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### Form 990-PF

Department of the Treasury Internal Revenue Service

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

Fo	or cale	endar year 2009, or tax year beginning	, 200	09, and	ending		, 20
G	Chec	ck all that apply:   Initial return  Initial	return of a former	nublic ci	harity	☐ Final return	<del></del>
_	0	· · · · · —	Idress change	· —	ne change		
	lse the					r identification numbe	or
Ŭ	labe					39-1892201	
(	Otherv	wise, Number and street (or P O box number if mail is not delivered	to street address) R	oom/suite	B Telephon	e number (see page 10	of the instructions)
	prir or ty					262 236-408	9
S	ee Spi	ecific City or town, state, and ZIP code			C If exemp	tion application is pend	ing, check here
In	struct	tions. MEQUON, WI 53092				n organizations, check	_
Н		ck type of organization:   Section 501(c)(3) exempt	onvate foundation			n organizations meetir	
		ion 4947(a)(1) nonexempt charitable trust   Other ta			check	here and attach comp	utation ►
ī		market value of all assets at J Accounting method				foundation status was 507(b)(1)(A), check here	
	end o	of year (from Part II, col. (c), Other (specify)				indation is in a 60-mon	_
	line 1	(6) ► \$ 250,169 (Part I, column (d) must b	e on cash basis.)			ection 507(b)(1)(B), chec	
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment come	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see page 11 of the instructions) )	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		1. 172	1.3-4	المنباد المتحدد المتحدد	とうななないない 日
	2	Check ► ☐ if the foundation is not required to attach Sch. B	" " " " " " " " " " " " " " " " " " "	*** **		17. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	· 1350 1350 188
	3	Interest on savings and temporary cash investments		<b></b>			<b>医线型 教教</b>
	4	Dividends and interest from securities	17,717	<u>'</u>	17,717	17,717	
Revenue	5a	Gross rents		ļ	·		THE REAL PROPERTY.
	b	Net rental income or (loss)	20 人名英格兰		~ (	· · · · · · · · · · · · · · · · · · ·	
	6a	Net gain or (loss) from sale of assets not on line 10	-28436		4 5 72.7		fatter of the sa
	b	Gross sales price for all assets on line 6a	2777	Mar. 4.1		· · · · · · · · · · · · · · · · · · ·	**************************************
. ≥	7	Capital gain net income (from Part IV, line 2)	11、11、11、11、11、11、11、11、11、11、11、11、11、	1-7	<del>, , , , ,</del>	17.867 / 18 RET	产业 人
щ		Net short-term capital gain	** *** *******************************	3 11 7		0	
	9	Income modifications		<del>                                     </del>	* 1 (187)	a same for a series	The state of the s
	10a	Gross sales less returns and allowances	Land Commence	2 1	· 一	THE CHARLES IN THE	34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	Less: Cost of goods sold	产为工作的企业			THE SHEET OF THE SECOND	* * * * * * * * * * * * * * * * * * *
	C	Gross profit or (loss) (attach schedule)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11 12	Other income (attach schedule)	-10,719		17,717	17,717	3 2 3 3 3 3 3
_	13	Total. Add lines 1 through 11	-10,719	<del>                                     </del>	17,717	17,717	- 15-214、10-3-2
es	14	Other employee salaries and wages					
Su	15	Pension plans, employee benefits					
ğ	16a	Legal fees (attach schedule)			RE	CEIVED	
Û	Ь	Accounting fees (attach schedule)			1	Ö	
Уē	c	Other professional fees (attach schedule)		<u> </u>	NOV	1 5 2010	
rat	17	Interest		lŏ	1 140 4	7. 0 - 0 - 0 - 0 / 0	
ist	18	Taxes (attach schedule) (see page 14 of the instructions)			<u> </u>	<u>\alpha</u>	
Ë	19	Depreciation (attach schedule) and depletion			OGI	DEN, UT	・ 大元間を、サットの
퉏	20	Occupancy		-			
4	21	Travel, conferences, and meetings					
Jue	22	Printing and publications					
6	23	Other expenses (attach schedule)	3,182		3,182	3,182	3,182
Ē	24	Total operating and administrative expenses.					
Operating and Administrative Expenses		Add lines 13 through 23	3,182		3,182	3,182	3,182
ğ	25	Contributions, gifts, grants paid	10,800	, '4.	·· 真正" 。、、		10,800
_	26	Total expenses and disbursements. Add lines 24 and 25	13,982		3,182	3,182	. 13,982
	27	Subtract line 26 from line 12:	المستشعة المستثسا	, 电介:	· .		
	а	Excess of revenue over expenses and disbursements	-24,701	- i n	Z. ':- ;		
	b	Net investment income (if negative, enter -0-)		× 31	14,535		
$\Box$	<u></u>	Adjusted net income (if negative, enter -0-)			1. T. C.	14,535	
For	Privacy	y Act and Paperwork Reduction Act Notice, see page 30 of	the instructions.		Cat No 112	89X For	m <b>990-PF</b> (2009)

Part II		Ralance Sheets	Beginning of year	End (		of year	
	u ( 11	Dalarico Oricets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Val	ue	(c) Fair Market Value
	1	Cash-non-interest-l	pearing				
	2	Savings and tempora	ry cash investments	5,335		1,983	1,983
	3	Accounts receivable			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	تستف	1
		Less: allowance for o	loubtful accounts >				
	4	Pledges receivable ▶				تنشق	المُسْتَعَلَّمُ الْمُعَالِّمُ الْمُعَالِّمُ الْمُعَالِّمُ الْمُعَالِّمُ الْمُعَالِّمُ الْمُعَالِمُ ا
		Less: allowance for d	loubtful accounts ▶				
	5						<u></u>
	6		m officers, directors, trustees, and other			•	
		instructions)	(attach schedule) (see page 16 of the			<del></del>	
	7		cervable (attach schedule) ▶	or it is a man	5 6. 19		1 the
Ŋ			btful accounts ▶				
Assets	8	Inventories for sale of	ruse				ļ
Š	9	Prepaid expenses an	d deferred charges				
_	10a		state government obligations (attach schedule)				
	b		ate stock (attach schedule)	285,656	26	4,307	248,186
	C	•	ate bonds (attach schedule)	127			1 (1)
	11		ings, and equipment: basis ▶	a de la companya de l	` <b>^</b>		en it en en el
			ciation (attach schedule) ▶				<u></u>
	12	•	ge loans				
	13		attach schedule)				loj e a je i e <b>e</b>
	14	Land, buildings, and eq	uipment: basis ▶		<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>	ئئسا	
			eciation (attach schedule) ►				
	15	Other assets (describ					
	16		be completed by all filers—see the	200 004	20	c 200	250400
			e page 1, item l)	290,991		6,290	250169
	17	• •	d accrued expenses				
es	18						
Liabilities	19		ctors, trustees, and other disqualified persons		<u> </u>		
<u>ā</u>	20		notes payable (attach schedule)				
Ë	21 22	Other liabilities (descr	· · · · ·				
	23		ibe ► )   ines 17 through 22)				
			low SFAS 117, check here			-	
S		and complete lines 2	4 through 26 and lines 30 and 31.				
Balances	24	·		290,991	26	6,290	r na 🐧
ᇤ	25	Temporarily restricted	1				
Ba	26	Permanently restricted	I				
_		•	not follow SFAS 117, check here ▶ □				
٦		and complete lines 2					
ř	27	Capital stock, trust pr	incipal, or current funds				
S	28		ilus, or land, bldg., and equipment fund				
Net Assets or Fund	29	Retained earnings, accu	mulated income, endowment, or other funds				
ŝ	30	Total net assets or	fund balances (see page 17 of the	10		I	
#				290,991	266	5,290	
ž	31	Total liabilities and r	net assets/fund balances (see page 17				
				290,991	266	5,290	
	rt III		ges in Net Assets or Fund Balances				
1			alances at beginning of year-Part II, colum				
			on prior year's return)			1	290,991
		r amount from Part I, lin				2	-24,701
3	Other	r increases not include	d in line 2 (itemize) ▶			3	
4						4	266,290
5	Decre	eases not included in li	ne 2 (Itemize) ►			5	
6	Total	net assets or fund bal	ances at end of year (line 4 minus line 5)—P	art II, column (b), lin	e3U	6	266,290

Part	V Capital Gains an	d Losses for Tax on Investr	nent Income			
		the kind(s) of property sold (e.g., real estate		(b) How acquired P—Purchase	(c) Date acquired	(d) Date sold
	· · · · · · · · · · · · · · · · · · ·	use, or common stock, 200 shs MLC Co	) 	D-Donation	(mo , day, yr )	(mo , day, yr )
<u>1a</u>	SHIP FINANCE LTD		Р	06/01/05	05/01/09	
<u>b</u>	CLAYMORE GLOBAL SHI		P	03/08/07	06/01/09	
<u>c</u>					03/08/07	07/01/09
<u>d</u>	CLAY ENERGY PORFOLIC	<u> </u>		Р	05/10/07	08/01/09
<u>e</u>	BRIG PORTFOLIO	· · · · · · · · · · · · · · · · · · ·		Р	06/01/04	09/01/09
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		ain or (loss) (f) minus (g)
a	8,567			0		8,567
<u> </u>	30,293			20,006		10,287
c	26,333			55,000		-28,667
<u>d</u>	29,331			48,010		-18,679
е	56			0		56
	Complete only for assets she	owing gain in column (h) and owned	by the foundation	on 12/31/69		ol (h) gain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (i), if any		ot less than -0-) <b>or</b> (from col. (h))
a						
b						
c						
d						
е						_
2	Capital gain net income of		also enter in Pa enter -0- in Pa		2	-28,436
3	Net short-term capital gai	in or (loss) as defined in sections	1222(5) and (6)	: [		
		l, line 8, column (c) (see pages 13				
		, line 8			3	
Part		ler Section 4940(e) for Redu				
Was th		e this part blank. section 4942 tax on the distribut qualify under section 4940(e). Do			ase period?	☐ Yes ☑ No
1	Enter the appropriate amo	ount in each column for each yea	r; see page 18	of the instructions	before making	any entries.
Cale	(a) Base period years ndar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value of	(c) nonchantable-use as		(d) tnbution ratio divided by col. (c))
	2008	<del></del>	,059	305	,800	0.04598
	2007	12	,852	292	,576	0.04393
	2006	10	,778	257	766	0.04181
	2005	6	,900	221	,064	0.03121
	2004	5	,422	159	,441	0.03401
2	Total of line 1, column (d)				. 2	0.19694
3		for the 5-year base period—divid dation has been in existence if les				0.03939
4	Enter the net value of non-	charitable-use assets for 2009 fro	om Part X, line 5	5	. 4	218,500
5	Multiply line 4 by line 3				. 5	8,607
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	145
7	Add lines 5 and 6				. 7	8,752
	Enter qualifying distribution If line 8 is equal to or great Part VI instructions on page	ns from Part XII, line 4 ter than line 7, check the box in le 18.		and complete th	. 8 at part using a 1	13,982 % tax rate. See the

r. t. a	,								
Part	90-PF (2009)	VEV 4040	Val. a., 4040		4	0 -44			Page
1a	Excise Tax Based on Investment Income (Section 4940(a), 4940  Exempt operating foundations described in section 4940(d)(2), check here   Date of ruling or determination letter:  (attach copy of letter if no	and enter	"N/A" on line 1	. 1	age 1	B OT U	<u>ne ins</u>	itruct	ions
c	Domestic foundations that meet the section 4940(e) requirements in Pahere ► ✓ and enter 1% of Part I, line 27b	art V, che	ck 	. }	1	, 0 st.		145	
2 3 4 5	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found Add lines 1 and 2	 dations or		-0-)	2 3 4 5			145	
6 a b c	Credits/Payments: 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) .	6a   6b   6c	205 250			# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ar je		
d 7 8 9	Backup withholding erroneously withheld	Form 22 wed .	20 is attached	<b>•</b>	7 8 9			455	Ai.
11 Part	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶	310	Refunded		11			310	
1a b	During the tax year, did the foundation attempt to influence any nation participate or intervene in any political campaign?	 ly) for po	litical purposes				1a	Yes	No ✓
	of the instructions for definition)?	activities		any	 matei	ials	1b	. 1	* * * * * * * * * * * * * * * * * * *
d	Did the foundation file <b>Form 1120-POL</b> for this year?	mposed nagers. ▶	during the year ► \$				10 300	1,	<b>/</b>
	Enter the reimbursement (if any) paid by the foundation during the year fon foundation managers. ► \$	•	•		npose	ed	:	م م	
	<ul> <li>Has the foundation engaged in any activities that have not previously been reported to the IRS?</li> <li>If "Yes," attach a detailed description of the activities.</li> <li>Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of</li> </ul>					<b>2</b>	200 2		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a condition by the foundation have unrelated business gross income of \$1,000 or m	nformed o	copy of the char	iges		. [	3 4a	كتسفطع	<u>√</u> ✓
b 5	If "Yes," has it filed a tax return on Form 990-T for this year?					.	4b 5		
	ir res, attach the statement required by General instruction 1.  Are the requirements of section 508(e) (relating to sections 4941 through	4945) sa	atisfied either:						

• 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?

• By language in the governing instrument, or

7

 $\alpha \alpha \alpha$	חב	(2009)

Pai	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		1
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<b>✓</b>	L
	Website address ► N/A			
14		62 236		
4=	Located at ▶ 2646 W. LAKE PARK CT., MEQUON, WI ZIP+4 ▶	5309	2	<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	▶ ∟
Dar	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15   t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Fai		(2) <u>E</u>	Yes	No
1a	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  During the year did the foundation (either directly or indirectly):	1-a 17	7 9 A	7
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? $\square$ Yes $\square$ No	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	43.43		
	disqualified person?		4	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	3.6.2		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes . 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)?			3 1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after	- (-2		
	termination of government service, if terminating within 90 days.)	, 5	1	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	200	4	الأث
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	200	√ !'E%#!
_	Organizations relying on a current notice regarding disaster assistance check here		13.55	
C	were not corrected before the first day of the tax year beginning in 2009?	1c	7.6	<b>√</b>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	7		24,
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			4
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009?	*		***
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	12 mg		
D	Are there any years listed in 2a for which the foundation is <b>not</b> 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			Die.
	all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b	فيكت	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	7		
ο-	Did to 6 and display to 20	1		
Ja	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	1	<b>1</b>	43
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			13
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			1
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	- 22	الكثا	1
	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?	48	- E	<b>√</b>
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?	4b		
	chantable purpose that had not been removed from jeopardy before the mot day of the tax year beginning in 2000	1 40		<u> </u>

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Par	VII-B Statements Regarding Activitie	s for '	Which Forn	1 4720	May Be F	Require	ed (contir	nued)			
5a	During the year did the foundation pay or incur (1) Carry on propaganda, or otherwise attempt (2) Influence the outcome of any specific publi directly or indirectly, any voter registration d	to influ ic elec	ence legislat tion (see sec	tion 49		arry on	☐ Yes	☑ No	15 K		
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ✓ No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ✓ No					13	<b>a</b>				
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to	childre	n or animals	·			☐Yes	<b>⊘</b> No	,		
Ь	b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?										
	Organizations relying on a current notice regard	ing dis	aster assista	nce che	eck here			▶ □			1
С	If the answer is "Yes" to question 5a(4), does because it maintained expenditure responsibility	for th	e grant? .					☐ No	٠- ڏِي · .	-	4
6a	If "Yes," attach the statement required by Regular Did the foundation, during the year, receive any on a personal benefit contract?	funds,		directly	y, to pay pr	emiums	; ∏Yes	[] N-	- 'a		
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.					 I benefit		<b>✓ No</b> ? .	6b	-i	<u> </u>
_	At any time during the tax year, was the foundation							✓ No			
b Part	If yes, did the foundation receive any proceeds of the Information About Officers, Direction Abo								7b mplov	ees.	
	and Contractors										
	List all officers, directors, trustees, foundation			-					structi	ons).	
	(a) Name and address	devo	le, and average irs per week ted to position		ompensation t paid, enter -0-)	emplo	Contributions eyee benefit perred comper	lans	(e) Exper other a	nse acci allowanc	
	DUHR J. LAKE PARK CT., MEQUON, WI 53092	PRES/	TREAS		0			0	<u>'</u>		0
	/ DUHR	VP/SE	CRETARY		0			0			0
2646 W	. LAKE PARK CT., MEQUON, WI 53092										-
	Compensation of five highest-paid employee If none, enter "NONE."	s (oth	er than thos	e inclu	ided on lin	e 1—s	ee page 2	3 of t	he inst	ructio	ns).
(8	s) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to po	reek -	(c) Compen		(d) Contribute employee be plans and de compensa	enefit eferred	(e) Exper other a	ise acco	
N/A											
			•								
				_				$\dashv$			
Total n	umber of other employees paid over \$50,000 .	• •	<u></u>	<u>.</u> .	<u></u>	• •	<u> </u>	► F	m 990	PF p	2000/
									,,,,,, v,v,v	(2	

Par	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3	Five highest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
		+
Total	number of others receiving over \$50,000 for professional services	
Par	IX-A Summary of Direct Charitable Activities	
List	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
2		
		1
3		<del> </del>
•		
•		
4		
		<u> </u>
	IX-B Summary of Program-Related Investments (see page 24 of the instructions)	Amount
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  N/A	Amount
1.	IVA	
-		
2	•	
•		
All c	other program-related investments. See page 24 of the instructions	
3 .		
-		
Total	Add lines 1 through 3	<del> </del>
, otal.	Add lines 1 through 3	Form <b>990-PF</b> (2009)

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.)	ign found	ations,
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	211,890
b		1b	9,937
C	Fair market value of all other assets (see page 24 of the instructions)	1c	
d		1d	221,827
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	221,827
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	3,327
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	218,500
_ 6	Minimum investment return. Enter 5% of line 5	6	10,925
Part	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)	operating	
1	Minimum investment return from Part X, line 6	11	10.925
2a	Tax on investment income for 2009 from Part VI, line 5   2a   145		
b	Income tax for 2009. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	145
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,780
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	10,780
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	10,780
Dox		<del></del>	
rart	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	13,982
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.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	- 22	
a	Suitability test (prior IRS approval required)	3a	
ь	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	13,982
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	145
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	13,837
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	whether t	he foundation

Part	VIII Undistributed Income (see page 26	of the instruction	s)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
	line 7	· " · · · · · · · · · · · · · · · · · ·		· the figure	10,780
2	Undistributed income, if any, as of the end of 2009:	Tarify Add the		57 17 To 12	
a	Enter amount for 2008 only	1,2,3,	. 2 4	13,513	3 7
b	Total for prior years: 20,20,20		0	. "1 122	***
3	Excess distributions carryover, if any, to 2009:	****		رد د- ۱۵ میں د	
a	From 2004	· ·			1
b	From 2005	-		[	
C	From 2006				
d	From 2007	-:	-	· 4	7
е	From 2008			,	
f	Total of lines 3a through e	0	·		
4	Qualifying distributions for 2009 from Part XII, line 4: ► \$ 13,982		•	١ ١	
		•			
a	Applied to 2008, but not more than line 2a .			13,513	
b	Applied to undistributed income of prior years (Election required—see page 26 of the instructions)	-		'	
_		<u></u>	0	<u> </u>	1
С	Treated as distributions out of corpus (Election required—see page 26 of the instructions) .				
		0		·	
đ	Applied to 2009 distributable amount		* ` ' ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	· · · · · · · · ·	469
e	Remaining amount distributed out of corpus	0	• .	<del>.</del>	, ,
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).)				
	Enter the net total of each column as			•	
6	indicated below:				
_					
a b	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract	3 2 2 2 3			
U	line 4b from line 2b		0		y
_		7 5	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)	1			
	tax has been previously assessed	- 3	o		g).
ď	Subtract line 6c from line 6b. Taxable	<del></del>		-, -	
ŭ	amount—see page 27 of the instructions .		o		. 4
Δ.	Undistributed income for 2008. Subtract line			-	
·	4a from line 2a. Taxable amount—see page		,		
	27 of the instructions	4		o	. 3
f	Undistributed income for 2009. Subtract lines		· · · · · · · · · · · · · · · · · · ·	- 4	<u> </u>
•	4d and 5 from line 1. This amount must be			, , <b>]</b>	
	distributed in 2010	,	· ' -		10,311
7	Amounts treated as distributions out of corpus				1. 1
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)	o			
8	Excess distributions carryover from 2004 not		,		1
-	applied on line 5 or line 7 (see page 27 of the			.	3
	instructions)	o		Ī	1
9	Excess distributions carryover to 2010.		<del></del>		• 4
	Subtract lines 7 and 8 from line 6a	0		· '	
10	Analysis of line 9:			<del></del> ,	
а	Excess from 2005	j		-	
b	Excess from 2006				}
_	Excess from 2007	, , ,		-	
_	Excess from 2008				
_	Excess from 2009			-	

Form 9	, 190-PF (2009)					0 10
	XIV Private Operating Founda	tions (see page	27 of the instru	ctions and Part \	/II-A guestion 9	Page 10
	If the foundation has received a rulin foundation, and the ruling is effective for	g or determination	n letter that it is a			)
b	₹		_		ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years	<u> </u>	1
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
b	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:					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under</li></ul>		-			
	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 investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalities)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization		•			
	(4) Gross investment income					
Part	• • • • • • • • • • • • • • • • • • • •	•	•		ad \$5,000 or mo	ore in assets at
1	any time during the year— Information Regarding Foundation I		the instruction	s. <sub>)</sub>	<del></del>	
	List any managers of the foundation of before the close of any tax year (but o	vho have contribu				by the foundation
ALLEI	N DUHR					
b	List any managers of the foundation	who own 10% o	r more of the stoc	k of a corporation	(or an equally la	rge portion of the
	ownership of a partnership or other en	itity) of which the	foundation has a 1	10% or greater inte	erest. •	
NONE 2	Information Regarding Contribution	Grant Gift Los	n Scholarshin et	to Programs:		<del></del>
2	Check here ▶ ☐ if the foundation of unsolicited requests for funds. If the	only makes contr	ibutions to presel	ected charitable of		
	organizations under other conditions,			o. (666 page 26 6		
а	The name, address, and telephone nu	mber of the perso	n to whom applica	ations should be a	ddressed:	
ALLE	I DUHR, 2646 W. LAKE PARK CT., MEQU	ON, WI 53092				
b ANY	The form in which applications should	be submitted and	d information and r	naterials they shou	uld include:	
C NONE	Any submission deadlines:					
	Any restrictions or limitations on awardactors:	ards, such as by	geographical are	eas, charitable fie	lds, kinds of insti	itutions, or other

NONE

_	Supplementary Information (conti				
3	Grants and Contributions Paid During t	he Year or Approv	ed for Fut	ture Payment	.,.
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
	Paid during the year				
SEE	SCHEDULE A				10,800
					j
					İ
			1		
			i	▶ 3a	10,800
	Total	· · · · · · · · · · · · · · · · · · ·	<del></del> T	▶ 3a	10,800
b	Approved for lature payment				
	·				
			ĺ		}
			ļ		
		Ì	ł		
		-			
			}		
	Total			▶ 3b	

Ente	er gross amounts unless	s otherwise indicated.	Unrelated bu	siness income	Excluded by sect	ion 512, 513, or 514	į (C)
			(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See page 28 of the instructions.)
1	Program service reven	nue:	<del></del>				tile iristi uctions.)
	b			<del>-</del>	-		
	c		1		<del></del>		
	d						<u> </u>
	e				1		
	f				<del> </del>		
	g Fees and contracts	s from government agencies					
2	Membership dues and	-	i		1		
3	•	temporary cash investments					
4	_	from securities					
5	Net rental income or (le	oss) from real estate:	27 54				green, reg
	a Debt-financed prop	perty					
		property					
6	Net rental income or (le	oss) from personal property					
7	Other investment incor	me					
8		of assets other than inventory					
9	Net income or (loss) fro	om special events					
10	Gross profit or (loss) fro	om sales of inventory					
11	Other revenue: a						
	L						
	c						
	d						
	e						
		s (b), (d), and (e)			1.7		
		impo (b) (d) and (a)				13	
	Total. Add line 12, colu						
See	worksheet in line 13 ins	structions on page 28 to verify	/ calculations.)				
See Par	worksheet in line 13 ins t XVI-B Relations	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	worksheet in line 13 ins t XVI-B Relations	structions on page 28 to verify	calculations.)	nt of Exempt	Purposes		
See Par Line	worksheet in line 13 ins t XVI-B Relations  No. Explain below accomplishmen	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
ee Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
ee Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
ee Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		
See Par Line	t XVI-B Relations  No. Explain below accomplishmen instructions)	structions on page 28 to verify ship of Activities to the A	calculations.)	nt of Exempt	Purposes		

Pa	rt XV	Information  Exempt O			nsfers To	and Tra	insactio	ns and	d Rela	tionships V	ith Noncha	ritabl	le	
1	Dic	the organization			engage in a	any of the	followin	g with a	any oth	er organizatio	on described		Yes	No
	in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to p organizations?										4			
а	a Transfers from the reporting foundation to a noncharitable exempt organization of:													
(1) Cash											1a(1)		<b>✓</b>	
	(2) Other assets								1a(2)		1			
b	<b>b</b> Other transactions:												2	
		Sales of assets to										1b(1)		✓
		Purchases of ass			•	-						1b(2)		✓
		Rental of facilities										1b(3)		1
		Reimbursement a	_									1b(4)		/
		Loans or loan gua										1b(5)		1
		Performance of s										1b(6)		<b>✓</b>
C		aring of facilities, e										1c		<u> </u>
đ		he answer to any ue of the goods, o												
		ue in any transacti												
(a) Li	ne no	(b) Amount involved		<del></del>	hantable exem					<del></del>	sactions, and sha			
		,-,						,-,				-	-	
			-								<u> </u>			
										-				
		İ												
/														
,														
										·				
				12 .41 .6	6112 - 1 1 24 L								<u>-</u>	
2a		he foundation dire cribed in section 5										l v	[7]	1_
_		es," complete the		-		501101130	1(0)(3)) 0	1 111 3601	1011 321		• • • •	res	יו וי	10
<u>b</u>	11 1	(a) Name of organ		g scriedule		Type of org	חחולבלוחבו		Т	(c) Desc	rintion of relation	shin		—
		(a) Name of Organ	Zauon		(6)	Type or org	Jan Zauon		<del> </del>	(c) Description of relationship				
									1					
		- <del></del>												
									<del> </del>					—
									<u> </u>					
	Under	penalties of penury I	declare the	at I have exam	nned this return	n. ıncludına	accompar	vina sche	dules an	d statements. a	nd to the best of	my kno	wleda	and
	belief,	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my belief, it is true, correct, and complete peclaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any								any kno	owledg	е		
j	aller ) Inh						111-6	-10		· Ples			•	
<u>e</u>	Sig	nature of officer or trus	tee				Date			Title				
Sign Here							Date			<del></del> :	Preparer's ide	entifying	3	_
<u> </u>	<u>,</u> ø,		1	14 0	4		1		Check		number (see	Signati	ire on	
Sig	P	Preparer's	אג ע				1 1		self-en	nployed ► Li	page 30 of the	e instru	ctions	)
	Paid Preparer's Use Only	signature	_//	7- FN			11/1/	10			P000	636676	i	
- 1	2=	Firm's name (or your	rs if	PAUL A.	ETITJEAN,	JD, CPA				EIN►				
	self-employed), address, and ZIP code 805 TALON TRAIL, BROOKFIELD, WI 53045						Phone no							

Application for Extension of Time To File an **Exempt Organization Return** 

OMB No 1545-1709

	tment of the Treasury at Revenue Service				.,05		
<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box</li> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).</li> <li>Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.</li> </ul>							
Part I	Automa	tic 3-Month Extension of Time. Only submit original (no copies nee	ded).				
A corporation Part I only	A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only						
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.							
one of the electronical returns, or a	returns no ly if (1) you composit	ile). Generally, you can electronically file Form 8868 if you want a 3-month autited below (6 months for a corporation required to file Form 990-T). However want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated Form 990-T. Instead, you must submit the fully completed and on the electronic filing of this form, visit www.irs.gov/efile and click on e-file form.	/er, you ca s 990-BL, 6 d signed pa	annot file Form 5069, or 8870, age 2 (Part II) of	8868 group		
Type or	Name of	Exempt Organization	Employer	dentification number			
print		FAMILY FOUNDATION, INC.	39	1892201			
File by the due date for	1	street, and room or suite no. If a P.O. box, see instructions.					
filing your return See instructions	City, tow	n or post office, state, and ZIP code. For a foreign address, see instructions.  ON, WI 53~					
Check type	of return	to be filed (file a separate application for each return):		<del>-</del>			
☐ Form 99	0	Form 990-T (corporation)		Form 4720			
	☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐						
☐ Form 99		Form 990-T (trust other than above)	닏	Form 6069			
☑ Form 99	0-PF	☐ Form 1041-A		Form 8870			
Telephone If the orga If this is for the whole a list with the	No. ► ( inization d or a Group e group, d e names a	oes not have an office or place of business in the United States, check this I Return, enter the organization's four digit Group Exemption Number (GEN)_heck this box ▶ ☐ . If it is for part of the group, check this box	▶ [				
until	AUGUS	utomatic 3-month (6 months for a corporation required to file Form 115 , 20.10, to file the exempt organization return for the organization of	n 990-T) amed abo	extension of ve. The extensi-	time on is		
		on's return for: ear 20 <b>09</b> or					
	•	ear 20, or eginning, 20, and ending		20			
	,			,	•••		
2 If this to	ax year is	for less than 12 months, check reason:   Initial return   Final return   Final return	Change i	n accounting p	eriod		
		is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, dable credits. See instructions.	3a	\$ 45	5.00		
		is for Form 990-PF or 990-T, enter any refundable credits and estimated tax Include any prior year overpayment allowed as a credit.	3b	\$ 205	5.00		
deposit	e Due. Su with FTD ). See inst	otract line 3b from line 3a. Include your payment with this form, or, if required, coupon or, if required, by using EFTPS (Electronic Federal Tax Payment ructions.	3c	\$ 250	0.00		
Caution. If y	•	ng to make an electronic fund withdrawal with this Form 8868, see Form 8453		Form 8879-EO			

Form	n 8868 (Re	v 4-2009)				Page 2
Not	t <b>e.</b> Only c	filing for an Additional (Not Automatic) 3-Month Extension, complete complete Part II if you have already been granted an automatic 3-month extensifiling for an Automatic 3-Month Extension, complete only Part I (on page 1)	sion on a prev	nd check to rously filed	his box Form 8868	<sub>3.</sub> ► 🕅
	rt II	Additional (Not Automatic) 3-Month Extension of Time. Only file		(по соріе	s needed	1).
Typ prir	e or nt	Name of Exempt Organization  DUHR FAMILY FOUNDATION, INC.		Employer i		on number
exte	by the nded date for	Number, street, and room or suite no. If a P O box, see instructions.  2646 W. LAKE PARK COURT	4, 1	For IRS use		
filing retur		City, town or post office, state, and ZIP code. For a foreign address, see instructions.  MEQUON, WI 53092				
Che	ck type	of return to be filed (File a separate application for each return):		· · · · · · · · · · · · · · · · · · ·		
	Form 99		m 1041-A		Form 606	9
	Form 99		rm 4720		Form 887	
	Form 99		rm 5227	_		-
STO	Pi Do no	ot complete Part II if you were not already granted an automatic 3-month		a previou	sly filed Fo	orm 8868.
		ALLEN DUMP		•		
To	Joshono	No. ► ( 414 ) 378-3080 FAX No. ► ( )				
	•					▶ □
		nization does not have an office or place of business in the United States,				
		r a Group Return, enter the organization's four digit Group Exemption Nur e group, check this box ▶ □ . If it is for part of the group, chec				
		names and EINs of all members the extension is for.	ck this box	▶ ∟	and attac	cn a
				10		
4	I reque	st an additional 3-month extension of time until NOVEMBER 15	<u>.</u> ,			
5	For cale	endar year 2009, or other tax year beginning, 20	, and ending	• • • • • • • • • • • • • • • • • • •		., 20
6	If this ta	ax year is for less than 12 months, check reason. Initial return F	inal return L	Change i	n accounti	ing period
7	State in	detail why you need the extension TAXPAYER REQUIRES ADDITIONAL	LIIMETOG	ATHER	IE INFOR	MATION
		SSARY TO FILE A COMPLETE AND ACCURATE RETURN AS IT IS STILI	L AWAITING	A FINAL F	INANCIA	<u> </u>
	ACCO	UNTING FROM AN INVESTMENT ADVISOR				
8a		pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the t	tentative tax,			
	less any	nonrefundable credits. See instructions.		8a	\$	455
b	If this a	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	e credits and			
		ed tax payments made. Include any prior year overpayment allowed as a cr	redit and any	-		
	amount	paid previously with Form 8868.		8b	\$	455
С		<b>Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if requoupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). Se		8c	\$	NONE
		Signature and Verification				
		of perjury, I declare that I have examined this form, including accompanying schedules and state and complete, and that I am authorized to prepare this form	tements, and to	the best of m	y knowledge	and belief,
		0 0 st			, ,	
Signat	ture 🕨 🆊	M- fell _ Title ▶ CPA		Date È	8/10/1	ð
				Ear	n <b>8868</b> (R	ev 4.2000
		$\mathcal{O}$		FOR	<del></del> (n	O+ 4-2003)

DUHR FAMILY FOUNDATION, INC Form 990-PF Year Ended December 31, 2009

## Part XV, Supplemental Information Line 3(a), Grants and Contributions Paid During the Year

Recipient Name	Purpose of Grant	<u>Amount</u>
Port Washington Lions Club	General Operations	300
St. Judes Hospital	General Operations	500
1 <sup>ST</sup> United Methodist	General Operations	200
Grafton Lions Club	General Operations	400
Marquette University	General Operations	1,700
Milwaukee Rescue Mission	General Operations	3,000
Salvation Army	General Operations	700
St. Anne's Center	General Operations	100
KJZ Memorial	General Operations	500
Susan Komen Fund	General Operations	500
Wounded Warrior Project	General Operations	1,700
National Fragile-X Foundation	General Operations	1,200
Total Grants		<u>\$10,800</u>

# DUHR FAMILY FOUNDATION, INC Form 990-PF

Year Ended December 31, 2009

## Part I, Supplemental Information Line 23, Other Expenses

Other Expenses:	<u>Amount</u>
Investment Fees Filing Fees Professional Fees, Taxes & Admin Fees	\$ 376 48 2,758,
Total Other Expenses	\$ 3,182