1070 of grouter anteres	00					
NONE	0 1001						
2 Information Regarding Contribution					and a second of the second		
Check here X If the foundation of the foundation makes gifts, grants, etc. (nly makes contributions	to preselected charitable	organizations and di	oes not accept unsolicit	ea requests for funds. If		
				iis, complete items za, t	, c, and u.		
a The name, address, and telephone numb	per of the person to who	m applications should be	addressed:				
b The form in which applications should be	e submitted and informa	tion and materials they s	hould include:				
							
c Any submission deadlines:							
d Any restrictions or limitations on awards	d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:						
	 						

Total . 923611 07-07-09

8b 0. Form **990-PF** (2009)

▶ 3b

Part XVI-A	Analysis o	f Income-Producing	Activities
------------	------------	--------------------	------------

Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded	l by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	7 inodit	Tanoach moonic
a	·		 		
b	l "i		+-+		
<u> </u>	1		+		
d	1 1	-	+		
e	·	 _	 		
- Face and contracts from accomment agencies	· -		+		_
g Fees and contracts from government agencies			+		
2 Membership dues and assessments 3 Interest on savings and temporary cash			+	·	
investments			1 1		
4 Dividends and interest from securities			 		
5 Net rental income or (loss) from real estate:			 		
a Debt-financed property			 		
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					
9 Net income or (loss) from special events	<u> </u>		 		
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue:			1 1		
ab	1 1	· · · · · · · · · · · · · · · · · · ·	 		
			1 -		
d	1		 		
Α			1 -		
12 Subtotal. Add columns (b), (d), and (e)		0.	1 1-	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)	L		<u>'</u>	13	
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	nlishment of F	remnt [Purnoses	
Line No. Explain below how each activity for which income			\ contribute	ed importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing funds	for such purposes).			
					
					
					
					
	 				
	····				
					· · · · · · · · · · · · · · · · · · ·
				 	· · · · · · · · · · · · · · · · · · ·
	 				
					

2a	is the	foundation directly or indirectly affiliated with, or i	related to, one or more tax-exempt orga	anizations describ	oed	
	ın sec	ction 501(c) of the Code (other than section 501(c))(3)) or in section 527?	-		Yes X No
b	If "Yes	s," complete the following schedule.				
		(a) Name of organization	(b) Type of organization	n	(c) Description	of relationship
		N/A				
		···				
		······································				
-					 	
		penalties of perjury, I declare that I have examined this return inplete Declaration of preparer (other than taxpayer or fiduci				nd belief, it is true, correct,
ŀ	10	Prilie on Vander By	bener 12/16/10	▶ PRE	SIDENT	
<u>e</u>	Sı	gnature of officer or trustee	Date	Title		
Sign Here	id irer's Only	Preparer's signature / Preparer's	lom, CPA	Date //25/Po	Check if self- employed >	Preparer's identifying number
	Paid spare	Firm's name (or yours THE VANDERBLO	EMEN GROUP LLC		EIN ►	
1	Pai Prepai Use (if self-employed), W223 N720 SAR	ATOGA DRIVE, SUIT	E 100		
	_	address, and ZIP code WAUKESHA, WI	53186		Phone no.	262-574-0374

923622 07-07-09

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

2009

Employer identification number

39-1629355 THE VANKEP FAMILY FOUNDATION. Organization type (check one): Filers of: Section: Form 990 or 990-EZ __ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990 PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable 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 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, chantable, 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 in the heading 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).

923451 06-23-09

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

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

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

Employer identification number

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<u> THE V</u>	ANKEP FAMILY FOUNDATION, INC.		-1629355
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STEPHEN & CHRISTINE VANDERBLOEMEN 3455 PILGRIM ROAD BROOKFIELD, WI 53005		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
		- \$	Person Payroll Occupate Part II of there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_ _ _ _	Person Payroll Omnicash 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 Oncash 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.)

FORM 990-PF	OTHER EXPENSES		STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEES & ADVERTISING	335.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	335.	0.	0.	0.
FORM 990-PF	PART XV - L OF FOUNDATI		ST	PATEMENT 2

NAME OF MANAGER

C.M. VANDERBLOEMEN

S.C. VANDERBLOEMEN