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Form, **990-PF**

Return of Private Foundation

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

Department of the Treasury

OMB No 1545-0052

2009

| | | ndar year 2009, or tax year beginning | be able to ase a copy of this | , and ending | tung requirements. | *** |
|----------------|---------------|--|---------------------------------------|--|--|---|
| | | call that apply. Initial return | Initial return of a fo | ormer public charity | Final return | |
| u (| , iieci | Amended return | Address chan | | Name change | • |
| Use | the | Name of foundation | | ** <u></u> | A Employer Identification | number |
| | abel Ierwi | DIATOR DISTRICT RESULTS | ON FOUNDATIO | · | 39-2001599 |) |
| | print | | elivered to street address) | Room/suite | B Telephone number | |
| | r typ | -101- | | | 920-921-51 | |
| | ope ructi | City of town, state, and zir code | | | C If exemption application is p | |
| | | type of organization: X Section 501(c)(3) e | | | 1. Foreign organization 2. Foreign organizations me check here and attach or | s, check here eeting the 85% test, emputation |
| | | ection 4947(a)(1) nonexempt charitable trust | Other taxable private founda | | E If private foundation sta | tus was terminated |
| | | arket value of all assets at end of year J Account | · - | Accrual | under section 507(b)(1 | • • |
| | | Part II, col. (c), line 16) | ther (specify) | hasis) | F If the foundation is in a | |
| - T-1 | \$ | | | | under section 507(b)(1 | (d) Disbursements |
| | ırt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for chantable purposes (cash basis only) |
| | 1 | , g, g, | | | N/A | |
| | 2 | Check X if the foundation is not required to attach Sch B | | | | |
| | 3 | Interest on savings and temporary cash investments | | F 207 | | |
| | 4 | Dividends and interest from securities | 5,397. | 5,397. | <u></u> | STATEMENT 1 |
| | 5a | Gross rents | | ······································ | | |
| | 1 - | Net rental income or (loss) | 6 142 | | <u> </u> | |
| 9 | | Net gain or (loss) from sale of assets not on line 10 | 6,142. | | | |
| Revenue | _6 | assets of the oa | | 6,142. | <u> </u> | ļ |
| ě | | Capital gain net income (from Part IV, line 2) | | 0,142. | | |
| _ | 8 | Net short-term capital gain | | ************************************** | | *************************************** |
| | 9 | Income modifications Gross sales less returns | | ······································ | | |
| | 10a | and allowances | | ······································ | •••• | |
| | l | Less Cost of goods sold | | | | |
| | l | Gross profit or (loss) | | | | |
| | l | Other income | 11,539. | 11,539. | | |
| | 12 | Total. Add lines 1 through 11 | 0. | 0. | | 0 |
| | 13 14 | Compensation of officers, directors, trustees, etc. Other employee salaries and wages | | • | | ļ |
| | l | Pension plans, employee benefits | - | | | |
| Ses | 1 | Legal fees | | ·· - · · · · · · · · · · · · · · · · · | | |
| ens | ı | Accounting fees STMT 2 | 1,595. | 0. | | 0 |
| Expen | ı | Other professional fees | | | | |
| | ŀ | Interest | | <u> </u> | | |
| Administrative | 18 | Taxes STMT 3 F | ECEIVED 83. | 0. | | 0 |
| ist. | 19 | Depreciation and depletion | 79 | | | |
| ministr | 20 | Occupancy | 2010 | | | |
| Ą | 21 | Travel, conferences, and meetings | MAY 1 8 ZUTU TO | | | |
| and | 22 | Printing and publications | | - | | |
| ဦ | 23 | Other expenses STMT 4 | GDEN, UZ7. | 0. | | 0 |
| perating | 24 | _ | | | | |
| be | | expenses. Add lines 13 through 23 | 1,805. | 0. | | 0 |
| 0 | | Contributions, gifts, grants paid | 63,363. | | | 63,363 |
| | 26 | Total expenses and disbursements. | | _ | | |
| | <u> </u> | Add lines 24 and 25 | 65,168. | 0. | <u> </u> | 63,363 |
| | 27 | Subtract line 26 from line 12: | | | | |
| | | Excess of revenue over expenses and disbursements | <53,629. | | | |
| | 1 | Net investment income (if negative, enter -0-) | | 11,539. | | |
| 0000 | <u>C</u> | Adjusted net income (if negative, enter -0-) | | | N/A | <u> </u> |
| 9235 | 2-10 | LHA For Privacy Act and Paperwork Reduction | Act Notice, see the instruct | tions. | | Form 990-PF (2009 |

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. | Beginning of year | End of y | | |
|--|-------------------|---------------------------------------|---------------------------|--|
| column should be for end-or-year amounts only. | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| 1 Cash - non-interest-bearing | 8,097. | 2,728. | 2,728. | |
| 2 Savings and temporary cash investments | 4,267. | 6,213. | 6,213. | |
| 3 Accounts receivable ► | | | | |
| Less: allowance for doubtful accounts | | | | |
| 4 Pledges receivable ► | | | | |
| Less allowance for doubtful accounts | | | | |
| 5 Grants receivable | | | | |
| 6 Receivables due from officers, directors, trustees, and other | | | | |
| disqualified persons | | | | |
| 7 Other notes and loans receivable | | | | |
| Less allowance for doubtful accounts | | | | |
| 8 Inventories for sale or use | | | | |
| 9 Prepaid expenses and deferred charges | | | | |
| 10a Investments - U.S. and state government obligations | | | | |
| b Investments - corporate stock STMT 5 | 161,758. | 111,552. | 163,387. | |
| a lawateranta comenta banda | | • | | |
| t investments - corporate bonds | | | | |
| | İ | Ì | | |
| Less: accumulated depreciation 12 Investments - mortgage loans | | | | |
| | | | | |
| 13 Investments - other | | | | |
| 14 Land, buildings, and equipment: basis | | | | |
| Less: accumulated depreciation | | | | |
| 15 Other assets (describe) | | | | |
| | 174,122. | 120,493. | 172,328. | |
| 16 Total assets (to be completed by all filers) | 1/4,122. | 120,493. | 172,320. | |
| 17 Accounts payable and accrued expenses | | | | |
| 18 Grants payable | | | | |
| 19 Deferred revenue | | | | |
| 20 Loans from officers, directors, trustees, and other disqualified persons | | | | |
| 21 Mortgages and other notes payable | | | | |
| 22 Other liabilities (describe >) | | | | |
| | | | | |
| 23 Total liabilities (add lines 17 through 22) | 0. | 0. | | |
| Foundations that follow SFAS 117, check here | | | | |
| and complete lines 24 through 26 and lines 30 and 31. | | İ | | |
| 24 Unrestricted | | | | |
| 25 Temporarily restricted | | | | |
| 26 Permanently restricted | | | | |
| Foundations that do not follow SFAS 117, check here | | | | |
| and complete lines 27 through 31. | | | | |
| 27 Capital stock, trust principal, or current funds | 9,250. | 9,250. | | |
| 28 Paid-in or capital surplus, or land, bldg, and equipment fund | 626,377. | 626,377. | | |
| 29 Retained earnings, accumulated income, endowment, or other funds | <461,505.> | <515,134.> | | |
| 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances | 174,122. | 120,493. | | |
| , | | | | |
| 31 Total liabilities and net assets/fund balances | 174,122. | 120,493. | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| Part III Analysis of Changes in Net Assets or Fund Ba | liances | | | |
| Total net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30 | | - <u>-</u> | |
| (must agree with end-of-year figure reported on prior year's return) | | 1 | 174,122. | |
| Enter amount from Part I, line 27a | | 2 | 174,122. <53,629. | |
| Other increases not included in line 2 (Itemize) | • • • | . 3 | 0. | |
| Add lines 1, 0, and 2 | <u> </u> | 4 | 120,493. | |
| Decreases not included in line 2 (itemize) | • • • | 5 | 0. | |
| The state of the s | tumn (h) line 30 | 6 | 120,493. | |
| Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | arm to h mio oo | | Form 990-PF (2009) | |

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| Part IV Capital Gains a | and Lo | sses for Tax on In | vestment | Income | | | | | | |
|--|---------------------------|---|------------------------------------|--------------------------------------|-------------|----------------------------|------------------|---------------------------------|----------|---------------------------------------|
| . (a) List and descr 2-story brick wa | ibe the kii rehouse, (| nd(s) of property sold (e g or common stock, 200 shs | , real estate, . MLC Co) | | `P | How ac - Purc - Dona | nas e | (c) Date acqu (mo , day, y | | (d) Date sold (mo , day, yr) |
| 1a | | | | | L. | | | | | · · · · · · · · · · · · · · · · · · · |
| b SEE ATTACHED | STAT | TEMENT | | | | _ | | | | |
| С | | | | | _ | | | | | |
| d | | | | | <u> </u> | | | | | |
| е | | | | - | L., | | | - | | |
| (e) Gross sales price | (f) [| Pepreciation allowed (or allowable) | | t or other basis xpense of sale | | | | (h) Gain ((e) plus (f) | | |
| a | | | | | | | | | | |
| b | | | | | | | | | | |
| С | | <u></u> | | | | | | · · · · · · | | |
| d | | | | | | | | | | 6 140 |
| B 56,348. | _ | | | 50,20 | 6. | | | | | 6,142. |
| Complete only for assets showin | g gain in i | column (h) and owned by t | he foundation | on 12/31/69 | | | | Gains (Col (| | |
| (i) F M V as of 12/31/69 | (| j) Adjusted basis as of 12/31/69 | | cess of col. (1) col. (j), if any | | | COI. | (k), but not le Losses (froi | n col (t | -U-) ar 1)) |
| a | | | | | | | | | | |
| b | | | | | | | | | | |
| c | | | | | | | | | | |
| d | | | | | | | | - | | |
| 8 | | | | | | | | | | 6,142. |
| | | C 16 | un David I luna | | T | | | | - | |
| 2 Capital gain net income or (net ca | pital loss) | $ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $ | in Part I, line In Part I, line | <i>7</i> |) | 2 | | | | 6,142. |
| 3 Net short-term capital gain or (los | | | d (6) | | ا ر | | | | | |
| If gain, also enter in Part I, line 8, | column (d | s). | | | - | _ | | | N/A | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification U | d C | ti 4040/a\ for | Doducod | Toy on Not | | 3 | ont Inc | | IV/A | |
| Was the foundation liable for the sect f "Yes," the foundation does not quali | fy under | section 4940(e). Do not co | mplete this pa | rt | | | | | | Yes X No |
| 1 Enter the appropriate amount in e | ach colur | nn for each year, see instri | ictions before | making any entri | | | | | | (d) |
| (a) Base period years Calendar year (or tax year beginnir | ng In) | (b) Adjusted qualifying dist | | Net value of no | (c) ncha | ritable- | | (col. | Distrib | útión ratio ided by col. (c)) |
| 2008 | | 7 | 7,064. | | | | 8,130 | • | | .234858 |
| 2007 | | | 7,552. | | | | 7,710 | | | .257480 |
| 2006 | | | 1,765. | | | | 1,188 | | | .275993 |
| 2005 | | | 7,691. | | | | 7,772 | | | .214854 |
| 2004 | | 6 | 8,042. | | | <u> 59</u> | 9,011 | • | | .113591 |
| | | | | | | | | 2 | - | 1.096776 |
| 3 Average distribution ratio for the 5 the foundation has been in exister | - | | on line 2 by 5, | or by the number | of ye | ars | | 3 | | .219355 |
| 4 Enter the net value of noncharitab | le-use ass | sets for 2009 from Part X. | ine 5 | | | | | 4 | | 187,642. |
| 5 Multiply line 4 by line 3 | | • | • | | | • | | 5 | · | 41,160. |
| | •• | | | • • | | | | | | |
| 5 Enter 1% of net investment incom | ne (1% of | Part I, line 27b) | | | | | • | 6 | | 115 |
| 7 Add lines 5 and 6 | | | • | | • | | | 7 | | 41,275 |
| B Enter qualifying distributions from | | | | ••• | | | | 8 | | 63,363. |
| If line 8 is equal to or greater than See the Part VI instructions. | line 7, ch | eck the box in Part VI, line | 1b, and comp | lete that part usin | ıg a 1 | % tax | rate. | | | |
| 923521 02-02-10 | | | | | | | | | | orm 990-PF (2009 |

| Form | 1990-PF (2009) ELOISE RUEPING ATKINSON FOUNDATION, INC. 39-20 |)159 <u>9</u> | | Page 4 |
|------|--|---------------|----------|-----------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se | e instrı | ıctio | ns) |
| 18 | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary-see instructions) | | | |
| ` b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% | | 1 | 15. |
| | of Part I, line 27b | | | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | _ |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | | 1 | 15. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | 1 | 15. |
| 6 | Credits/Payments: | | | |
| а | 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) | | | |
| | Backup withholding erroneously withheld | | | ^ |
| 7 | Total credits and payments Add lines 6a through 6d | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | - 1 | 16 |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | <u>_</u> | 15. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 | | | | |
| | rt VII-A Statements Regarding Activities | | V | No |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | 162 | X |
| | any political campaign? | 1a | - | X |
| | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | 1b | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | |
| _ | distributed by the foundation in connection with the activities. | 1. | | х |
| | Did the foundation file Form 1120-POL for this year? | 1 <u>c</u> | | |
| 0 | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\bigsec{0.}{\text{2}}\$ O foundation managers \$\bigsec{0.}{\text{3}}\$ | | | |
| _ | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | |
| 6 | managers. > \$ O • | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | х |
| 2 | If "Yes," attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | ł | | |
| J | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | Х |
| 42 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | Х |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | Х |
| • | If "Yes," attach the statement required by General Instruction T. | 11.11.11 | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | |
| _ | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | ļ | | |
| | remain in the governing instrument? | . 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | 7 | X | |
| | If "Yes," complete Part II, col. (c), and Part XV. | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | _ | | |
| | WI | _ | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | i | | |
| | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV | 9 | ļ | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | | X |

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|--|---|--|--|-------------------------------|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be I | Required (contin | ued) | |
| 5a During the year did the foundation pay or incur any amount to: | | | | |
| (1). Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | . TY | s X No | |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indir | ectly, | | |
| any voter registration drive? | | . 🔲 Ye | es X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Ye | es X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Y6 | s X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | | for | | |
| the prevention of cruelty to children or animals? | | Y6 | s X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un- | der the exceptions described i | in Regulations | | |
| section 53 4945 or in a current notice regarding disaster assistance (see instru | | | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check h | ere | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | ined | | |
| expenditure responsibility for the grant? | <u>.</u> | . / | s No | |
| If "Yes," attach the statement required by Regulations section 53.494 | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | |
| a personal benefit contract? | | 🗀 Ye | s X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 6b X |
| If "Yes" to 6b, file Form 8870. | | | 1 | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | 🗀 Ye | s X No | |
| b. If yes, did the foundation receive any proceeds or have any net income attribut | | <u> </u> | N/A | 7b |
| Information About Officers, Directors, Trust | | nagers, Highly | 1 | |
| Faid Employees, and Contractors | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | | 1 | | |
| (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (if not paid, | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other |
| | to position | enter -0-) | compensation | allowances |
| | DIRECTOR | | | |
| 65 SUNSET CIRCLE | F 00 | | | 0 |
| FOND DU LAC, WI 54935 | 5.00 | 0. | 0. | <u> </u> |
| | DIRECTOR | | | |
| 65 SUNSET CIRCLE | r 00 | | ا م | 0 |
| FOND DU LAC, WI 54935 | 5.00 | 0. | 0. | 0. |
| | DIRECTOR | | | |
| 65 SUNSET CIRCLE | r 00 | | ا ا | • |
| FOND DU LAC, WI 54935 | 5.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1) If none | enter "NONE " | | |
| | (b) Title and average | | (d) Contributions to | (e) Expense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred | account, other allowances |
| NONE | devoted to position | · | compensation | allowalices_ |
| NONE | | | | |
| | | | | |
| | | | | |
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| | | | | · |
| | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| Total number of other employees paid over \$50,000 | | I | | 0 |
| י ביי יונייווטיו עו ענווטי פווואוטייסט אמוט טיפו פיטייטטי | <u>.</u> | | Form | 990-PF (2009) |

| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Co | mpensation |
|---|------------|
| | mpensation |
| (a) isome and address of each betson bain more than 600,000 (b) type of solvice (c) of | |
| NONE | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | 0 |
| Part IX-A Summary of Direct Charitable Activities | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc Expens | 9\$ |
| 1 N/A | <u> </u> |
| | |
| | |
| 2 | |
| | |
| | |
| 3 | |
| | |
| | |
| 4 | |
| | |
| Part IX-B Summary of Program-Related Investments | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount | t |
| 1 N/A | |
| | |
| | 0. |
| 2 | |
| | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| Total. Add lines 1 through 3 | 0. |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, se | e instructions.) |
|-----|--|------------------|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| ` a | Average monthly fair market value of securities | 1a | 181,024. |
| | Average of monthly cash balances | 1b | 181,024. 9,475. |
| | Fair market value of all other assets | 10 | |
| _ | Total (add lines 1a, b, and c) | 1d | 190,499. |
| | 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 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 190,499. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 2,857. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 187,642. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 9,382. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 9,382. |
| | Tax on investment income for 2009 from Part VI, line 5 2a 115. | | |
| b | Income tax for 2009. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 115. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 9,267. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 9,267. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 9,267. |
| P | art XII Qualifying Distributions (see instructions) | ······· | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | 60.060 |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 63,363. |
| þ | Program-related investments - total from Part IX-B | 1b | <u> </u> |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| þ | 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 | 63,363. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income Enter 1% of Part I, line 27b | 5 | 115. 63,248. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years | qualifies for th | ie section |

Page 9

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|--|---------------|--|--|--|
| 1 Distributable amount for 2009 from Part XI, | | | · · · · · · · · · · · · · · · · · · · | |
| line 7 | | | | 9,267. |
| 2 Undistributed income, if any, as of the end of 2009 | | | | |
| a Enter amount for 2008 only | | | 0. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| b Total for prior years: | | _ | | |
| | | 0. | | *************************************** |
| 3 Excess distributions carryover, if any, to 2009: | | | | |
| a From 2004 38,827. | | | | |
| b From 2005 90,534. | | | | |
| c From 2006 99,936. | | | | |
| d From 2007 87,037. | | | | |
| e From 2008 61,023. | 277 257 | | | |
| f Total of lines 3a through e | 377,357. | | | |
| 4 Qualifying distributions for 2009 from | | | | |
| Part XII, line 4: ►\$ 63,363. | | | 0 | |
| a Applied to 2008, but not more than line 2a | | | 0. | *************************************** |
| b Applied to undistributed income of prior | | 0. | | |
| years (Election required - see instructions) | | U • | | *************************************** |
| c Treated as distributions out of corpus | 0. | | | |
| (Election required - see instructions) | U • | *************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 9,267. |
| d Applied to 2009 distributable amount | 54,096. | ······ | | 9,201. |
| e Remaining amount distributed out of corpus | 0. | | | 0. |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | <u> </u> |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 431,453. | | | ······ |
| b Prior years' undistributed income Subtract | | _ | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2008. Subtract line | | | ; | |
| 4a from line 2a Taxable amount - see instr . | | | 0. | |
| f Undistributed income for 2009. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2010 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | • | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | ······ | | |
| 8 Excess distributions carryover from 2004 | 20 027 | | | |
| not applied on line 5 or line 7 | 38,827. | | | |
| 9 Excess distributions carryover to 2010. | 202 626 | | | |
| Subtract lines 7 and 8 from line 6a | 392,626. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2005 b Excess from 2006 99,936. | | | | |
| | | | | |
| | | | | |
| = 4 000 | | | | |
| e Excess from 2009 54, 096. | | . , , , , , , , , , , , , , , , , , , , | l | Form 990-PF (2009) |

| Form 990-PF (2009) ELOISE Part XIV Private Operating I | RUEPING ATK | | | 39-20 N/A | 01599 Page 10 |
|---|---------------------------------------|-----------------------------|---------------------------|---------------------------------------|---------------------------|
| <u> </u> | | | 7, question 3/ | N/A | |
| 1 a If the foundation has received a ruling | | | | | |
| foundation, and the ruling is effective for | | - | n contion | 4942(J)(3) or 4 | 942(j)(5) |
| b Check box to indicate whether the found | Tax year | ig iounidation described i | Prior 3 years | 1 4842([)(3) 01 4 | 1 |
| 2 a Enter the lesser of the adjusted net | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total |
| income from Part I or the minimum | (4) 2000 | (8) 2000 | (6) 2007 | (4) 2000 | (0) 10121 |
| investment return from Part X for | j | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | - |
| c 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 | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities | | | | | |
| Subtract line 2d from line 2c Complete 3a, b, or c for the | | | | | |
| atternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets . | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter | | | - | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | ormation (Comple | te this part only | f the foundation | had \$5,000 or m | ore in assets |
| at any time during | | | | | |
| 1 Information Regarding Foundation | on Managers: | | | | |
| a List any managers of the foundation wi year (but only if they have contributed | | | ributions received by the | foundation before the clo | se of any tax |
| NONE | | | | | |
| b List any managers of the foundation we other entity) of which the foundation has | no own 10% or more of th | e stock of a corporation (| or an equally large porti | on of the ownership of a p | partnership or |
| NONE | ou to to or ground micros | •• | | | |
| 2 Information Regarding Contribut | tion Grant Gift Loan | Scholarship etc Dr | ograms: | | |
| Check here In the foundation the foundation makes gifts, grants, etc | only makes contributions t | to preselected charitable | organizations and does i | | |
| | · · · · · · · · · · · · · · · · · · · | | | pioto itorno 20, 0, 0, 011 | |
| a The name, address, and telephone num JUDY C. PIERNER, 920 | | n applications should De | guulcaacU | | |
| 65 SUNSET CIRCLE, FO | | WT 5/1025_57 | 77 | | |
| | | | | | |
| b The form in which applications should NO SPECIFICATIONS | De Submitted and Informat | tion and materials they si | TOUID INCIDUE: | · · · · · · · · · · · · · · · · · · · | |
| c Any submission deadlines. NONE | | | | | |
| d Any restrictions or limitations on award | Is, such as by geographics | al areas, charitable fields | kinds of institutions, or | other factors | |
| STATE OF WISCONSIN | o, sec., se of Analiabilio | , Jilainabio iloido, | | | |
| 923601 02-02-10 | | | <u>.</u> | | Form 990-PF (2009) |

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During the You | ear or Approved for Future | Payment | | |
|--|--|---------------------------------------|----------------------------------|---------------------------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | status of recipient | | |
| a Paid during the year | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| SEE STATEMENT 6 | | | ▶ 3a | 63,363. |
| Total b Approved for future payment | · · · · · · | · · · · · · · · · · · · · · · · · · · | | 03,303. |
| NONE | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| Total 923611 02-02-10 | | | ► 3b | 0 . orm 990-PF (2009) |
| | | | | |

| Part XVI-A | | _ | | |
|-------------|--------------|-----------|-----------|------------|
| | Analysis of | Incomo-D | radijaina | Activition |
| PHILAVIAN I | Aliaivsis ui | HICUHIE-P | rouuciiiu | ACHVILLES |
| | | | | |

| Unrelated b | usiness income | | by section 512, 513, or 514 | (6) | |
|---------------------|--------------------------|-----------------------|---|--|--|
| (a) Business | (b) Amount | sion | (d) Amount | Related or exempt function income | |
| code | Amount | code | Allount | | |
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| | | 14 | 5,397. | | |
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| | | | 11 730 | | |
| | (|) . | | (11.53 | |
| | | | 13 <u> </u> | 11,539 | |
| | | | · | | |
| the Accom | plishment of | Exempt F | Purposes | | |
| ne is reported in c | olumn (e) of Part XV | 'I-A contribute | d importantly to the accomp | lishment of | |
| | | | | | |
| | | | | | |
| | Business code the Accom | the Accomplishment of | Business code Amount Lecturation code Amount 14 18 18 18 The Accomplishment of Exempt F | (a) Business Amount Executed In Amount (b) Amount (c) A | |

| 923621 02-02-10 | Form 990-PF (2009 |
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| | the foundation's exempt purposes (other than by providing funds for such purposes) |

ELOISE RUEPING ATKINSON FOUNDATION, INC. Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) (1) Cash (2) Other assets 1ā(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) 1b(4) (4) Reimbursement arrangements 1b(5) (5) Loans or loan guarantees . (6) Performance of services or membership or fundraising solicitations 16(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees 10 d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, Sign Here nature of officer or trustee Title Check if Preparer's self-employed signature SCHENCK SC EIN -373 N. PIONEER RD, PO BOX 1809 FOND DU LAC, WI 54936-1809 (920) 921-2953 Phone no

| Part IV Capital Gains and Los | ses for Tax on Investment Income | | 14.44 | · | |
|---|---|--|--|--|---------------------|
| (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co | | | (b) How acquired P - Purchase D - Donation | (mo , day, yr.) | (mo , day, yr) |
| 1a EMERSON ELECTRIC COMPANY | | | | 10/08/03 | |
| b EXXON MOBILE CORP | | | P | 12/02/02 | |
| | c JOHNSON & JOHNSON | | | 10/08/03 | |
| | d MGE ENERGY INC | | | 10/08/03 | |
| e SIGMA ALDRICH (| CORP | | | 10/08/03 | |
| f US BANCORP | | | <u>P</u> | 12/02/02 | 06/02/09 |
| 9 | | | | | |
| h | | | | | |
| <u>i</u> | | | | <u> </u> | |
| <u> </u> | | | | | |
| <u>k</u> | | | | | |
| <u> </u> | | | | | · |
| <u>m</u> | | | | | |
| <u>n</u> | | | | | <u> </u> |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | Gain or (loss) lus (f) minus (g) | |
| a 6,101. | , | 5,554. | | | 547. |
| $\frac{a}{b} = \frac{6,101}{6,771}$ | | 3,480. | | | 3,291. |
| c 10,167. | | 10,046. | | | 121. |
| d 5,412. | | 4,765. | <u> </u> | | 647. |
| e 13,844. | | 8,310. | | - | 5,534. |
| f 14,053. | | 18,051. | | | <3,998.> |
| 9 | | | | | |
| h | | | | | |
| 1 | | | | | |
| j | | | | | |
| k | | | | | |
| 1 | | | | | |
| m | | | | | |
| n | | | | | |
| 0 | | | | | |
| Complete only for assets showing | g gain in column (h) and owned by | | (I) Los | ises (from col. (h)) of col. (h) gain ove | r not /k) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col. (j), if any | | ot less than "-0-") | |
| a | · · · · · · · · · · · · · · · · · · · | | | | 547. |
| b | | | | - | 3,291. |
| C | | | | | $\frac{121.}{647.}$ |
| <u>d</u> | | | | | 5,534. |
| 6 | | | | | <3,998.> |
| <u>f</u> | | | | | <u> </u> |
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| 0 | | | | | |
| ·· | | | | | |
| 2 Capital gain net income or (net cap | | er in Part I, line 7 O-* in Part I, line 7 | 2 | | 6,142. |
| 3 Net short-term capital gain or (los: If gain, also enter in Part I, line 8, of If (loss), enter "-0-" in Part I, line 8 | column (c) | lind (6): | , | N/A | |

| FORM 990-PF DIVIDENT | S AND | INTER | EST FROM | SECUI | RITIES | STATEMENT | 1 |
|----------------------------------|------------------------|------------|-----------------------------|---------------------------------------|------------------------------|---------------------|-----|
| SOURCE | (| GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT | .) |
| WELLS FARGO | _ | | 5,397. | - | 0. | 5,3 | 97. |
| TOTAL TO FM 990-PF, PART I, I | LN 4 = | | 5,397. | | 0. | 5,3 | 97. |
| FORM 990-PF | ACC | TITUUC | NG FEES | | | STATEMENT | 2 |
| DESCRIPTION | (A EXPENS PER BO | SES | (B) NET INVI MENT INC | EST- | (C) ADJUSTED NET INCOM | | |
| SCHENCK BUS. SOL ACCOUNTING FEES | 1, | ,595. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 1 | ,595. | | 0. | | | 0. |
| FORM 990-PF | | TAX | ES | · · · · · · · · · · · · · · · · · · · | | STATEMENT | 3 |
| DESCRIPTION | (A EXPENS PER BO | SES | (B) NET INVI MENT INC | EST- | (C) ADJUSTED NET INCOM | | |
| FEDERAL - | | 183. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | | 183. | | 0. | | | 0. |
| FORM 990-PF | OTI | HER E | XPENSES | | | STATEMENT | 4 |
| DESCRIPTION | (A EXPENS PER BO | SES | (B) NET INVI MENT INC | | (C) ADJUSTED NET INCOM | | |
| STATE FEES BANK CHARGES | | 10. 17. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 23 | | 27. | | 0. | | | 0. |

| FORM 990-PF (| CORPORATE STOCK | | | STATE | EMENT | 5 |
|---|-----------------------------------|---------|-------|---------------|---------------|-----|
| DESCRIPTION | | BOOK VA | LUE | | MARKET LUE | r |
| INVESTMENTS - CORPORATE STOCK | - | 111 | ,552. | | 163,38 | 37. |
| TOTAL TO FORM 990-PF, PART II, L | INE 10B | 111 | ,552. | | 163,38 | 37. |
| | AND CONTRIBUTIONS DURING THE YEAR | S | | STATE | EMENT | 6 |
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATED AND PURPOSE OF | | | PIENT ATUS | AMOUN | NT |
| ADULT DAY CARE 420 E MERRILL AVENUE FOND DU LAC, WI 54935 | NONE DAY CARE SERVICE | ES | | | 11 | 15. |
| AGNESIAN HOSPITAL 430 E DIVISION STREET FOND DU LAC, WI 54935 | NONE HOSPITAL | | | | 1,07 | 78. |
| ALL ABOUT LIFE 115 EAST ARNDT STREET FOND DU LAC, WI 54935 | NONE CIVIC | | | | 6 | 55. |
| BEACON HOUSE 166 S PARK AVENUE FOND DU LAC, WI 54935 | NONE ASSISTED LIVING | | | | 58 | 33. |
| CHARITY CLUB | NONE CIVIC | | | | 12 | 25. |
| DELTA CENTER 196 3RD STREET FOND DU LAC, WI 54935 | NONE CIVIC | | | | 12 | 23. |

| ELOISE RUEPING ATKINSON FOUNDAT | PION, INC. | 39-2001599 |
|--|-------------------|------------|
| ELKS BENEFIT DINNER | NONE CIVIC | 25. |
| FACES 114 AMORY STREET FOND DU LAC, WI 54935 | NONE EDUCATION | 175. |
| FOND DU LAC LUTHERAN HOME 244 N MACY STREET FOND DU LAC, WI 54935 | | 673. |
| FOREST HILLS 4-H GROUP | NONE CIVIC | 41. |
| GREEK CHURCH 198 NORTH MACY STREET FOND DU LAC, WI 54935 | NONE RELIGIOUS | 110. |
| HABITAT FOR HUMANITY | NONE CIVIC | 135. |
| HOLY CROSS 308 S COUNTY RD W MOUNT CALVARY, WI 53057 | NONE RELIGIOUS | 220. |
| HOSPICE 400 HWY K FOND DU LAC, WI 54935 | NONE CIVIC | 1,805. |
| IMMANEUL TRINITY CHURCH 40 E DIVISION ST FOND DU LAC, WI 54935 | NONE RELIGIOUS | 271. |
| LIGHTHOUSE CHRISTIAN ACADEMY 401 S NATIONAL AVENUE FOND DU LAC, WI 54935 | NONE EDUCATION | 25. |

| ELOISE RUEPING ATKINSON FOUNDA | TION, INC. | 39-2001599 |
|--|-------------------------|------------|
| LINCOLN HOUSE 342 FOREST AVENUE FOND DU LAC, WI 54935 | NONE ASSISTED LIVING | 222. |
| MARIAN UNIVERSITY 455 S NATIONAL AVENUE FOND DU LAC, WI 54935 | NONE EDUCATION | 504. |
| NAZARETH CENTER 375 GILLET FOND DU LAC, WI 54935 | NONE ASSISTED LIVING | 1,007. |
| NOTRE DAME CONVENT | NONE RELIGIOUS | 1,356. |
| POLICE DEPARTMENT BENEFIT 126 N MAIN ST FOND DU LAC, WI 54935 | NONE CIVIC | 150. |
| RELAY FOR LIFE | NONE CIVIC | 125. |
| ROSENOW PTO | NONE EDUCATION | 95. |
| SALEM UNITED METHODIST CHURCH W8262 COUNTY ROAD Y OAKFIELD, WI 53065 | NONE RELIGIOUS | 75. |
| SENIOR CENTER 151 E 1ST ST FOND DU LAC, WI 54935 | NONE ASSISTED LIVING | 120. |
| SERVICE LEAGUE | NONE CIVIC | 360. |

| ELOISE RUEPING ATKINSON FOUNDAT | CION, INC. | 39-2001599 |
|--|-------------------------|----------------------------|
| ST. AGNES CONGREGATION 320 CTY ROAD K FOND DU LAC, WI 54937 | NONE RELIGIOUS | 874. |
| ST. AGNES HOSPITAL 430 E DIVISION STREET FOND DU LAC, WI 54935 | NONE HOSPICE | PRIVATE 225. FOUNDATION |
| ST. CLARE TERRACE 31 EVERETT ST FOND DU LAC, WI 54935 | | 85. |
| ST. FRANCIS HOME FOUNDATION 33 EVERETT STREET FOND DU LAC, WI 54935 | NONE RELIGIOUS | PRIVATE 47,685. FOUNDATION |
| ST. JOHN'S CHURCH 491 OLD OREGON ROAD OSHKOSH, WI 54901 | NONE RELIGIOUS | 125. |
| ST. PETER'S LUTHERAN CHURCH 35 E 2ND STREET FOND DU LAC, WI 54935 | | 556. |
| ST. PETER'S PLACE 50 E 1ST ST FOND DU LAC, WI 54935 | NONE RELIGIOUS | 1,430. |
| STERLING HOUSE 1001 PRIMROSE LN FOND DU LAC, WI 54935 | NONE ASSISTED LIVING | 95. |
| TRINITY BAPTIST CHURCH 400 E JOHNSON ST FOND DU LAC, WI 54935 | NONE RELIGIOUS | 122. |
| VILLA LORETTO NURSING HOME N8114 CALVARY STREET MT CALVARY, WI 53057 | NONE HOSPICE | 1,140. |

| ELOISE RUEPING ATKINSON FOUNDAT | TION, INC. | 39-2001599 |
|--|-------------------------|------------|
| VILLA ROSA N8114 CALVARY STREET MT CALVARY, WI 53057 | NONE HOSPICE | 598. |
| WAUPUN CHRISTIAN HOME | NONE ASSISTED LIVING | 40. |
| WINNEBAGO LUTHERAN ACADEMY 475 E MERRILL AVE FOND DU LAC, WI 54935 | NONE EDUCATION | 290. |
| WISCONSIN CANCER CENTER 480 E DIVISION FOND DU LAC, WI 54935 | NONE HEALTH SERVICES | 475. |
| WOODWORTH SCHOOL 101 MORNINGSIDE DR FOND DU LAC, WI 54935 | NONE EDUCATION | 40. |
| TOTAL TO FORM 990-PF, PART XV, LI | TNE 3A | 63,363. |