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990-PF

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052 2009

For calendar year 2009, or tax year beginning 20 , 2009, and ending Initial return of a former public charity Final return G Check all that apply Initial return Amended return Address change Name change A Employer identification number Use the IRS Name of foundation label. WILLIAM & SANDY HEITZ FAMILY FOUND 39-1799844 Otherwise. B Telephone number (see page 10 of the instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite print 10800 N HADDONSTONE PLACE (262) 377-3970 or type. City or town, state, and ZIP code See Specific C If exemption application is pending, check here Instructions MEOUON, WI 53092 D 1. Foreign organizations, check here 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 E If private foundation status was terminated under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at J Accounting method Accrual Other (specify) end of year (from Part II, col. (c), F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here line 16) ▶ \$ 2,072,010 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and for chantable (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal expenses per numoses income books the amounts in column (a) (see page 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) Check ► X | If the foundation is not required to attach Sch B 2 482 482 482 3 Interest on savings and temporary cash investments 83,050 83,050 83,050 4 h Net rental income or (loss) ĥа Net gain or (loss) from sale of assets not on line 10 · · · · · Gross sales price for all assets on line 6a · - SCANNED Capital gain net income (from Part IV, line 2) Net short-term capital gain Gross sales less returns and allowances Less Cost of goods sold · · · · · · Other income (attach schedule) STM106 2,418 2,418 2,418 85,950 85,950 85,950 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a ဖွာ် Legal fees (attach schedule) С Other professional fees (attach schedule) 17 Interest RECEIVED 18 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion 8 Occupancy 20 0 4 2010 21 Travel, conferences, and meetings aЕ 22 Printing and publications n X 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. O Add lines 13 through 23 · · · · · · · · · 96,181 96,181 25 96,181 96,181 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 (10,231)Excess of revenue over expenses and disbursements 85,950 Net investment income (if negative, enter -0-) 85,950 Adjusted net income (if negative, enter -0-)

Form 990-PF (2009)

		Attached schedules and amounts in the description column	Beginning of year		110 01	year
Pa	<u>ırt II</u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	94,796	56,06	54	56,064
	3	Accounts receivable				
		Less allowance for doubtful accounts	_			
	4	Pledges receivable				
	'	Less allowance for doubtful accounts	*1			war war
	5	Grants receivable · · · · · · · · · · · · · · · · · · ·				
	6	Receivables due from officers, directors, trustees, and other			$\neg \uparrow$	
	"	disqualified persons (attach schedule) (see page 16 of the			ļ	
		· · · · · · · · · · · · · · · · · · ·				
A S	١,	Instructions) · · · · · · · · · · · · · · · · · · ·			\dashv	
S	7	Other notes and loans receivable (attach schedule)				
e •	١.	Less allowance for doubtful accounts				
เ S	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges			\dashv	
		Investments - U S and state government obligations (attach schedule)				
		Investments - corporate stock (attach schedule) · · · · STM137.	590,414	736,85		736,852
	С	Investments - corporate bonds (attach schedule) · · · · STM138	1,181,561	1,279,09	14	1,279,094
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans · · · · · · · · · · · · · · · · · · ·				
	13	Investments - other (attach schedule) · · · · · · · · · · ·				
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)	,			
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers - see the				
		instructions Also, see page 1, item l) · · · · · · · · · · · · · · · · · ·	1,866,771	2,072,01	.0	2,072,010
_	17	Accounts payable and accrued expenses · · · · · · · · · ·	, , , , ,			
Ī	18	Grants payable				
a b	Ι.	Deferred revenue · · · · · · · · · · · · · · · · · · ·				!
	19					
l I	20	Loans from officers, directors, trustees, and other disqualified persons		-1. ···.		a Y
ţ	21	Mortgages and other notes payable (attach schedule) · · · · · ·			\dashv] }
ė	22	Other liabilities (describe)			-	
<u>s</u>	23	Total liabilities (add lines 17 through 22)			\dashv	ŀ
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
NF	24	Unrestricted	1,866,771	2,072,01	_0_	
, u		Temporarily restricted • • • • • • • • • • • • • • • • • • •				٠ \$
n d		Permanently restricted				PERLAMENT
A G		Foundations that do not follow SFAS 117, check here				
ъ В		and complete lines 27 through 31.				,
Sa		Capital stock, trust principal, or current funds				
Ĩ	20	Paid-in or capital surplus, or land, bldg , and equipment fund · · ·	·-··		\neg	
a Sn	29	Retained earnings, accumulated income, endowment, or other funds			-	1
C	30	Total net assets or fund balances (see page 17 of the			-	
o e	30	instructions)	1,866,771	2,072,01	ا ما	! !
. s	24	·		2,0,2,02		
	31	Total liabilities and net assets/fund balances (see page 17	1 066 771	2,072,01	ا م	!
_	<u> </u>	of the instructions)	1,866,771	2,072,01	<u>. U </u>	
Pa	<u>rt II</u>	Analysis of Changes in Net Assets or Fund Balance				
		net assets or fund balances at beginning of year - Part II, column (a), line			,	1 000 771
		of-year figure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·			1	1,866,771
		amount norm art, the 27a		• • • • • • • •	2	(10,231)
		r increases not included in line 2 (itemize) STM115	· · · · · · · · · · · · · · · · · · ·		3	218,013
		ines 1, 2, and 3			4	2,074,553
		eases not included in line 2 (itemize) STM116			5	2,543
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, or	olumn (b), line 30 · · ·	· · · · · · · · · · · · · · · · · · ·	6	2,072,010

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Part IV Capital Gains	<u>and Losses for Tax on Inv</u>	<u>estment Income</u>			
(a) List and describe	the kind(s) of property sold (e.g., real estate, buse, or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr, mo, day)	(d) Date sold (yτ , mo , day)
1a BANK OF AMERICA S	TOCK		P	2005-06-20	2009-12-18
b CITIGROUP PFD STO	CK		P	2003-10-28	2009-06-10
c COMMUNITY 1ST BAN	K CD		P	2004-07-19	2009-07-23
d FIRST BANK IDAHO	CD		P	2008-02-26	2009-04-29
e PROVIDENT BANK CD			P	2006-08-15	2009-05-26
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or oth plus expense			Sain or (loss) s (f) minus (g)
a 22,330			70,099		(47,769)
b 16,318			26,890		(10,572)
с 70,000			70,000		
d 65,000			65,000	-	
e 30,000			28,995		1,005
Complete only for assets show	wing gain in column (h) and owned	by the foundation on	12/31/69	(1) Gains (Col (h) gain minus
(i) FMV as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Excess o over col (j),		col (k), but no	of less than -0-) or (from col (h))
a					(47 _, 769)
b					(10,572)
С					<u></u>
d					
e					1,005
2 Capital gain net income or (ne		lso enter in Part I, lin enter -0- in Part I, lin		2	(57,337)
3 Net short-term capital gain or	(loss) as defined in sections 1222(5	,			
	e 8, column (c) (see pages 13 and 1				
if (loss), enter -0- in Part I, line			· }	3	
	nder Section 4940(e) for R		Not Investm	ent Income	
	rate foundations subject to the section				·····
(1 of optional use by domestic pine	ato foundations subject to the seek.	on 10 10(a) tax on 110		,,,,	
If section 4940(d)(2) applies, leav	e this part blank				
Was the foundation liable for the	section 4942 tax on the distributable	amount of any year	in the base nerio	42	Yes X No
	qualify under section 4940(e) Do no		in the back point	•	
	in each column for each year, see		ctions before mal	king any entries	
(a)					(d)
Base period years	(b) Adjusted qualifying distributions	Net value of no	(c) nchantable-use asset		istribution ratio b) divided by col. (c))
Calendar year (or tax year beginning in 2008	85,	317	2,087,2		0.040874
2007	81,		2,154,5	536	0.038036
2006	91,		1,975,9		0.046484
2005		244	1,913,9		0.04924
2004		599	2,019,1		0.040413
			· · · · · · · · · · · · · · · · · · ·		
2 Total of line 1 column (d)				2	0.215047
	the 5-year base period - divide the ti		by the		
	on has been in existence if less than	-	-	3	0.043009
4 Enter the net value of noncha	iritable-use assets for 2009 from Pa	rt X, line 5		4	1,925,108
5 Multiply line 4 by line 3 · · ·				5	82,797
6 Enter 1% of net investment in	come (1% of Part I, line 27b) · · ·			6	860
7 Add lines 5 and 6 · · · ·				7	83,657
8 Enter qualifying distributions to	from Part XII, line 4			8	96,181
. , ,	than line 7, check the box in Part VI			a 1% tax rate See	e the

orm	990-PF (2009) WILLIAM & SANDY HEITZ FAMILY FOUND 39-179	9844	F	age 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		_X_
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	. 12	<u>. </u>	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13	X	
	Website address N/A			
14	The books are in care of ▶ STEPHANIE FLEMING Telephone no ▶ 262	-377-3	970	
	Located at ▶ 10800 N HADDONSTONE PLACE MEQUON, WI ZIP+4 ▶ 53	3092		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here · · · · · · · ·			▶ [
	and enter the amount of tax-exempt interest received or accrued during the year · · · · · · · · ▶ 15			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			-
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? · · · · · · Yes X No			'
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? · · · · · · · · · · · · · · Yes X No	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No]]	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? · · · · · Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)? · · · · · · · · · · · · · · · · · · ·			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	Ì		
	foundation agreed to make a grant to or to employ the official for a period after		8	
	termination of government service, if terminating within 90 days) · · · · · · · · · · Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? • • • • • •	1b		
	Organizations relying on a current notice regarding disaster assistance check here · · · · · · · · · · · ·		į į	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
•	were not corrected before the first day of the tax year beginning in 2009?	. 1c	1	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	ļ		
_	6e, Part XIII) for tax year(s) beginning before 2009? Yes X No	i		
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	- 1		
	all years listed, answer "No" and attach statement - see page 20 of the instructions) · · · · · · · · · · · · · · · · · ·	. 2b		×
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		<u> </u>	
•	b			
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	1		
-	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		1	
	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)	. 3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	\vdash	X
+a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	T		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	. 4b	-	Х
		Form 99	10-PF /	
	EEA	. 0,111 36	(_000)

1 01111	990-PF (2009) WILLIAM & SANDY HEIT:	Z FAMI	LY FOUND					39-1799	844	Page 6
Pai	t VII-B Statements Regarding Activitie	s for \	Nhich Forr	n 4720	May Be	Requi	red (co	ontinued)		
5a	During the year did the foundation pay or incur any ar									
	(1) Carry on propaganda, or otherwise attempt to infi	uence le	gislation (sect	ion 4945	ō(e))? · ·	• • •	Yes	X No		
	(2) Influence the outcome of any specific public elect	ion (see	section 4955)	, or to ca	arry on,			_		
	directly or indirectly, any voter registration drive?						Yes	X No		
	(3) Provide a grant to an individual for travel, study, of	or other s	sımılar purpose	95?			X Yes	No		
	(4) Provide a grant to an organization other than a cl	naritable	, etc , organiza	tion des	cribed in		_	_		
	section 509(a)(1), (2), or (3), or section 4940(d)(2						Yes	X No		
	(5) Provide for any purpose other than religious, cha						_			
	purposes, or for the prevention of cruelty to childr						Yes	X No		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the tran			under the	e exceptions	describe	ed in	تت		
	Regulations section 53 4945 or in a current notice reg							?	5b	х
	Organizations relying on a current notice regarding di									
С	If the answer is "Yes" to question 5a(4), does the four							لــا	İ	
•	because it maintained expenditure responsibility for the						Yes	No		
	If "Yes," attach the statement required by Regulations	-							ł	
6a				to pay o	remiums					
-	on a personal benefit contract? · · · · · · · · · · · · · · · · · · ·	-					Yes	X No	1	
ь	Did the foundation, during the year, pay premiums, di					ntract?		• • • • •	6b	X
	If "Yes" to 6b, file Form 8870			. ролооп					<u> </u>	
7a	At any time during the tax year, was the foundation a	narty to	a prohibited ta	y shelte	r transaction	? .	Yes	X No		
h	If yes, did the foundation receive any proceeds or have		-						7b	
Da	t VIII Information About Officers, Dire						e High	ly Paid		24006
ra		ctors,	Trustees,	round	Jaulon IVIA	mayer	s, nigi	ily Falu	Emp	Jyees,
1 1	and Contractors ist all officers, directors, trustees, foundation manag	ers and	their compens	ation (s	ee page 22 d	of the ins	tructions	5)		
	iot an omoore, anottoro, tradition, realization manag				Page ·			-,.		
		(b) Trtle	e, and average	(c) Co	mpensation	1	Contribution	ns to	(a) Evac	nee account
	(a) Name and address	hour	e, and average is per week	(c) Co (If not	paid, enter	(d) emplo	Contribution	plans		ense account, allowances
SANT		hour devote	s per week d to position	(c) Co (If not	ompensation paid, enter -0-)	(d) emplo		plans		
	DRA HEITZ	hour devote PRESI	s per week d to position DENT	(c) Co (If not	paid, enter -0-)	(d) emplo	yee benefit	plans ensation		illowances
811:	ORA HEITZ L BAY COLONY DRIVE UNIT 903, FL 3410	hour devote PRESI	s per week d to position DENT 5	(c) Co (If not	paid, enter	(d) emplo	yee benefit	plans		
811: STE	ORA HEITZ L BAY COLONY DRIVE UNIT 903, FL 3410 PHANIE FLEMING	hour devote PRESI	s per week d to position DENT 5 URER	(c) Co (If mot	paid, enter -0-)	(d) emplo	yee benefit	plans ensation O		ollowances 0
811: STEI 1080	ORA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING DO N HADDONSTONE PLACE, WI 53092	hour devote PRESI	s per week d to position DENT 5 URER 5	(c) Co (If not	paid, enter -0-)	(d) emplo	yee benefit	plans ensation		illowances
811: STEI 1080 GREG	ORA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34108 PHANIE FLEMING OO N HADDONSTONE PLACE, WI 53092 G HEITZ	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY	(c) Co (If not	paid, enter -0-) 0	(d) emplo	yee benefit	plans ensation 0		0 0
811: STEI 1080 GREG	ORA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING DO N HADDONSTONE PLACE, WI 53092	hour devote PRESI	s per week d to position DENT 5 URER 5	(c) Co (If not	paid, enter -0-)	(d) emplo	yee benefit	plans ensation O		ollowances 0
811: STEI 1080 GREG	ORA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34108 PHANIE FLEMING OO N HADDONSTONE PLACE, WI 53092 G HEITZ	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY	(c) Cc (if not	paid, enter -0-) 0	(d) emplo	yee benefit	plans ensation 0		0 0
811: STEI 1080 GREG 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING DO N HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1	(tr'not	poid, enter -0-) 0	(d) emplo and defe	yee benefit	plans ensation 0 0		0 0
811: STER 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34100 PHANIE FLEMING DO N HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other t	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1	(tr'not	poid, enter -0-) 0	(d) emplo and defe	yee benefit	plans ensation 0 0		0 0
811: STER 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING DO N HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1	(tr'not	poid, enter -0-) 0	(d) emplo and defe	yee benefit	plans ensation 0 0 0 ns).		0 0
811: STER 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE."	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 te included on	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	yee benefit	plans ensation 0 0 0 ons).	other a	0 0
811: STER 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34100 PHANIE FLEMING DO N HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other t	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1	line 1 -	poid, enter -0-) 0	(d) emplo and defe	nstruction (d) Control employee plans and	O O O O O O O O O O O O O O O O O O O	other a	0 O
811: STEI 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 se included on (b) Title, and a hours per w	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	nstruction (d) Control employer	O O O O O O O O O O O O O O O O O O O	other a	0 0 0 ense account,
811: STER 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 se included on (b) Title, and a hours per w	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	nstruction (d) Control employee plans and	O O O O O O O O O O O O O O O O O O O	other a	0 0 0 ense account,
811: STEI 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 se included on (b) Title, and a hours per w	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	nstruction (d) Control employee plans and	O O O O O O O O O O O O O O O O O O O	other a	0 0 0 ense account,
811: STEI 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 se included on (b) Title, and a hours per w	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	nstruction (d) Control employee plans and	O O O O O O O O O O O O O O O O O O O	other a	0 0 0 ense account,
811: STEI 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 se included on (b) Title, and a hours per w	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	nstruction (d) Control employee plans and	O O O O O O O O O O O O O O O O O O O	other a	0 0 0 ense account,
811: STEI 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 se included on (b) Title, and a hours per w	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	nstruction (d) Control employee plans and	O O O O O O O O O O O O O O O O O O O	other a	0 0 0 ense account,
811: STEI 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 se included on (b) Title, and a hours per w	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	nstruction (d) Control employee plans and	O O O O O O O O O O O O O O O O O O O	other a	0 0 0 ense account,
811: STEI 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 se included on (b) Title, and a hours per w	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	nstruction (d) Control employee plans and	O O O O O O O O O O O O O O O O O O O	other a	0 0 0 ense account,
811: STEI 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 se included on (b) Title, and a hours per w	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	nstruction (d) Control employee plans and	O O O O O O O O O O O O O O O O O O O	other a	0 0 0 ense account,
811: STEI 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 se included on (b) Title, and a hours per w	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	nstruction (d) Control employee plans and	o O O O O O O O O O O O O O O O O O O O	other a	0 0 0 ense account,
811: STE1 1080 GRE0 530:	DRA HEITZ L BAY COLONY DRIVE UNIT 903, FL 34109 PHANIE FLEMING ON HADDONSTONE PLACE, WI 53092 G HEITZ L W RIVER TRAIL DRIVE, WI 53092 Compensation of five highest-paid employees (other to none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	hour devote PRESI	s per week d to position DENT 5 URER 5 TARY 1 Se included on (b) Title, and a hours per widevoted to position	line 1 -	poid, enter -0-) 0 0 see page 23	(d) emplo and defe	nstruction (d) Control employee plans and	o O O O O O O O O O O O O O O O O O O O	other a	0 0 0 ense account,

Page 6

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WILLIAM & SANDY HEITZ FAMILY FOUND

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Page 7

Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	oundation Managers, Highly	y Paid Employees,
3 Five highest-paid independent contractors for professional services (see page	23 of the instructions). If none, enter	"NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
		
		
tol number of others recovery and #FO 000 for any formation		
otal number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	nformation such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc		
CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS		
		00.05
CONTRIBUTIONS TO EDUCATIONAL ORGANIZATIONS		90,95
CONTRIBUTIONS TO EDUCATIONAL ORGANIZATIONS		
		5,23
3		7,
1		
Part IX-B Summary of Program-Related Investments (see pa	ge 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
NONE		
2		
NI other area and the district of the district		
All other program-related investments See page 24 of the instructions 3 STM142		
, .u		
otal Add lines 1 through 3		

qualifies for the section 4940(e) reduction of tax in those years

Pa	winimum investment Return (All domestic foundations must complete this part Foreign four see page 24 of the instructions)	idations	,
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	1,877,796
b	Average of monthly cash balances	1b	76,628
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,954,424
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) · · · · · · · · · · · · · · · le		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3	1,954,424
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of		
	the instructions)	4	29,316
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 · ·	5	1,925,108
6	Minimum investment return Enter 5% of line 5	6	96,255
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private open	erating	· · · · · · · · · · · · · · · · · · ·
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	96,255
2a	Tax on investment income for 2009 from Part VI, line 5 · · · · · · · 2a 860	ŀ	
b	Income tax for 2009 (This does not include the tax from Part VI) · · · · 2b		
С	Add lines 2a and 2b · · · · · · · · · · · · · · · · · ·	2c	860
3	Distributable amount before adjustments Subtract line 2c from line 1 · · · · · · · · · · · · · · · · · ·	3	95,395
4	Recoveries of amounts treated as qualifying distributions • • • • • • • • • • • • • • • • • • •	4	
5	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·	5	95,395
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1 · · · · · · · · · · · · · · · · · ·	7	95,395
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
' a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 · · · · · · · · · · · · · · · · · ·	1a	96,181
b	Program-related investments - total from Part IX-B	1b	30,101
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	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	96,181
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 (see page 26 of the instructions)	5	860
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	95,321
	Note. The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the	ne found	 -

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Part XIII Undistributed Income (see page 26 of the instructions) (b) Years prior to 2008 (d) 2009 (c) 2008 Distributable amount for 2009 from Part XI, 95,395 Undistributed income, if any, as of the end of 2009 2 Enter amount for 2008 only 17,037 Total for prior years Excess distributions carryover, if any, to 2009 From 2004 From 2005 • • • • • • • From 2006 • • • • • • • • From 2007 • • • • • • • • From 2008 - - - - - - -Total of lines 3a through e Qualifying distributions for 2009 from Part XII, line 4 ▶\$ 96,181 17,037 a Applied to 2008, but not more than line 2a Applied to undistributed income of prior years (Election required - see page 26 of the instructions) Treated as distributions out of corpus (Election required - see page 26 of the instructions) 79,144 d Applied to 2009 distributable amount Remaining amount distributed out of corpus · · · Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 . Prior years' undistributed income Subtract 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 d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page f Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be 16,251 distributed in 2010 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) Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a Analysis of line 9 a Excess from 2005 Excess from 2006 Excess from 2007 · · · · Excess from 2008 Excess from 2009 · · · · ·

Form 9	· · · · · · · · · · · · · · · · · · ·	SANDY HEITZ FA			39-1799844	Page '
<u>Part</u>	XIV Private Operating Foun				on 9)	
1a	If the foundation has received a ruling o			erating		
	foundation, and the ruling is effective fo				4042(1/2) 27 1 40	12(.)(5)
b	Check box to indicate whether the found		erating foundation de		4942(j)(3) or 494	42(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	 	Prior 3 years		(e) Total
	investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	each year listed • • • • • • •			-		
ь	85% of line 2a · · · · · · · · ·		 			
С	Qualifying distributions from Part XII, line 4 for each year listed • • • • •					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	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					
а	"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					
С	"Support" alternative test - enter					
	(1) Total support other than gross					
	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 Informa	tion (Complete	this part only if	the foundation ha	d \$5.000 or more in	assets at
	any time during the year				, - ,	
1	Information Regarding Foundation Mai					
а	List any managers of the foundation wh	o have contributed m	ore than 2% of the to	otal contributions receive	d by the foundation	
	before the close of any tax year (but on	y if they have contrib	uted more than \$5,00	00) (See section 507(d)(2))	
	Sandra Heitz,					
b	List any managers of the foundation wh	o own 10% or more o	of the stock of a corpo	oration (or an equally larg	ge portion of the	
_	ownership of a partnership or other enti	ty) of which the found	dation has a 10% or g	reater interest	, , , , , ,	
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	olarship, etc., Progra	ıms:		
	Check here ▶ ☐ If the foundation onl				does not accent	
	unsolicited requests for funds. If the four	•		-		
	organizations under other conditions, co			0 20 01 the mondonerie, t		
a	The name, address, and telephone num			hould be addressed		
	990APP					
		e submitted and info	rmation and material	s they should include		
b	The form in which applications should be					
b	The form in which applications should be Any submission deadlines					,,
		s, such as by geograp	ohical areas, charitab	le fields, kinds of instituti	ons, or other	

Part XV Supplementary Information (continued)

3 Grants and Contribut	tions Pa	aid During t	<u>he Year or Approve</u>	d for Future	Payment	
Recipier			If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or	business	·)	or substantial contributor	· · · · · · · · · · · · · · · · · · ·		
a Paid during the year	TOCONOT	N.			CENTRAL	
MEDICAL COLLEGE OF W. MEDICAL COLLEGE OF W.)		GENERAL	
	WI	53233	2102777	EXEMPT		500
Mılwaukee	MT	53233	NONE	EXEMPI		500
AVON FOUNDATION					CANCER RESEARCH	
AVON FOUNDATION					CANCER RESEARCH	
Milwaukee	WI	53202	NONE	EXEMPT		250
MIIWadkee	мт	33202	NONE	EXEMPT		250
RIDING FOR RESEARCH					MEDICAL RESEARCH	
MEDICAL COLLEGE OF W.	TRICONST	N			MEDICAL RESEARCH	
Milwaukee	WI	53202	NONE	EXEMPT		250
HIIWAUKEE	N.T	33202	HONE	EXEMP		250
WILSON SCHOOL					EDUCATION	
WILSON SCHOOL						
Thiensville	WI	53092	NONE	EXEMPT		981
Intemporation	***	33032	NONE			301
AMERICAN HEART ASSOC	TATTON				HEART DISEASE	
AMERICAN HEART ASSOC					RESEARCH	
Milwaukee	WI	53202	NONE	EXEMPT	1000000	250
	***	33202	110112			250
FOX POINT LUTHERAN CH	нтвсн				MISSIONS	
FOX POINT LUTHERAN CH						
Milwaukee	WI	53217	NONE	EXEMPT		2,500
			110112			_,
MEQUON-THIENSVILLE EN	DUCATIO	N			PUBLIC EDUCATION	
MEQUON-THIENSVILLE EN						
Thiensville	WI	53092	NONE	EXEMPT		500
		00002	110112			
ZOOLOGICAL SOCIETY					CHILDREN'S	
ZOOLOGICAL SOCIETY					EDUCATION	
Milwaukee	WI	53233	NONE	EXEMPT		1,200
		75255	110112			_,,
Total					3a	
b Approved for future payment						
The state of the s	•					
				1		
					1	
Total				L		
Total · · · · · · · · ·		• • • • • • •	· · <u>· · · · · · · · · · · · · · · · · </u>	<u> </u>	▶ 3b	

Part XV Supplementary Information (continued)

Recipie			If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home of	or business)	or substantial contributor			
a Paid during the year						
CYSTIC FIBROSIS					MEDICAL	
CYSTIC FIBROSIS					RESEARCH	
Mılwaukee	WI	53233	NONE	GENERAL		500
LUMEN CHRISTI					GENERAL	
LUMEN CHRISTI						
Mılwaukee	WI	53233	NONE	EXEMPT		1,500
SCHLITZ AUDUBON SOCI	ETY				CHILDREN'S	
SCHLITZ AUDUBON SOCI	ETY				EDUCATION	
Mılwaukee	WI	53217	NONE	EXEMPT		1,500
LEUKEMIA AND LYMPHON	ďΑ				GENERAL	
LEUKEMIA AND LYMPHON						
Milwaukee	WI	53202	NONE	EXEMPT		250
AMERICAN CANCER SOCI	TETY				PUBLIC EDUCATION	
AMERICAN CANCER SOCI				-	RESEARCH	
Milwaukee	WI	53202	NONE	EXEMPT		1,500
KOMEN RACE FOR THE O	TIPE				BREAST CANCER	
KOMEN RACE FOR THE		50000			RESEARCH	1 000
Mılwaukee	WI	53233	NONE	EXEMPT		1,000
SERVICE CLUB OF MILW					GENERAL	
SERVICE CLUB OF MILV						250
Mılwaukee	WI	53202	NONE	EXEMPT		250
CHILDREN'S HOSPITAL					CHILDREN'S HEALTH	
CHILDRENS HOSPITAL						
Milwaukee	WI	53233	NONE	EXEMPT		500
Total · · · · · · · ·					3a	
b Approved for future payment	nt					
					1	

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Total

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or status of Amount contribution recipient Name and address (home or business) or substantial contributor a Paid during the year CROHN'S AND COLITIS GENERAL CROHNS AND COLITIS Mılwaukee WI 53202 NONE EXEMPT 1,500 JUNIOR ACHIEVEMENT CHILDREN'S JUNIOR ACHIEVEMENT EDUCATION EXEMPT 1,000 Milwaukee WI 53233 NONE MUSCULAR DYSTROPHY ASSOCIATION RESEARCH MUSCULAR DYSTROPHY ASSOCIATION Milwaukee WI 53202 NONE EXEMPT 20,000 GENERAL PREVENT BLINDNESS PREVENT BLINDNESS Mılwaukee WI 53202 NONE EXEMPT 250 KATHY'S HOUSE GENERAL KATHYS HOUSE EXEMPT 10,000 Mılwaukee WI 53233 NONE FROEDERT HOSPITAL FOUNDATION GENERAL FROEDERT HOSPITAL FOUNDATION Mılwaukee 53233 NOEN EXEMPT 25,000 WI COLUMBIA ST MARY'S HOSPITAL BUILDING FUND COLUMBIA ST MARYS HOSPITAL 25,000 Mılwaukee WI 53211 NONE EXEMPT 3a 96,181 b Approved for future payment

3b

mer gross	amounts unless otherwise indicated	Unrelate	d business income	Excluded by sec	ction 512, 513, or 514	(e)
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a a	I Service revenue	code		code		alo modulations /
ь				 		<u> </u>
c						
d						
е —						·
f						
g Fees	and contracts from government agencies · · ·					
-	ship dues and assessments					
	on savings and temporary cash investments •			14	482	
	ds and interest from securities · · · · · · ·					
5 Net rent	al income or (loss) from real estate					
a Debt	-financed property - · · · · · · · · · · · · · · ·					
b Not d	lebt-financed property					
6 Net rent	al income or (loss) from personal property · · ·					
	vestment income					
	(loss) from sales of assets other than inventory .					
	me or (loss) from special events · · · · · ·					
	rofit or (loss) from sales of inventory					
1 Other re	venue a					
b						
с				1		
d						
е						
2 Subtotal	Add columns (b), (d), and (e)				482	
3 Total A	Add line 12, columns (b), (d), and (e)				13	48
see worksh	neet in line 13 instructions on page 28 to verify ca	culations)				
See worksh Part XVI	-B Relationship of Activities to the	Accomp	lishment of Ex	empt Purpos	ses	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which inc	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI Line No	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which inc	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI Line No	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI Line No	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI Line No	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI Line No	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI Line No	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
Part XVI	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	
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Part XVI Line No	-B Relationship of Activities to the Explain below how each activity for which included accomplishment of the foundation's exempt p	Accompone is repo	rted in column (e) o	f Part XVI-A cont	ributed importantly to t	

EEA

39-1799844

Pa	rt XVII	Information Exempt Or			ansfers To	and Tra	ansacti	ons and	Relation	ships W	ith Nonc	harita	able	
1	Did the	organization dire	ctly or in	directly ena	age in any of the	e followin	o with any	other ora:	anization de	scribed		T	Yes	No
•		on 501(c) of the C												
			oue (ou	iei illali sec	(1011 30 1 (0)(3) 0	iganizado	טווט) טו וווי	SECTION 32	r, relating to	political				ĺ
	organiz													
а		rs from the report]		
		sh • • • • • •										1a(1)		_ X
	(2) Oth	er assets · · ·						. .				1a(2)		Х
b	Other to	ansactions												
-	•	es of assets to a r	nonchari	tahla ayamr	t organization							1b(1)		X
	• •	chases of assets										1b(2)		X
	. ,	ital of facilities, ed		•								1b(3)		X
		mbursement arrai	-									1b(4)		X
	(5) Loa	ns or loan guarar	ntees ·					· • • • •				1b(5)		Х
	(6) Per	formance of servi	ices or m	embership	or fundraising s	olicitation	ns • • •					1b(6)		Х
С		of facilities, equi			_							1c		Х
		nswer to any of the												
d		•			-	_								
		f the goods, other				_								
	value in	any transaction of	or sharin	g arrangem	ent, show in col	lumn (d) t	the value of	of the good	ls, other ass	sets, or servi	ices receive	:d		
(a) L	ine no(b) Amount involved	(0) Name of nor	chantable exempt o	organization		(d) Desc	nption of transf	ers, transaction	s, and shanng	arrangen	nents	
		-												
		-1								-				
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-														
			 											
														
													_	
2a	Is the fo	oundation directly	or indire	ctly affiliate	d with, or relate	d to, one	or more ta	ax-exempt	organizatioi	ns				
		ed in section 501		•								Ye	s X	No
L				•	in than section t	301(0)(0))	, 01 111 3001	0011 027				□	· <u> </u>	된
	ii fes,	complete the foll	-	chequie				· · · · ·						
		(a) Name of organiz	zation		(b) T	Type of orga	anization			(c) Descript	ion of relations	hip		
												_		
			-											
_	I Inder ne	natties of perjury, I dec	lare that Li	nave examined	this return, including	n accompan	vina schedul	es and staten	nents and to th	e best of my kn	owledge and			
	belief, it is	true, correct and con	nplete/Dec	laration of prep	parer (ther than tax	payer or fidu	uciary) is bas	ed on all infor	mation of which	h preparer has	any knowledge	!		
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ĭ	X	/W/k	<u>U</u>	<u>vruu </u>	YX			14-6	10	TREAS	UKEK			
g	Signati	ire of officer or trustee			<u>(</u>			Date		Title				
n		1	111	Λ	1 IT		Date				Preparer's ii	dentifying	l	
н	Paid	1	V I A		V Y 14				05-44		number (see			
е	Prepar-	_ \	NI	MILY I	K MAMA	1/			Check if self-employe	ed ► X	page 30 of t	ne instru	ctions)	
r	er's	Preparer's	DANIEI	R LINS	TEY WWW	Ν	04-27-	2010	acu-ciripioy6	~				
е	Use	3	-			J CD2	10-2-21-		1	🕒	L			
	Only	Firm's name (or yo self-employed), ad			L R LINSLE	•	•	-	_	EIN P	262 27	7 - 205	70	
		and ZIP code		Graft	on, WI 5302	Z4-0024	4			Phone no	262-37			
								EEA			F	orm 99	10-PF ((2009)

Federal Supporting Statements	2009 PG 01
Name(s) as shown on return	FEIN
WILLIAM & SANDY HEITZ FAMILY FOUND	39-1799844
Form 990PF, Part III, Line 3 Other Increases Schedule	Statement #115
GAIN ON MARKET VALUE OF INVESTMENTS 217,598	3
BOOK GAIN ON SALE OF INVESTMENTS 41.	
Total	3
Form 990PF, Part III, Line 5	PG 01 Statement #116
Other Decreases Schedule INCOME TAX 2,54	3
Total 2,54	3

		Federal Su	pporting Statements	2009	PG 01
Name(s) as shown on return	n			FEIN	
WILLIAM & S	SANDY HEITZ	FAMILY FO	UND	39	-1799844

Form 990PF, Part II, Line 10(b)
Investments: Corporate Stock Schedule

Statement #137

Category	BOY	Book Value	EOY FMV
ALTRIA GROUP	19,578	25,519	25,519
AMERIGAS PARTNERSHIP	28,130	39,330	39,330
APPLE COMUTER	68,280	168,586	168,586
ASSOCIATED ESTATE REALTY	9,130	11,270	11,270
ASTORIA FINANCIAL	17,304	13,051	13,051
BANK OF AMERICA	21,120		
BOSTON PROPERTIES	13,750	16,768	16,768
ELAN CORP	1,200	1,304	1,304
ENERGY INCOME AND GROWTH	24,642	42,066	42,066
EXELON	19,464	17,105	17,105
FUNDAMENTAL INVESTORS FUND	20,063	26,535	26,535
GENERAL ELECTRIC	16,200	15,130	15,130
EAGLE INTERNATIONAL FUND	57 , 698	69,268	69,268
INTEGRYS ENERGY	42,980	41,990	41,990
JOHNSON AND JOHNSON	11,966	12,882	12,882
KRAFT FOODS	24,138	24,435	24,435
MERCK	6,080	7,308	7,308
NATIONWIDE HEALTH PROP	28,720	35,180	35,180
NOVARTIS	14,928	16,329	16,329
PHILIP MORRIS	56 , 563	62,647	62,647
SERIES S 1 INCOME FUND	22,920	34,689	34,689
XCEL ENERGY	27 , 825	31,830	31,830
CITIGROUP PFD	17,020		
BANK AMERICA PFD	20,715	23,630	23,630
Totals	590,414	736,852	736,852

·	Federal Supporting Statements	2009 PG 01
Name(s) as shown on return		FEIN
WILLIAM & SAN	DY HEITZ FAMILY FOUND	39-1799844

Form 990PF, Part II, Line 10(c)
Investments: Corporate Bond Schedule

Statement #138

Category	BOY	Book Value	EOY FMV
PROVIDENT BANK	30,153		
COMMUNITY FIRSTBANK CHARLESTON	70,615		
NORTHSHORE COMMUNITY BANK	50,397	51,153	51,153
XCEL ENERGY	52,880	52,695	52,695
ASSOCIATED BANC CORP	80,301	74,212	74,212
WASHINGTON MUTUAL BANK	96,313	99,164	99,164
GE MONEY BANK	50,384	51,860	51,860
SBC COMMUNICATIONS	30,614	32,350	32,350
SUMMIT COMMUNITY BANK	75,488	77,922	77,922
UNION NATINAL BANK	34,463	35,420	35,420
BMW NAMK	40,452	41,707	41,707
INTERVEST BANK	70,818	72,322	72,322
DISCOVER BANK	49,427	51,393	51,393
COMMUNITY BANK AND TRUST	49,257	51,344	51,344
LEHMAN BROTHERS	75 , 278	75 , 973	75 , 973
DISCOVER BANK	36,139	36,627	36,627
GOLDMAN SACHS	66,148	67,544	67,544
PROTECTIVE LIFE	38,619	46,794	46,794
CAPITAL ONE BANK	69,449	70,491	70,491
FIRST BANK IDAHO	64,860		
GE CAPITAL FINANCIAL	49,506	51,305	51,305
ALLSTATE CORP		54,030	54,030
GENERAL ELECTRIC		63,737	63,737
CAPMARK BANK		50,641	50,641
CAPMARK BANK		30,410	30,410
GE CAPITAL FINANCIAL		40,000	40,000
Totals	1,181,561	1,279,094	1,279,094

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	Federal Supporting Statements	2009 PG 01	
Name(s) as shown on return WILLIAM & SANDY HEITZ FAMILY FOUND	UND	Your Social Security Number 39-1799844	1
	Form 990PF, Part I, Line 11 - Other Income Schedule	Statement #106	1
Description	Net Adjus investment net in		ı
MISC INVESTMENT INCOME Totals	2,418 2,418 2,418 2,418		
			-
			71

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Federal Supporting Statements 2009 PG 01 Your Social Security Number Name(s) as shown on return 39-1799844 WILLIAM & SANDY HEITZ FAMILY FOUND

Form 990PF, Part XV, Line 2 Application Submission Information 990APP

Grant Program GENERAL GRANTS

Applicant Name STEPHANIE FLEMING

Address 10800 N HADDONSTONE PLACE MEQUON WI 53092

Telephone 262-377-3970

Form & Content PURPOSE OF ORGANIZATION AND REQUEST AMOUNT REQUESTED

Submission Deadline NONE

Restrictions on Award NONE