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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 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	caler	idar year 2009, or tax year beginning		, and e	nding				
G	Check	all that apply Initial return	Initial return of a fo	rmer public (charity	Final return	n		
		Amended return	Address chan	ge		Name change			
Use	the	IRS Name of foundation				A Employer identification	n number		
	abel	SCHUMACHER - WEIHERMA							
Qth	erwi	se, 9572228710/V27557004/	Q81680003			39-6644183	<u> </u>		
	print		•		Room/suite	B Telephone number			
	r type	o, o orinordani ominal bir	NK, NA; P.O.BO	X 3038		(414) 977-	-1210		
	Spe ructio					C If exemption application is p	pending, check here		
11121	rucin	MILWAUKEE, WI 53201				D 1. Foreign organization	s, check here		
H (heck	type of organization X Section 501(c)(3) ex	empt private foundation			Foreign organizations me check here and attach or	eeting the 85% test, omputation		
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition		E If private foundation sta	·		
I Fa	ur ma	rket value of all assets at end of year J Accountin	ng method X Cash	Acci	rual	under section 507(b)(1			
(fr	om l		her (specify)			F If the foundation is in a	60-month termination		
	\$	1,088,818. (Part I, colu	mn (d) must be on cash t	basis.)		under section 507(b)(1			
Pa	ırt l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements for charitable purposes		
		necessanty equal the amounts in column (a)	expenses per books	inco	ome	income	(cash basis only)		
	1	Contributions, gifts, grants, etc , received	0.		·····	N/A			
	2	Check X if the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments	128.		128.		STATEMENT 1		
	4	Dividends and interest from securities	15,798.	1	5,798.		STATEMENT 2		
	5a	Gross rents		,	·				
	b	Net rental income or (loss)	11 (50	********			 		
9	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 25.0 6.2.1	<41,658.	>	·····				
en	b	Gross sales price for all assets on line 6a 358,631.							
Revenue	7	Capital gain net income (from Part IV, line 2)			0.				
_	8	Net short-term capital gain			•		ļ		
	9	Income modifications Gross sales less returns + O F 1 / F							
	10a	and allowances				, ,,,			
	ı	Less Cost of boods sold Gross profit (mrs)							
		NOV TRANS	2 245				COLVERNATION 3		
	11	Other monifectif	3,245.	1	0. 5,926.		STATEMENT 3		
	12		6,989.		$\frac{5,920.}{6,290.}$		699.		
	13	Compensation of officers, directors, trusties, etc.	0,909.		0,290.		033.		
	14 15	Other employee salaries and wages					 		
es	l	Pension plans, employee benefits Legal fees		<u>'</u>					
enses		Accounting fees STMT 4	175.		0.		175.		
ď	,	Other professional fees	173.				175.		
○○○○□□○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○○	17	Interest							
ati	18	Taxes STMT 5	166.		166.		0.		
istr	19	Depreciation and depletion					·		
⊒. <u>.</u>	20	Occupancy			· · · · · · · · · · · · · · · · · · ·	-			
₽₽	21	Travel, conferences, and meetings							
کة	22	Printing and publications							
່ ວ	23	Other expenses							
atin	24	Total operating and administrative							
ber .		expenses. Add lines 13 through 23	7,330.		6,456.		874.		
ō	25	Contributions, gifts, grants paid	53,000.		··· ! ······		874. 53,000.		
		Total expenses and disbursements.		·					
		Add lines 24 and 25	60,330.		6,456.		53,874.		
	27	Subtract line 26 from line 12					,		
		Excess of revenue over expenses and disbursements	<82,817.	>					
		Net investment income (if negative, enter -0-)			9,470.	,			
	C	Adjusted net income (if negative, enter -0-)				N/A	————		
9235		I HA For Privacy Act and Panerwork Reduction	Act Natica, can the instruct	lione			Form 990-PE (2009)		

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[m		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		430.	430.
	2	Savings and temporary cash investments	73,583.	47,475.	47,475.
	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 ▶		ì	
Ŋ	8	Inventories for sale or use			
Assets	g	Prepaid expenses and deferred charges			
As	10a	Investments - U S and state government obligations			
	1	Investments - corporate stock STMT 7	790,395.	614,726.	779,643.
	1	Investments - corporate bonds STMT 8	127,767.	246,318.	779,643. 261,270.
	11	Investments - land, buildings, and equipment basis	22777374	210,0101	
	l''	Less, accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment basis			+
	14	Less. accumulated depreciation		i	
	15				
	פו	Other assets (describe			
	4.0	Total access the her access total burnett follows	991,745.	908,949.	1 000 010
_		Total assets (to be completed by all filers)	991,743.	300,343.	1,088,818.
	17	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
	18	Grants payable			
ies	19	Deferred revenue			
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
	22	Other liabilities (describe			
				0	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
JCe	24	Unrestricted			
<u>ag</u>	25	Temporarily restricted			
Ö	26	Permanently restricted		,	
or Fund Balances		Foundations that do not follow SFAS 117, check here			
or F		and complete lines 27 through 31.	001 515	000 040	
ts c	27		991,745.	908,949.	
SSe	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Ž	30	Total net assets or fund balances	991,745.	908,949.	
	Ì				
_	31	Total liabilities and net assets/fund balances	991,745.	908,949.	
Tip	~ ·	III Analysis of Changes in Net Assets or Fund Ba	alances		
	ari	RR 1 - Siciyoto of Orioligoo in Not Assets of Fulld De			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	991,745.
2	Ente	r amount from Part I, line 27a		2	991,745. <82,817.
3	Othe	er increases not included in line 2 (itemize)	SEE STA	TEMENT 6 3	21.
4	Add	lines 1, 2, and 3		4	908,949.
5	Deci	reases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	908,949.
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Part IV Capital Gains	and Losses for Tax on I	nvestment	income	T 40 3 4 4		, ,				
2-story brick wa	ribe the kind(s) of property sold (e g arehouse, or common stock, 200 sh			(b) H P - D -	low ac · Purch · Dona	iase į ') Date a (mo , da		(d) Date (mo , da	
1a PUBLICLY TRADE	D SECURITIES									
b CAPITAL GAINS	DIVIDENDS									
C										
d										
<u>e</u>		1		<u> </u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ın or (loss) (f) mınus (
a 358,590.			400,28	9.	_				<41,	699.
b 41.										41.
С		ļ								
d	=									
<u>e</u>		1								
Complete only for assets showing	ng gain in column (h) and owned by	the foundation	on 12/31/69					i (h) gain		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (J), If any					ot less thar from col (l		
a									<41,	699.
b										41.
C										
d										
8										
2 Capital gain net income or (net ca	apital loss) { If gain, also ente	er in Part I, line ')- in Part I, line	7 7	}	2				<41,	658.
3 Net short-term capital gain or (los	•			/ [
If gain, also enter in Part I, line 8,	, ,	na (o)		J	l					
If (loss), enter -0- in Part I, line 8	(0)			ľ	3			N/A		
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Inve	estm	ent Inco	me			
If section 4940(d)(2) applies, leave to Was the foundation liable for the sec If "Yes," the foundation does not quate the appropriate amount in	tion 4942 tax on the distributable ar	omplete this pa	rt						Yes	X No
(a)	(b)		making any oneno	(c)			Ι'		(d) ution ratio	
Base periód years Calendar year (or tax year beginni	1	stributions	Net value of no		ıtable-ı	use assets	ļ ,	Distrib Col. (b) div	útión ratio ided by col ((c))
2008		7,610.				0,550.	· · · · ·	001 (0) 011		3315
2007		18,770.				2,913.				39880
2006		88,671.				0,673.				37160
2005		39,751.				4,978.				14918
2004	2	29,500.				7,055.				38459
			<u> </u>							
2 Total of line 1, column (d)							2		.21	13732
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5,	or by the number	of yea	ars					
the foundation has been in existe		•	•	-			3		.04	12746
4 Enter the net value of noncharitat	ole-use assets for 2009 from Part X,	line 5					4		935,	814.
5 Multiply line 4 by line 3		-					5		40,	002.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6			95.
7 Add lines 5 and 6							7		40,	097.
8 Enter qualifying distributions from	n Part XII, line 4						8		53,	874.
If line 8 is equal to or greater than See the Part VI instructions	n line 7, check the box in Part VI, line	e 1b, and comp	lete that part using	g a 1%	6 tax r	ate				

, according to the terminal province of the control					
SCHUMACHER - WEIHERMAN FAMILY FDN		20 664	1102		n 4
Form 990-PF (2009) 9572228710/V27557004/Q81680003 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)		39-664 348 - see			Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1	, 01 +	7-0 - 300	1113416	<u>ictioi</u>	13/
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			95.
of Part I, line 27b	ŀ	-			
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-)	ĺ	2			0.
3 Add lines 1 and 2	İ	3			95.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	Ì	4			0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	Ī	5			95.
6 Credits/Payments					
a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1	60.				
b Exempt foreign organizations - tax withheld at source 6b					
c Tax paid with application for extension of time to file (Form 8868)					
d Backup withholding erroneously withheld 6d					
7 Total credits and payments Add lines 6a through 6d		7		1	60.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶	10			65.
11 Enter the amount of line 10 to be Credited to 2010 estimated tax O • Refund	ed 🕨	11			65.
Part VII-A Statements Regarding Activities				1.	
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	tervene	in	-	Yes	
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition of the state o			1b		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put	ibiisned	or or			ĺ
distributed by the foundation in connection with the activities.			1.		Х
 c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. 			10		
(1) On the foundation ► \$ 0 • (2) On foundation managers ► \$	0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
managers ► \$ 0.	••				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
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 incorpor	ration, o	r			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
If "Yes," attach the statement required by General Instruction T.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
By language in the governing instrument, or					1
 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with t 	he state	law			1
remain in the governing instrument?			6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	

8b

10

WI

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)

of each state as required by General Instruction G? If "No," attach explanation

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)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

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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 instructions)	11		_ X_							
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before										
	August 17, 2008?	12		Х							
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_ X								
	Website address ► N/A										
14	4 The books are in care of ► JPMORGAN CHASE BANK, NA Telephone no ► 414-97										
	Located at ► 111 E WISCONSIN AVE, MILWAUKEE, WI ZIP+4 ►53										
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		/A	· 🗀							
	and enter the amount of tax-exempt interest received or accrued during the year										
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.	ļ	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?										
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)										
	a disqualified person?										
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?										
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?										
	(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 foundation agreed to make a grant to or to employ the official for a period after										
	termination of government service, if terminating within 90 days)										
þ	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)? N/A	1b									
	Organizations relying on a current notice regarding disaster assistance check here										
C	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?	10		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))										
a	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 -,,										
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 all years listed, answer "No" and attach										
	statement - see instructions) N/A	2b									
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here										
	>										
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time										
	during the year? $\qquad \qquad										
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after										
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose										
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,										
	Form 4720, to determine if the foundation had excess business holdings in 2009)	3b		<u> </u>							
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х							
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		Х							
	Eo	m 990	DE	าวกกลา							

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

Part VIII Paid Employees, and Contractors (continued) 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) Compensation
NONE	<u>e</u>	(c) Compensation
HOME		
		
Total number of others receiving over \$50,000 for professional services	•	- C
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.		Expenses
1 N/A		
,	_	
	\neg	0.
2		
3		
4		
D-+PV D O (D D)		
Part IX-B Summary of Program-Related Investments		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A		Amount
] N/A	\dashv	
		0.
2		0.
All other program-related investments. See instructions		
3 N/A		
		0 .
Total. Add lines 1 through 3	>	0 .
	Fc	orm 990-PF (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	843,961.
b	Average of monthly cash balances	1b	106,104.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	950,065.
е			·
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	950,065.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,251.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	935,814.
6	Minimum investment return. Enter 5% of line 5	6	46,791.
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	46,791.
2a	Tax on investment income for 2009 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2009 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	95.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	46,696.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	46,696.
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	46,696.
P	art XII Qualifying Distributions (see instructions)		•
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		F2 074
а	, , , , , , , , , , , , , , , , , , , ,	1a	53,874. 0.
	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	<u>-</u>
	Cash distribution test (attach the required schedule)	3b	F2 074
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	53,874.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		٥٦
	income Enter 1% of Part I, line 27b	5	95.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	53,779.
	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 fo	r the section

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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	,			46,696.
2 Undistributed income, if any, as of the end of 2009			50 405	
a Enter amount for 2008 only			52,495.	
b Total for prior years				
3 Excess distributions carryover, if any, to 2009	· · · · · · · · · · · · · · · · · · ·	0.		
1 7				
a From 2004 b From 2005				
s From 2006	1			
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				······································
Part XII, line 4 ►\$ 53,874.				
a Applied to 2008, but not more than line 2a			52,495.	
b Applied to undistributed income of prior				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	·			- 1 111
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				1,379.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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				45,317.
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				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	0			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				- 000 DE (0000)

SCHUMACHER - WEIHERMAN FAMILY FDN

9572228710/V27557004/Q81680003 Form 990-PF (2009)

Pa	art XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)	N/A						
1 8	1 a If the foundation has received a ruling or determination letter that it is a private operating										
	foundation, and the ruling is effective for 2009, enter the date of the ruling										
	Check box to indicate whether the found	ation is a private operatin	g foundation described in	section	4942(j)(3) or 49	42())(5)					
	2 a Enter the lesser of the adjusted net Tax year Prior 3 years										
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total					
	investment return from Part X for		· · · · · · · · · · · · · · · · · · ·	<u></u>							
	each year listed										
	3 85% of line 2a	<u></u>	· · · · ·								
	Qualifying distributions from Part XII,			<u> </u>							
	line 4 for each year listed										
	1 Amounts included in line 2c not										
,											
	used directly for active conduct of										
	exempt activities										
•	Qualifying distributions made directly										
	for active conduct of exempt activities										
3	Subtract line 2d from line 2c Complete 3a, b, or c for the				 						
J	alternative test relied upon										
í	a "Assets" alternative test - enter										
	(1) Value of all assets										
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)										
ı	"Endowment" alternative test - enter										
	2/3 of minimum investment return shown in Part X, line 6 for each year										
	listed										
1	"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										
D.	(4) Gross investment income art XV Supplementary Info	rmation (Comple	te this part only i	if the foundation	had \$5 000 or me	re in assets					
<u></u>	at any time during t			ir the realidation	11100 40,000 01 1110	no m assets					
1	Information Regarding Foundatio					-					
	List any managers of the foundation wh	_	than 2% of the total conti	ributions received by the	foundation before the clos	se of any tay					
,	year (but only if they have contributed in			indutions received by the	Touridation before the cid	or or any tax					
SE		, , , ,	· // //								
	b List any managers of the foundation wh	o own 10% or more of th	e stack of a corporation /	or an equally large ports	on of the ownership of a n	artnership or					
	other entity) of which the foundation has		, ,	or an equally large peru	on or the emicromp or a p	intioiomp or					
NC	ONE	-									
2	Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Dr	ograme:							
-	Check here ► X If the foundation o				not accept uncolleited requ	ects for funds. If					
	the foundation makes gifts, grants, etc	(see instructions) to indiv	riduals or organizations u	nder other conditions, c	omolete items 2a. b. c. and	d					
	a The name, address, and telephone num	· · · · · ·				-					
•	a mo name, address, and telephone num	oor of the person to who	applications should be	uuulussuU							
	b The form in which applications should b	e submitted and informat	tion and materials they sh	ould include							
,	2 tottii iii willon appiloationa altoulu u	o obstructed and interitial	aon and materials they Si	iodia moidas							
_	Any submission deadlines		<u></u>								
,	a with Submission againings										
	d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors						

Form **990-PF** (2009)

39-6644183

Page 10

9572228710/V27557004/Q81680003 Form 990-PF (2009) 39-6644183 Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year SEE STATEMENT 10 53,000. ▶ 3a Total b Approved for future payment NONE

Total 923611 02-02-10

Form **990-PF** (2009)

0.

er gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue	code	Amount	code	Amount	function income
	i I				
	l l				
Fees and contracts from government agencies	-				
flembership dues and assessments					
nterest on savings and temporary cash				100	
nvestments			14	128.	
lividends and interest from securities			14	15,798.	
let rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					
let rental income or (loss) from personal					
roperty					
Other Investment Income					
Gain or (loss) from sales of assets other			1.0	41 650	
nan inventory			18	<41,658.	
let income or (loss) from special events					
Gross profit or (loss) from sales of inventory	 				
Other revenue EXCISE TAX REFUND			01	3,245.	
			- -	3,243.	
		•			
ubtotal Add columns (b), (d), and (e)		() .	<22,487.>	· · · · · · · · · · · · · · · · · · ·
otal. Add line 12, columns (b), (d), and (e)	11_		<u> </u>	13	<22,4
worksheet in line 13 instructions to verify calculat	tions)				-2271
rt XVI-B Relationship of Activ		nplishment of	Exempt F	Purposes	
e No. Explain below how each activity for wh			'I-A contribute	d importantly to the accomp	olishment of
the foundation's exempt purposes (other)	ner than by providing fund	s for such purposes)		-· · · · · · · · · · · · · · · · · · ·	
		. 			
			· -		
			· · · · · · · · · · · · · · · · · · ·		

923621 02-02-10

Exempt Organizations 1 Dot the organization directly or indirectly engage in any of the following with any other organization discribed in section 501(c) of the Code (other thin section 501(g)) organizations or a section 501 (liquid policies) organization of 1 (1) Cash in Section 501 (liquid policies) organization of 1 (1) Cash in Section 501 (liquid policies) organization of 1 (1) Cash in Section 501 (liquid policies) organization of 1 (1) Cash in Section 501 (liquid policies) organization of 1 (1) Cash in Section 501 (liquid policies) organization of 1 (1) Cash in Section 501 (liquid policies) organization of 1 (1) Cash in Section 501 (liquid policies) organization or 1 (1) Cash in Section 501 (liquid policies) organization organiza	_	rt XVI		egarding Transfe			and Relatio	nships With Nonc	haritable		iye is
1 Dut 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)) organizations or section 527, relating to political organizations? 3 Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets 4 1a(2) X (2) Other assets 5 Differ transactions (2) Purchases of assets from a noncharitable exempt organization (3) Serial of facilities, equipment, or other assets (4) Reinfoundation directly organization or membership or fundrasing solicitations (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (7) Reinfoundation directly and the services of the services organization organizat									· iai itabi		
the Code (other than sections 501(c)(3) organizations) or in section 527, relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other issues (3) Seles of assets to an anoncharitable exempt organization (3) Seles of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reministransment arrangements (5) Leans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) It is 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 received (8) Line no (1) Amount involved (9) Name of noncharitable exempt organization (9) Inc. no (1) Amount involved (9) Name of noncharitable exempt organization (10) Amount involved (10) Name of organization (10) Type of organization (10) Type of organization (10) Description of relationship 10) N/A 10) Description of relationship 11) N/A 12) Under possibles of perport, Ledwin that I haple exemined the relation in the third proper in the following schedule (10) Type of organization (10) Type of organization (10) Type of organization (10) Description of relationship 11) N/A 12) Description of relationship 12) Description of relationship 13) Description of relationship 14) Description of relationship 15) Description of relationship 16) Description of relationship 17) Description of relationship 18) Des	1	Did the			the followin	g with any other organization	on described in s	section 501(c) of		Yes	No
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(8) Performance of services or membership or fundraising solicitations 2 Shamp of facilities, equipment, mailing lists, other assets, or paid employees 3 If the answer to any of the above sizes, complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services received (a) Lime is of DI) Amount involved (b) Name of noncharitable exempt organization (b) Damount involved (c) Name of noncharitable exempt organization (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 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penjury, I declars that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Description of dictor or trustee Only Type of organization Under penalties of penjury, I declars that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Description of officer or trustee Only Type of Title Propager's Augustic or furstee Only Type of Organization If I/O / Type of Organization or which preparer as any knowledge and belief, it is true, correct, and complete Description of penjury. I declars that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and control officer or trustee Only Type of Organization or which preparer as any knowledge and belief, it is true, correct, and control officer or trustee Only Type of Organization or trustee Only Type of Organization or trustee Only Type of Organization or trustee Only Type of O		(4) Rei	mbursement arrangements						1b(4)		X
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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 (c) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved. (c) Name of noncharitable exempt organization. (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 in section 501(c) of the Code (other than section 501(c)(3)) or in section 52?? b if "Yes," complete the following schedule		(6) Per	rformance of services or me	mbership or fundraising	g solicitatio	ons			1b(6)		X
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 (it) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements	C	Sharing	of facilities, equipment, ma	iling lists, other assets,	or paid em	ployees			10		X
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(a) Lime no (b) Amount involved (c) Name of noncharitable exempt organization (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 in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b if "Yes," complete the following schedule (a) Name of noncharitable exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b if "Yes," complete the following schedule (a) Name of noncharitable exempt organization (b) Type of organization (c) Description of relationship N / A Under penalties of penjury, I declare that I have exemined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pippaner (other than taxpayer of iduciany) is based on all information of which proparer has any knowledge Signature of officer or trustee Date Preparer's Schedulying number statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of pippaner (other trustee) Date Title Preparer's identifying number statements are propared to the preparer is identifying number statements are propared to the preparer's identifying number statements are propared to the propared to the propared to the preparer's identifying number statements are propared to the preparer's identifying number sta		or servi	ces given by the reporting f	oundation. If the founda	tion receive	ed less than fair market valu	je in any transac	ction or sharing arrangeme	nt, show in		
N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 1 if Yes, complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penjury, 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, comect, and complete Declaration of opphage following that transpare is declarable to the penalties of penjury, 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, comect, and complete Declaration of opphage following the discontinuous penalties of penjury, 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, comect, and complete Declaration of opphage following that transpare is the following following in the penalties of penjury, 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, comect, and complete Declaration of opphage following that the penalties of penjury, I declare that I have examined this return, including schedules and statements, and to the best of my knowledge and belief, it is true, comect, and complete Declaration of opphage following that the penalties of penjury, I declare that I have examined this return, including schedules and statements, and to the best of my knowledge and belief, it is true, comect, and complete the following schedules and statements, and to the best of my knowledge and belief, it is true, comect, and complete the following schedules and statements, and to the best of my knowledge and belief, it is true, comect, and complete the following schedules and statements, and to the b		column	(d) the value of the goods,	other assets, or services	s received						
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No	(a) Lı	пе по	(b) Amount involved	(c) Name of no		e exempt organization	(d) Descn	ption of transfers, transactions,	and shanng ar	rangeme	nts
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?					N/A						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?								 			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?			• •								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?								 			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?				 							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?					-						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?					-			.			
b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penjury, 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, and complete Declaration of prepare (other than taxpayer of fiduciary) is based on all information of which preparer has any knowledge Variable Va							zations describe	ed			_
(a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penjury, 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, and complete Declaration of prepare (other than taxpayer of fiduciary) is based on all information of which preparer has any knowledge Variable Var)) or in sect	ion 527?			Yes	<u>X</u>	_l No
Under penalties of penjury, 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, and complete Declaration of prepare (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Visignature of officer or trustee Date Title	b	If Yes,				457	1	(1) 0 1 (1)			
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, and complete Declaration of prepare (other than taxpayer of fiduciary) is based on all information of which preparer has any knowledge I D				anization		(b) Type of organization		(c) Description of relati	onsnip		
and complete Declaration of prepare (other than taxpayer of fiduciary) is based on all information of which preparer has any knowledge I			N/A								
and complete Declaration of prepare (other than taxpayer of fiduciary) is based on all information of which preparer has any knowledge I											
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and complete Declaration of prepare (other than taxpayer of fiduciary) is based on all information of which preparer has any knowledge I			·· ·· ·					·			
and complete Declaration of prepare (other than taxpayer of fiduciary) is based on all information of which preparer has any knowledge I	Ti	Inder nen	alties of periury. I declare that I h	native examined this return in	ichiding acco	mnanying echedules and statem	ents and to the h	set of my knowledge and belief	it is this com	t	
Signature of officer or trustee Date Title									it is ade, come	au,	
Signature of officer or trustee Date Title		\mathcal{N}	Yout hi	rende		11/10/10	1	inst. =			
Firm's name (or yours JPMORGAN CHASE BANK, NA — MILWAUKEÉ EIN ► 13-4994650 P.O. BOX 3038	اعِ	Sinn	/ //// 300			1-1-		o o pec		-	
Firm's name (or yours JPMORGAN CHASE BANK, NA — MILWAUKEÉ EIN ► 13-4994650 P.O. BOX 3038	₽\ <u>'</u>	—Ť	- /		<u> </u>	, ,		Check if Pre	parer's identif	ying nun	nber
Firm's name (or yours JPMORGAN CHASE BANK, NA — MILWAUKEÉ EIN ► 13-4994650 P.O. BOX 3038	E	ئ کار	· / - V/11/1/	1a Patel	1			self-	100540	70	ว
P.O. BOX 3038 address, and ZIP code MILWAUKEE, WI 53201-3038 Phone no (414) 977-1210	S E	e o	TIMO	RGAN CHASE	ВДИК	NΔ — MTT.MA	· · / · · / · · · · ·		94650	10/0	<u> </u>
address, and ZIP code MILWAUKEE, WI 53201-3038 Phone no (414) 977-1210	قا	18 G	min a manifer for Joons		DIMIN	, in HINN	CILLE	EIN - 13-43	74030		
		" اح			5320	1-3038		Phone no (41	4) 97	7-1	210

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2009

SCHUMACHER - WEIHERMAN FAMILY FDN 9572228710/V27557004/081680003 39-6644183 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization
SCHUMACHER - WEIHERMAN FAMILY FDN
9572228710/V27557004/Q81680003

Employer identification number

39-6644183

Part I (Contributors	(see instructions)
----------	--------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JON R SCHUMACHER 2020 BURNWOOD CT BROOKFIELD, WI 53045	\$0.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Oncash Occash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHUMACHER - WEIHERMAN FAMILY FDN 9572228710/V27557004/Q81680003

Employer identification number

39-6644183

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1500 SHS JP MORGAN CHASE & CO		
		\$ \$62,505.	12/22/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-10	\$	90, 990-EZ, or 990-PF) (2

FORM 990-PF INTEREST ON SAVINGS A	AND TEM	PORARY CASH	INVESTMENTS	STATEMENT	<u> </u>
SOURCE				AMOUNT	
MONEY MARKET FUND				12	28.
TOTAL TO FORM 990-PF, PART I, LINE	E 3, CO	LUMN A		12	28.
FORM 990-PF DIVIDENDS AND	D INTER	EST FROM SEC	CURITIES	STATEMENT	2
SOURCE	GROSS	C.F. AMOUNT	APITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT)
OTHER INTEREST & DIVIDENDS		15,839.	41.	15,79	98.
TOTAL TO FM 990-PF, PART I, LN 4		15,839.	41.	15,79	98.
FORM 990-PF	OTHER I	NCOME		STATEMENT	 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
EXCISE TAX REFUND		3,245.	. 0	•	
TOTAL TO FORM 990-PF, PART I, LINE	E 11 _	3,245.	. 0	•	
FORM 990-PF AC	CCOUNTI	NG FEES		STATEMENT	4
EXPI	(A) ENSES BOOKS		(C) - ADJUSTED E NET INCOM		
					
TAX PREPARATION FEES	175.	C).	13	75.

FORM 990-PF	XAT	ES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
FOREIGN TAXES WITHHELD	166.	1	166.			0.
TO FORM 990-PF, PG 1, LN 18	166.	1	166.	,		0.
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUN	ND BAL	ANCES	STATEMENT	6
DESCRIPTION					AMOUNT	
ROUNDING ADJUSTMENT RETURN OF CAPITAL ADJUSTMENT						2. 19.
TOTAL TO FORM 990-PF, PART II	II, LINE 3					21.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7
DESCRIPTION			воок	VALUE	FAIR MARKE VALUE	T
JP MORGAN CHASE & CO - 4300 S T ROWE PRICE INTERNATIONAL FU		7017		45,207.	179,1	81.
FUND - 1445.622 SHS	NDS INC NEW	ASIA		23,058.	23,3	22
SPDR S&P 500 ETF TRUST - 227	SHS			25,169.	25,2	
ISHARES RUSSELL 1000 VALUE IN		236 SHS		12,639.	13,5	
ISHARES RUSSELL 1000 GROWTH I				25,141.		
ISHARES RUSSELL 2000 INDEX FU				16,730.		
DODGE & COX INTERNATIONAL STO				17,000.	16,6	
ISHARES RUSSELL MIDCAP INDEX				13,584.	17,3	
ISHARES MSCI EAFE INDEX FUND JPMORGAN US 3 FUND SELECT SHA		אר 122 <i>1</i>		12,588.	17,2	
- 4678.755 SHS				51,278.	42,2	49.
JPMORGAN INTREPID AMERICA FUN CLASS FUND 1206 - 809.391 SHS	;			19,392.	16,4	39.
JPMORGAN LARGE CAP VALUE FUND FUND 3130 - 992.835 SHS				11,179.	9,7	79.
JPM MARKET EXPANSION INDEX FD) SEL SH CL	FD 3708		17 000	17,5	67
- 2023.81 SHS	IT DD 1006			17,000.	17,3	0/.
- 2023.81 SHS JPM INTERNATIONAL FD SEL SH C 5697.213 SHS JPMORGAN ASIA 3 FUND SELECT S				17,000.	72,2	

SCHUMACHER - WEIHERMAN FAMILY FDN 957222		39-6644183
JPMORGAN SMALL CAP CORE FUND SELECT SHARE CLASS FUND 690 - 305.206 SHS	8,500.	8,772.
JPMORGAN US LARGE CAP CORE PLUS FUND SELECT FUND 1002 - 1845.44 SHS JPM SHORT DURATION BD FD SEL CL FD # 1011 -	38,558.	33,550.
1607.145 SHS JPMORGAN INTREPID INTERNATIONAL FD SEL SH CL FD	26,000.	25,296.
# 1321 - 513.164 SHS JPM TR I GROWTH ADV FD SEL SH CL FD 1567 -	13,093.	8,072.
4712.912 SHS MANNING & NAPIER FUND INC 3 SERIES - 2546.998	26,487.	34,263.
SHS	42,000.	43,223.
EAGLE SER MID CAP STK I - 750.221 SHS THREADNEEDLE ASIA PACIFIC FUND - R5 - 1873.091	17,000.	17,405.
SHS	23,020.	23,076.
JP MORGAN CHASE & CO - 1500 SHS	0.	62,505.
TOTAL TO FORM 990-PF, PART II, LINE 10B	614,726.	779,643.
FORM 990-PF CORPORATE BONDS		STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
FIDELITY ADVISOR HIGH INCOME ADVANTAGE FUND - 1946.338 SHS	12,039.	16,739.
VANGUARD FIXED INCOME SECS F INTR TRM CP PT (FUND 71) - 1778.941 SHS	15 071	17 112
ISHARES BARCLAYS TIPS BOND FUND - 320 SHS	15,071. 31,367.	17,113. 33,248.
EATON VANCE MUT FDS TR FLT RT CL I - 2259.036	31,307.	33,240.
SHS	15,000.	19,292.
JPMORGAN HIGH YIELD BOND FUND SELECT CLASS FUND		
JPMORGAN HIGH YIELD BOND FUND SELECT CLASS FUND 3580 6.87% - 3350.33 SHS JPM SHORT DURATION BD FD SEL CL FD 3133 1.05% -	25,365.	25,932.

25,122.

246,318.

25,187.

261,270.

3844 2.87% - 2173.126 SHS

JPMORGAN STRATEGIC INCOME OPPORTUNITIES FUND

TOTAL TO FORM 990-PF, PART II, LINE 10C

FORM 990-PF	PART XV - LINE 1A	STATEMENT	9
	LIST OF FOUNDATION MANAGERS		

NAME OF MANAGER

JON R. SCHUMACHER JUDY A. SCHUMACHER

	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 10
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BETHESDA LUTHERAN COMMUNITIES	NONE PROGRAM SUPPORT	PUBLIC CHARITY	2,000.
CONCORDIA THEOLOGICAL SEMINARY	NONE PROGRAM SUPPORT	PUBLIC CHARITY	12,000.
CONCORDIA UNIVERSITY 12800 N LAKE SHORE DR MEQUON, WI 53097	NONE PROGRAM SUPPORT	PUBLIC CHARITY	15,000.
LUTHERAN CHURCH - MISSOURI SYNOD ABLAZE 1333 S KIRKWOOD RD ST LOUIS, MO 63122	NONE PROGRAM SUPPORT	PUBLIC CHARITY	1,000.
LUTHERAN HIGH SCHOOL ASSOCIATION OF GREATER MILWAUKEE 5201 S 76TH ST GREENDALE, WI 53129	NONE PROGRAM SUPPORT	PUBLIC CHARITY	14,000.
LUTHERAN SPECIAL SCHOOL AND EDUCATIONAL SERVICES 9700 W GRANTOSA DR MILWAUKEE, WI 53222	NONE PROGRAM SUPPORT	PUBLIC CHARITY	2,500.

SCHUMACHER - WEIHERMAN FAMILY FDN 957222

39-6644183

VALPARAISO UNIVERSITY
VALPARAISO, IN 463836493

NONE PROGRAM SUPPORT

PUBLIC CHARITY

6,500.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

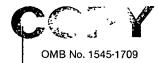
53,000.



• If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check th	is box		$\triangleright X$
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previously	filed Form	8868.	
● If y	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies <u>r</u>	needed).	
Type print	Name of Exempt Organization SCHUMACHER - WEIHERMAN FAMILY FDN 9572228710/V27557004		loyer identifi $9-66441$	cation number
File by t extende due date filing the	Number, street, and room or suite no. If a P.O box, see instructions.	·····	RS use only	
retum S	ee City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	type of return to be filed (File a separate application for each return). Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 orm 6069	Form 8870
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension on a pre	viously file	d Form 8868	B
	JPMORGAN CHASE BANK, NA e books are in the care of ▶ 111 E WISCONSIN AVE - MILWAUKEE, WI 5 ephone No ▶ 414-977-2045 FAX No ▶	3201		
• If the box	ne organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs or			
	request an additional 3-month extension of time until NOVEMBER 15, 2010. For calendar year 2009, or other tax year beginning, and endi			
	If this tax year is for less than 12 months, check reason. Initial return Final return	'9	Change in ac	counting period
7	State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACC	URATE	RETUR	1
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	95.
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	160.
С	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructi	ons. 8c	\$	0.
Under	Signature and Verification penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and e, correct, and complete, and that, am authorized to prepare this form	to the best o	f my knowledg	e and belief,
Signat		Date	► f/c2	110
			Form 8	3868 (Rev 4-2009)

Form **8868**(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return



	•	Exempt Organization Neturn		
Department of Internal Reve	of the Treasury nue Service	File a separate application for each return.		
• If you a	re filing for an Add	omatic 3-Month Extension, complete only Part I and check this box itional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 ess you have already been granted an automatic 3-month extension on a previo		▶ X
Part I	Automatic	: 3-Month Extension of Time. Only submit original (no copies needed).		
A corpora Part I only	•	Form 990-T and requesting an automatic 6-month extension - check this box ar	nd complete	▶ □
	corporations (includ ome tax returns	ling 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requ	uest an extensi	on of time
Electroni noted bel (not autor you must	c Filing (e-file). Go ow (6 months for a natic) 3-month exto submit the fully co	enerally, you can electronically file Form 8868 if you want a 3-month automatic excorporation required to file Form 990-T). However, you cannot file Form 8868 electron or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite impleted and signed page 2 (Part II) of Form 8868. For more details on the electron e-file for Chanties & Nonprofits.	ectronically if (1 e or consolidate	l) you want the additional ed Form 990-T Instead,
Type or	Name of Exemp	-	Emplo	yer identification number
print		ER - WEIHERMAN FAMILY FDN 10/V27557004	39	-6644183
File by the due date for filing your	Number, street,	and room or suite no. If a P.O. box, see instructions RGAN CHASE BANK, NA; P.O. BOX 3038		
retum See instructions	City, town or po MILWAUKE	st office, state, and ZIP code. For a foreign address, see instructions.		
Check ty	pe of return to be	filed (file a separate application for each return):		
For	m 990 m 990-BL m 990-EZ m 990-PF	Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)	form 4720 form 5227 form 6069 form 8870	
Teleph If the c	one No. 414 organization does not a Group Retu	JPMORGAN CHASE BANK, NA of ▶ 111 E WISCONSIN AVE — MILWAUKEE, WI —977—2045 of have an office or place of business in the United States, check this box rn, enter the organization's four digit Group Exemption Number (GEN) of the group, check this box ▶ □ and attach a list with the names and EINs	If this is for t	
is fo	quest an automatic AUGUST 15 or the organization X calendar year	s return for		ne extension
▶[tax year begin			
2 If th	is tax year is for le	es than 12 months, check reason: Initial return Final return	С	hange in accounting period
	is application is fo	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any See instructions	3a	\$ 95.
		Form 990-PF or 990-T, enter any refundable credits and estimated	- 00	
		nclude any prior year overpayment allowed as a credit.	3ь	s 160.
c Bal	ance Due. Subtrac	t line 3b from line 3a. Include your payment with this form, or, if required,		

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).

Form 8868 (Rev 4-2009)

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