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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

OMB No. 1545-0052

2009

Fo	r cale	ndar year 2009, or tax year beginning JUN	E 1 , 200	9, and e	nding	MAY 31	, 20	10
G	Chec	k all that apply:	return of a former p	oublic ch	arity	☐ Final return		
			•		ne change			
-u	se the	IRS Name of foundation			A Employer	identification number		
	labe	. The Presto Foundation		- 1		39-6045769		
(print 4044 Control Del					number (see page 10 c	f the instructio	ns)
	or typ			310		715-839-2175		
S	ee Spe	cific City or town, state, and ZIP code			C If exempt	ion application is pendin	g, check here	▶□
ın	Struct	ons. Wilmington DE 19805			D 1. Foreig	n organizations, check	here	▶□
Н		type of organization:				n organizations meeting		, ₋ _
	Section	on 4947(a)(1) nonexempt charitable trust 🔲 Other ta				here and attach computed foundation status was		- □ □
ı		narket value of all assets at J Accounting method	d: 🗌 Cash 🗹 A	ccrual		07(b)(1)(A), check here	· · ·	
		f year (from Part II, col. (c), Other (specify)				ndation is in a 60-mont		
		5) ► \$ 24244118 (Part I, column (d) must b	e on cash basis.)		under se	ction 507(b)(1)(B), checl		_▶⊔
	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and	(b) Net	nvestment	(c) Adjusted net	(d) Disbursen for charital	
		the amounts in column (a) (see page 11 of the instructions))	expenses per books		come	income	purposes (cash basis o	s
_	T 4			3 41.	8 484 300 Sept 1	A	(Casil Dasis	
	1 2	Contributions, gifts, grants, etc., received (attach schedule)	4 A 15 17					W. X.A.
	3	Check ► ☐ if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments	354465	, , ,	354465	1	\$ 600 3 3 3 5 5 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<u> 경영(구)</u> 한다
	4	Dividends and interest from securities	1121635		1121635			19,200 1
	5a	Gross rents	1121000		1121000			State of Sta
	Ь	Net rental income or (loss)		LE STATE		750 80 48 8 4 60 4	100 Sept.	200
<u>o</u>		Net gain or (loss) from sale of assets not on line 10			ros Estados	AND THE STATE	100	-%
Revenue	b	Gross sales price for all assets on line 6a	点 高级合金金属		\$ 18 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		FH.	
š	7	Capital gain net income (from Part IV, line 2)	CARL ST.	13.		RECEI		W 22
æ	8	Net short-term capital gain	经外发现	33. W	L TOWER		1. 6 - 30 U	5
2	9	Income modifications	W. F. S. S. S. C.	34x250	COLUMN TO THE	OCT 19	DAID AC	7
3	10a	Gross sales less returns and allowances	演像你许和严禁	SHEET.	なのが	がいる。	F. FOR	2
5	b	Less: Cost of goods sold	製工工業的工具	' '	物物性。			
3	С	Gross profit or (loss) (attach schedule)		_ 1024.		OGDEN	1 101-4	4
•	11	Other income (attach schedule)		ļ	L		1 1935 11 40	100
- 3	12	Total. Add lines 1 through 11	1476100	ļ	1476100		A 100 YEAR	<u>: </u>
Se	13	Compensation of officers, directors, trustees, etc.						
Expenses	14	Other employee salaries and wages						
Be	15 16a	Pension plans, employee benefits			 			
Щ	b	Legal fees (attach schedule)						
ıtive	°	Accounting fees (attach schedule)	38712		30972			7740
ati	17	Interest	307.12		00012	<u> </u>		
isti	18	Taxes (attach schedule) (see page 14 of the instructions)	28709				-	
Ĕ	19	Depreciation (attach schedule) and depletion						
μÞ	20	Occupancy						
٩	21	Travel, conferences, and meetings				·		_
auc	22	Printing and publications						
ğ	23	Other expenses (attach schedule)	9656		9656			
ij	24	Total operating and administrative expenses.						
er		Add lines 13 through 23	77077	-	40628			7740
Operating and Administra	25	Contributions, gifts, grants paid	934703					4703
	26	Total expenses and disbursements. Add lines 24 and 25	1011780	ļ	40628		94	2443
	27	Subtract line 26 from line 12:			* *	1.3		!
	a	Excess of revenue over expenses and disbursements	464320		*		*	t
	b	Net investment income (if negative, enter -0-) .	**-	<u> </u>	1435472			!
	С	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>			4	

	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	End of year		
L	art II	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash-non-interest-bearing	3647	-391583	-391583		
•	2	Savings and temporary cash investments	8703891	9566848	9566848		
	3	Accounts receivable ►		a			
	l	Less: allowance for doubtful accounts ▶					
	4	Diodesa reseivable N		-,-			
	!	Less: allowance for doubtful accounts			ك حديد حصد		
	5	Grants receivable		 			
	6	Receivables due from officers, directors, trustees, and other		 			
	•	disqualified persons (attach schedule) (see page 16 of the	ĺ	: !			
	ļ	instructions)		ı i			
	7	Other and the state of the stat					
	'	Uther notes and loans receivable (attach schedule) ► Less: allowance for doubtful accounts ►					
Assets	8	Inventories for sale or use					
SS	9	Prepaid expenses and deferred charges					
Ä	10a		4470077	4.470077	4500050		
	b	Investments—U.S. and state government obligations (attach schedule)	1472677	1472677	15068853		
	1	Investments—corporate stock (attach schedule)					
	C	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment: basis			J		
	12	Less: accumulated depreciation (attach schedule) ▶					
	13	Investments—mortgage loans					
	14	Investments—other (attach schedule)	;		 ,		
	14	Land, buildings, and equipment: basis					
	15	Less: accumulated depreciation (attach schedule)					
	16	Other assets (describe ►) Total assets (to be completed by all filers—see the					
	.	instructions. Also, see page 1, item I)	40400345	10647942	2424440		
	17	Accounts payable and accrued expenses	10180215	10047942	24244118		
	18	Grante payable Contributions Payable	15000	0	1		
Liabilities	19	Deferred revenue	13000				
≝∥	20	Loans from officers, directors, trustees, and other disqualified persons					
흥	21	Mortgages and other notes payable (attach schedule)		·			
-	22	Other liabilities (describe ► Federal Excise Tas)	3652	22059			
	23	Total liabilities (add lines 17 through 22)	18652	22059			
		Foundations that follow SFAS 117, check here ▶ □					
S.		and complete lines 24 through 26 and lines 30 and 31.	Į.		300		
Balances	24	Unrestricted					
<u>ā</u>	25	Temporarily restricted					
8	26	Permanently restricted					
ןק		Foundations that do not follow SFAS 117, check here ▶ □			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Net Assets or Fund		and complete lines 27 through 31.	İ				
딝	27	Capital stock, trust principal, or current funds	Ì				
8	28	Paid-in or capital surplus, or land, bldg., and equipment fund	2383002	2383002			
Sel	29	Retained earnings, accumulated income, endowment, or other funds	7778561	8242881	13 N 18 1 7 1		
BS	30	Total net assets or fund balances (see page 17 of the		 	1.		
냚		instructions)	10161563	10625883	**-** **		
Ž	31	Total liabilities and net assets/fund balances (see page 17			,		
		of the instructions)	10180215	10647942	,		
	t III	Analysis of Changes in Net Assets or Fund Balances					
1	Total	net assets or fund balances at beginning of year-Part II, colur	nn (a), line 30 (mus	t agree with			
	end-d	of-year figure reported on prior year's return)		1	10161563		
2	Enter	amount from Part I, line 27a			464320		
		r increases not included in line 2 (itemize) ▶			0		
		ines 1, 2, and 3		4	10625883		
_	_				0		
6	Total	eases not included in line 2 (itemize) ► net assets or fund balances at end of year (line 4 minus line 5)—F	Part II. column (b) lin	ne 30 6	10625883		

sales price e only for assets sh	for assets showing gain in column (h) and owned by	plus exp	or other basis pense of sale	((h) Gain or (loss) (e) plus (f) minus (g)
e only for assets sh	for assets showing gain in column (h) and owned by	plus exp	pense of sale	(
e only for assets sh	for assets showing gain in column (h) and owned by	plus exp	pense of sale	(
e only for assets sh	for assets showing gain in column (h) and owned by	plus exp	pense of sale	(
e only for assets sh	for assets showing gain in column (h) and owned by	plus exp	pense of sale	(
e only for assets sh	for assets showing gain in column (h) and owned by	plus exp	pense of sale	(
	/31/69 (j) Adjusted basis				
	/31/69 (j) Adjusted basis				
	/31/69 (j) Adjusted basis				
	/31/69 (j) Adjusted basis				· · · · · · · · · · · · · · · · · · ·
	/31/69 (j) Adjusted basis				
	/31/69 (j) Adjusted basis		on on 12/31/69		
	as of 12/31/69		ess of col (i)	col (k)	ains (Col. (h) gain minus , but not less than -0-) or
		over c	col. (i), if any		osses (from col. (h))
			-		
gain net income o	et income or inet canital locel / '	so enter in F enter -0- in P	, ,		
t-term capital ga	n capital gain or (loss) as defined in sections 1	222(5) and (6):	2	
lso enter in Part	nter in Part I, line 8, column (c) (see pages 13				
	-0- in Part I, line 8			3	
	cation Under Section 4940(e) for Reduction Under Section 4940(e) for Reductions subject to the section 4940(e) for Reductions subject to the section 4940(e) for Reduction 4940(
tion liable for the	applies, leave this part blank. able for the section 4942 tax on the distributa on does not qualify under section 4940(e). Do	not complet	te this part.	·	
	ropriate amount in each column for each year;	see page 1	8 of the instruction	s before ma	aking any entries.
(a) period years tax year beginning in	years ar beginning in) Adjusted qualifying distributions	Net value	(c) of nonchantable-use as	sets ((d) Distribution ratio (col. (b) divided by col. (c))
2008	8819	978	1910	<u> </u>	.046160
2007	8664	121	1806	4539	.047963
2006	7412	206	1798	1548	.041220
2005	7878		1611		.048871
2004		198	1511	1378	.045674
	. column (d)			. 2	0.22988
ine 1, column (d	oution ratio for the 5-year base period-divide	the total or	line 2 by 5, or by		
	ers the foundation has been in existence if less	s than 5 year	rs	. 3	0.04597
distribution ratio	value of noncharitable-use assets for 2000 fro	m Part X, line	e5	. 4	2353653
distribution ratio of years the foun	raide of Horichantable-use assets for 2009 ffor			. 5	108216
distribution ratio of years the foun				. 6	1435
distribution ration of years the foun net value of nor ine 4 by line 3	by line 3			1 1	
distribution ration of years the foun net value of nor ine 4 by line 3 of net investme	by line 3			. 7	109651
d of	not v		ne 4 by line 3		the 4 by line 3

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of t	ne ins	tructi	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				
, Р	Domestic foundations that meet the section 4940(e) requirements in Part V, check	:	28709	J	
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	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-)				
3	Add lines 1 and 2		28709		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		28709		
6	Credits/Payments:				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6650				
þ	Exempt foreign organizations—tax withheld at source 6b		,	/ · · · · ·	
C	Tax paid with application for extension of time to file (Form 8868) . 6c			i	
d	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d		6650		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	ļ	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		22059	ļ	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10 Enter the amount of line 10 to be: Credited to 2010 estimated tax > Refunded > 11				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► Refunded ► 11 VII-A Statements Regarding Activities			L	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Τ	Yes	No	
	participate or intervene in any political campaign?	1a	103	√	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	""		 `	
	of the instructions for definition)?	16		1	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1			
	published or distributed by the foundation in connection with the activities.	ł	l 🤹 .	. 3	
С	Did the foundation file Form 1120-POL for this year?	1c		1	
d					
	(1) On the foundation. ▶ \$(2) On foundation managers. ▶ \$	£	<u> </u>	, , ,	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$	o	,`		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		✓	
_	If "Yes," attach a detailed description of the activities.	× .	3	7.3	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		1	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1	
_	If "Yes," attach the statement required by General Instruction T.	1			
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 	1	·	į	
	conflict with the state law remain in the governing instrument?	6			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	7		
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	15.	_		
	instructions) ▶ Delaware & Wisconsin	1		1	
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	1) <i>-</i>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or	1.	<u> </u>	1	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			ļ^ · ·	
	27)? If "Yes," complete Part XIV	9	1	1	
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		[
-	names and addresses	10		1	

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Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		1
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	1	
14	The books are in care of ▶ Norma Jaenke Telephone no. ▶ 7	158392		
		4703-3	3703	<u></u>
15				▶□
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	, · · .	1 3	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes			·
	disqualified person?)	~ ~ ^	*
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No	ļ	7.00	,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1	Ι 'λ	1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	* **	17.2	- I
	the benefit or use of a disqualified person)?	2. 3x	50.	*
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1000	\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex
	foundation agreed to make a grant to or to employ the official for a period after	. 3	, , ~	\$
L	termination of government service, if terminating within 90 days.)	ξ, · -, *,	2	1.70
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)?	1b	<u> </u>	V
_	Organizations relying on a current notice regarding disaster assistance check here			. "
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	<u>1</u> c		1 ✓
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)):	2 - 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ž	in the second
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	1 42		(
	6e, Part XIII) for tax year(s) beginning before 2009?	. 3% 	₹ ,	
	If "Yes," list the years ▶ 20, 20, 20, 20	13.00	112	3
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	£ 5	13	Ş.
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	<u></u>	**	
	all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b		<u> </u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	والمراجعة : والمراجعة :	. k.	
20	▶ 20 , 20 , 20 , 20	3,73,8	7 4 3	*
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	v ji		,
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or	1	\ \right\rig	/
	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	*	9,	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3 15		L!
	foundation had excess business holdings in 2009)	3b	ļ	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u></u>		<u> </u>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		✓

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Par	VII-B Statements Regarding Activitie			4720	May Be R	equire	ed (contin	ued)			
5a	During the year did the foundation pay or incur										
•	(1) Carry on propaganda, or otherwise attempt(2) Influence the outcome of any specific publication.						∐ Yes	∠ No			
	directly or indirectly, any voter registration d						Yes	⊘ No	,		
	(3) Provide a grant to an individual for travel, sti		other similar	purpos	es?		☑ Yes	□ No			
	(4) Provide a grant to an organization other that section 509(a)(1), (2), or (3), or section 4940(n a cha	ritable, etc.,	organiz	ation descr	ribed in	l ∏Yes	√ No		, ,	,
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to		•		•		∐Yes	☑ No		· ·	
b	If any answer is "Yes" to 5a(1)-(5), did any of the									.,	,
	Regulations section 53.4945 or in a current notice	_	-			22 of 1	the instruct	tions)?	5b		· /
	Organizations relying on a current notice regard								,		
С	If the answer is "Yes" to question 5a(4), does				•						١.
	because it maintained expenditure responsibility If "Yes," attach the statement required by Regul	•	•				∐ Yes	∐No	6		
6a	Did the foundation, during the year, receive any					emiums			, ,		
	on a personal benefit contract?						Yes	☑ No			
b	Did the foundation, during the year, pay premiur	ms, dire	ctly or indire	ctly, on	a personal	benefi	t contract?	? .	6b		1
	If "Yes" to 6b, file Form 8870.						_				,
_	At any time during the tax year, was the foundation						∐ Yes	∠ No			ļ
b Par	If yes, did the foundation receive any proceeds VIII Information About Officers, Direct								7b mploy	200	<u> </u>
	and Contractors	,,,,,	11401000, 1	Juliuu	tion man	.gc.0,	· ···g····y ·	u.u	p.oy	000,	
1	List all officers, directors, trustees, foundation	n mana	agers and th	eir con	npensation	(see p	page 22 of	the in	structi	ions).	
	(a) Name and address	hou	e, and average irs per week ed to position	(c) Co (If not	mpensation paid, enter -0-)	emplo	Contributions byee benefit p erred comper	olans	(e) Expe	nse ac allowar	
See A	ttached Schedule										
							•				-
2	Compensation of five highest-paid employed If none, enter "NONE."	es (oth	er than thos	e inclu	ided on lin	e 1—s	ee page 2	23 of t	the ins	truct	ions)
	in none, enter NONE.					-	(d) Contribu	tions to			_
	a) Name and address of each employee paid more than \$50,0	00	(b) Title, and a hours per v devoted to p	veek	(c) Comper	nsation	employee to	penefit eferred	(e) Expe		

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Par	Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	ation Managers, Highly Paid Em	ployees,
3	Five highest-paid independent contractors for professional services (se	ee page 23 of the instructions). If no	ne, enter "NONE."
•	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None			
			
			}
			1
		 	
		1	
Total	number of others receiving over \$50,000 for professional services	'	
			L
Par	IX-A Summary of Direct Charitable Activities		
	the foundation's four largest direct chantable activities during the tax year. Include relevant anizations and other beneficiaries served, conferences convened, research papers produced, e		Expenses
1			
2			1
			}
3			}
4			
7			ļ
•			
Part	IX-B Summary of Program-Related Investments (see page 2	24 of the instructions)	'
Des	cribe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1			
			1
			ļ
2			}
-]
ΔΙΙ -	other program-related investments See page 24 of the instructions.		
3	nama program-related investitionits. One page 24 Or the instructions.		
٠.			1
-			1
Total.	Add lines 1 through 3		
			Form 990-PF (2009)

Part	 Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.) 	ign founda	tions,
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	
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see page 24 of the instructions)	1c	23894955
d	Total (add lines 1a, b, and c)	1d	23894955
e	Reduction claimed for blockage or other factors reported on lines 1a and		2003-1303
·	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	23894955
4	Subtract line 2 from line 1d	3	23094933
**			250424
-	the instructions)	4	358424
5 6	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	23536531
Part	Minimum investment return. Enter 5% of line 5	6	1176827
u ai t	foundations and certain foreign organizations check here ► □ and do not complete this part.)	operating	
1	Minimum investment return from Part X, line 6	1	1176827
2a			
b	Income tax for 2009. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	28709
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1148118
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1148118
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1148118
Part	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	ا گاکنا	
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	942443
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	942443
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	14355
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	928088
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether t	he foundation
			AAA DE

,1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
	line 7	4 ,		* ,	1148118
2	Undistributed income, if any, as of the end of 2009.	-	2 12		
а	Enter amount for 2008 only	ν,	;	942043	
b	Total for prior years: 20,20,20	, S. J. 100			•
3	Excess distributions carryover, if any, to 2009:	`,			
а	From 2004	<u> </u>			
b	From 2005	3 Jun 4 12	· ;		
C	From 2006] / "·	*		
d	From 2007	1			
е	From 2008		£		
f	Total of lines 3a through e		٠ , ود	<i>)</i> -	
4	Qualifying distributions for 2009 from Part XII,		, ~, *	,	
	line 4: ▶ \$ 942433		,		
а	Applied to 2008, but not more than line 2a .	- · · · · ·	*,	942043	, ·
b	TEPTED TO CONTRACTOR MICENTE OF PROF JOURG			,	•
	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election		, ,	* * * * * * * * * * * * * * * * * * * *	-
_	required—see page 26 of the instructions) .		-		
d	Applied to 2009 distributable amount			` ,	400
_е	and a second district out of both and				
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same amount must be shown in column (a).)			,	
6	Enter the net total of each column as				
0	indicated below:		. 4	· -	•
•				,	
a b	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract				
D	line 4b from line 2b				
_		<u> </u>			
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has			•	
	been issued, or on which the section 4942(a)				
	tax has been previously assessed			¥.,	
d	Subtract line 6c from line 6b. Taxable				
_	amount—see page 27 of the instructions .				
е	Undistributed income for 2008. Subtract line				
•	4a from line 2a. Taxable amount—see page				
	27 of the instructions		,	o	
f	Undistributed income for 2009. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2010		. , %		1147718
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section			`	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not			,	
	applied on line 5 or line 7 (see page 27 of the	[
	instructions)	Ì			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:			·	
а	Excess from 2005				
b	Excess from 2006]			
	Excess from 2007				
d	Excess from 2008				
е	Excess from 2009				

Part	XIV Private Operating Foundat	ions (see page	27 of the instru	ctions and Part VII-	-A. guestion 9)	Page 1
1a	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 da	ite of the ruling .	•		
b	Check box to indicate whether the found	dation is a private	operating founda	tion described in sect	tion 🗌 4942(j)(3) or 🗌 4942(j)(
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) 10tal
ь	85% of line 2a	· · ·				
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) .					-
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Part					d \$5,000 or mo	re in assets a
	any time during the year—s		the instruction	s.)		
1_	Information Regarding Foundation M					
а	List any managers of the foundation will before the close of any tax year (but on	ho have contribu ly if they have co	ted more than 2% ntributed more th	6 of the total contrib an \$5,000). (See sec	utions received l tion 507(d)(2).)	by the foundatio
lone						
b	List any managers of the foundation wo ownership of a partnership or other ent	vho own 10% or ity) of which the f	more of the stoo oundation has a	ck of a corporation (10% or greater intere	or an equally lar est.	ge portion of th
lone						

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

The Presto Foundation, ATTN: Norma Janeke, 3925 N. Hastings Way, Eau Claire, WI 54703, (715)839-2119

b The form in which applications should be submitted and information and materials they should include: Letter form with proposed budget.

c Any submission deadlines:

None

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Northwestsern WI, Eau Claire and Chippewa Falls area are preferred

	t XV Supplementary Information (cont	inued)			
_3	Grants and Contributions Paid During t	he Year or Approve	ed for Ful	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
E	Paid during the year]
See	Attached Schedule				
		•	{		ļ
					ļ
		,	1		
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		,			
					İ
\equiv	Total	· · · · · · · ·		<mark> ▶ 3</mark> a	934703
b	Approved for future payment				
]
					1
					1
					}
					1
_					
	Total				

Гα	I L A	Analysis of income-Producing Ac					
Ente	er grò	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by section	on 512, 513, or 514	(e)
•			(a)	(b)	(c)	(d)	Related or exempt function income (See page 28 of
1	Pro	gram service revenue:	Business code	Amount	Exclusion code	Amount	the instructions.)
	а						
	b						
	C						
	d						
	е						
	f						
	g	Fees and contracts from government agencies					
2	Mei	mbership dues and assessments					
3	Inte	rest on savings and temporary cash investments			512 (B) (1)	354465	
4	Dıvi	dends and interest from securities			512 (B) (1)	1121635	
5	Net	rental income or (loss) from real estate:	是数少、数据	的智慧的	2.23	《私公司》	DICTORNERS
	а	Debt-financed property					
	b	Not debt-financed property					
6		rental income or (loss) from personal property					
7	Oth	er investment income					
8	Gair	or (loss) from sales of assets other than inventory			<u> </u>		
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11	Oth	er revenue: a	:		<u> </u>		
	b .						
	C .				ļ		
	d .						
	е						
12	Sub	total. Add columns (b), (d), and (e)			化人类验验 (1)	1476100	
13	Tota	al. Add line 12, columns (b), (d), and (e)				1476100 13	1476100
13 See	Tot a	al. Add line 12, columns (b), (d), and (e) ssheet in line 13 instructions on page 28 to verify					
13 See Par	Tota worl	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A	y calculations.)	ent of Exemp	t Purposes	13	1476100
13 See Par Line	Tot a	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A	y calculations.)	ent of Exemp	t Purposes	13	1476100
13 See Par Line	Tota work t X\ e No.	al. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.)	ent of Exemp	t Purposes	13	1476100
13 See Par Line	Tota work t X\ e No.	al. Add line 12, columns (b), (d), and (e) scheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	y calculations.)	ent of Exemp	t Purposes	13	1476100
13 See Par Line	Tota work t X\ e No.	al. Add line 12, columns (b), (d), and (e) scheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	y calculations.)	ent of Exemp	t Purposes	13	1476100
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13 See Par Line	Tota work t X\ e No.	al. Add line 12, columns (b), (d), and (e) scheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	y calculations.)	ent of Exemp	t Purposes	13	1476100
13 See Par Line	Tota work t X\ e No.	al. Add line 12, columns (b), (d), and (e) scheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	y calculations.)	ent of Exemp	t Purposes	13	1476100
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13 See Par Line	Tota work t X\ e No.	al. Add line 12, columns (b), (d), and (e) scheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	y calculations.)	ent of Exemp	t Purposes	13	1476100
13 See Par Line	Tota work t X\ e No.	al. Add line 12, columns (b), (d), and (e) scheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	y calculations.)	ent of Exemp	t Purposes	13	1476100
13 See Par Line	Tota work t X\ e No.	al. Add line 12, columns (b), (d), and (e) scheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	y calculations.)	ent of Exemp	t Purposes	13	1476100

Firm's name (or yours if self-employed), address, and ZIP code

Form	990-PF	(2009)							Page 13
Pa	rt XV	Exempt	Organizations				Relationships With Noncha	ritable	
,1	in s						y other organization described section 527, relating to political	Y	es No
é			· -	on to a noncharitable e	exempt organ	ization	of:		
								1a(1)	
		Other assets						1a(2)	S2% (28.38%
,		her transactions						1 (4)	
				exempt organization				1b(1) 1b(2)	1
				other assets				1b(3)	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			. , ,					1b(4)	
								1b(5)	1
			•					1b(6)	1
(1c	1
(Column (b) should always sho	w the fai	r marke
	valı	ue of the goods	s, other assets, or s	ervices given by the r	eporting four	ndation	. If the foundation received les	s than fai	r marke
	valı	ue in any transa	action or sharing arr	angement, show in co	olumn (d) the	value o	of the goods, other assets, or s	ervices re	ceived.
(a) L	ine no	(b) Amount involv	ed (c) Name of r	nonchantable exempt organi	zation	(d) Desc	ription of transfers, transactions, and sh	алпд алтапд	ements
		ļ							
		 							
			_						_
		 							
									
		 							
		-							
			 						
2a	des	scribed in section		le (other than section			ore tax-exempt organizations on 527?	☐ Yes [☑ No
		(a) Name of or	ganization	(b) Type of	organization		(c) Description of relation	onship	
									
									
	Under belief,	r penalties of penu , it is true, correct, a	ry, I declare that I have and complete Declaration	exampled this return, including of preparer (other than tax	ding accompanyi	ing schei y) is base	dules and statements, and to the best ed on all information of which preparer h	of my knov	/ledge and vledge.
	1	MANIT	//n/		10-1	2-16	President		
ē	Sış	gnature of officer or	trustee		Date		Title		
Ŧ		KIII			Date		Preparer's		
Sign Here	Prepare 1	Preparer's signature					Check if self-employed ▶ ☐ number (se page 30 of		
	عَمَّ	Firm's name (or	yours if				EIN►		

EIN► Phone no.

The Presto Foundation 39-6045769 Year ended May 31, 2010

Investments - Corporate Stocks (Form 990 PF, Page 2, Part II, Line 10 b)

Stock	eg. Of Year ook Value	_	nd of Year ook Value	<u>N</u>	larket Value
National Presto Ind. Inc.	\$ 769,350	\$	769,350	\$	13,256,632
Anglo American plc	131,194		131,194		534,314
Anglogold Limited	247,484		247,484		447,119
Gold Fields Limited	212,897		212,897		399,493
Berry Petroleum Co.	56,875		56,875		368,880
Freeport McMoran Copper & Gold	54,877		54,877		62,415
Total	\$ 1,472,677	\$	1,472,677	\$	15,068,853

The Presto Foundation 39-6045769 Year Ended May 31, 2010

Other Professional Services Form 990-PF Page 1, Part 1, Line 16 (c)

Bookkeeping & Clerical Services

38,712

<u>Taxes</u>
Form 990-PF Page 1, Part 1, Line 18

Excise Tax Provision

28,709

Other Expenses
Form 990-PF Page 1, Part 1, Line 23

Broker Fees, ETC

9,656

The Presto Foundation 39-6045769 For The Year Ended May 31,2010

<u>Name</u>	Title, and Time Devoted <u>to position</u>	Compensation	Contribution to employer Benefit Plan	Expense Account, other Allowances
Maryjo Cohen Eau Claire, WI	President Trustee Partial	None	None	None
Arthur Petzold Eau Claire, WI	Vice Pres., Trustee Partial	None	None	None
Libby Stupak Eau Claire, WI	Secretary, Trustee Partial	None	None	None
Vernon B. Haas Cadott, WI	Assistant Treas., Trustee Partial	None	None	None
Eileen Phillips Cohen Eau Claire, WI	Trustee Partial	None	None	None
Richard Myhers Eau Claire, WI	Trustee Partial	None	None	None
Lawrence J Tienor Eau Claire, WI	Vice Pres., Treas., Trustee Partial	None	None	None

ACTIVITIES
RELIGIOUS
ιΥ: 01
CATEGOR

Acct Num Alpha Sort Code	Recipient Name	Address	City State Zip	YTD Payments	Relationship
117 CHABAD	CHABAD OF KEY BISCAYNE	211 GREENWOOD	KEY BISCAYNE, FL 33149	500.00	None
181 CONGRE	CONGREGATION AHAVAT OLAM	9085 SW 87TH AVE	MIAMI, FL 33176	1,000 00	None
761 SALVAT	SALVATION ARMY	514 SUTHERLAND AVE	JANESVILLE, WI 53345-2448	1,000.00	None
797 STELIZ	ST ELIZABETH ANN SETON CATHOLIC CHURCH	CATHOLIC CHURCH 207 CTY RD 23 NW	ISANTI, MN 55040	\$0.00	None
791 STJOHN	ST JOHNS LUTHERAN CHURCH	1804 HIGHLAND AVE	EAU CLAIRE, WI 54701	50.00	None
		•	* * CATEGORY TOTAL * *	2,600 00	

	ģi												
	Relationship	None	None	None	None	None	None	None	None	None	None	None	
	YTD Payments	7,000 00	9,500.00	200 00	2,000 00	2,000 00	2,000 00	2,000.00	350 00	1,000 00	6,000 00	421,100.00	459,450.00
	City State Zip	MIAMI, FL 33129	EAU CLAIRE, WI 54702-0600	NORTHFIELD, MN 55057	CHIPPEWA FALLS, WI 54729	EAU CLAIRE, WI 54701	ISSAQUAH, WA 98027	EAU CLAIRE, WI 54701	JANESVILLE, WI 53545	CHICAGO, IL 60625	MINNEAPOLIS, MN 55416	EAU CLAIRE, WI 54701	* * CATEGORY TOTAL * *
	Address	2625 SW 3RD AVE	1515 BALL ST P O BOX 600	ENDOWMENT FOR JEWISH LIFE AT CARLTON	I N COLLEGE ST 501 JEFFERSON AVE	COLLEGE FOUNDATION 620 W CLAIREMONT AVE	1605 NW SAMMAMISH RD SUITE 100	2225 KEITH ST	1107 BARBERRY DRIVE	3535 W FOSTER	2800 JOPPA AVE SO	EAU CLAIRE FOUNDATION INC 105 GARFIELD AVE	
SCHOOLS, COLLEGES & RELATED AC	de Recipient Name	BETH DAVID GORDON SCHOOL	CAREER DEVELOPMENT CENTER	CARLETON COLLEGE	CHIPPEWA AREA SCHOOL DIST	CHIPPEWA VALLEY TECHNICAL COLLEGE FOUNDATION	COLLEGE SUCCESS FOUNDATIO	MEMORIAL HIGH SCHOOL	RIVERFRONT FOUNDATION	TELSHE YESHIVA CHICAGO	TORAH ACADEMY	UNIVERSITY OF WISCONSIN- EAU CLAIRE FOUNDATION INC	
CATEGORY 02 SCH	Acct Num Alpha Sort Code	69 BETHDA	101 CAREER	105 CARLET	137 CHIPPE	165 CHIPPE	183 COLLEG	622 MEMORI	733 RIVERF	830 TELSHE	835 TORAHA	857 UNIVER	

SCHLRSHPS FOR CHILD OF EMPLOY

CATEGORY 03

Acct Num	Alpha Sort Code	Recipient Name	Address	City State Zip	YTD Payments	Relationship
7	7 AHNEMA	UNIV OF MINN TWIN CITIES KIMBERLY AHNEMAN	BURSAR OFFICE P O BOX 88	MINNEAPOLIS, MN 55440-0088	11,000.00	None
∞	8 AHNEMA	UNIV OF MINN TWIN CITIES ANDREA AHNEMAN	BURSAR OFFICE P O BOX 88	MINNEAPOLIS, MN 55440-0088	11,000 00	None
10	10 ALBREC	UNIV OF WIS - WHITEWATER EMILY ALBRECHT	CASHIERS OFFICE P O BOX 88	WHITEWATER, WI 53190	11,000 00	None
09	60 BEHREN	UNIV OF WIS - OSHKOSH KALMETTE BEHRENS	STUDENT ACCOUTS OFFICE 800 ALGOMA BLVD	OSHKOSH, WI 54901	11,000 00	None
62	BEHREN	UNIV OF WIS GREEN BAY KATHRINE BEHRENS	DEMFESET 20 BURSARS STUDENT BILLING 2420 NICOLET DR	GREEN BAY, WI 54311-7001	11,000 00	None
88	BULASA	UNIV OF WIS - GREEN BAY SARA BULA	BURSAR'S OFFICE 2420 NICOLET DR	GREEN BAY, WI 54311-7001	10,957 64	None
189	189 CRAWFO	SOUTHERN ARKANSAS UNIV JAMI CRAWFORD	MAGNOLIA CAMPUS P O BOX 9411	MAGNOLIA, AR 71754-9411	11,000 00	None
215	215 DOBSON	UNIV OF WIS - WHITEWATER ZACHARY DOBSON	CASHIERS OFFICE P O BOX 88	WHITEWATER, WI 53190-0088	11,000.00	None
274	274 ELLING	INTL ACADEMY OF DESIGN & TAMRA ELLINGSON	TECHNOLOGY I NORTH STATE ST STE 400	CHICAGO, IL 60602-3300	11,000 00	None
772	ETHERI	SAINT JOHN'S UNIVERSITY TYLER ETHERIDGE	STUDENT ACCOUNTS OFFICE P O BOX 5000	COLLEGEVILLE, MN 56321-5000	11,000 00	None
310	310 FARAGH	AUSTIN PEAY STATE UNIV TAYLOR FARAGHER	BROWNING BLDG ROOM139/140 P O BOX 4635	CLARKSVILLE, TN 37044	8,127.65	None
307	307 FARAGH	UNIV OF TENN-CHATTENOOGA KEVIN FARAGHER	BURSAR'S OFFICE 274 UNIV CENTER DEPT 6005	CHATTANOOGA, TN 37403	11,000 00	None
382	GRESCH	UNIV OF WIS - EAU CLAIRE LINDSAY GRESCH	OLS MC CALLIE AVE CASHIER P O BOX 5000	EAU CLAIRE, WI 54702-5000	11,000 00	None
413	413 HAMMER	UNIV OF WIS - MADISON JARED HAMMER	BURSAR'S OFFICE P O BOX 3248	MILWAUKEE, WI 53201-3248	11,000.00	None
550	550 KLEBIG	UNIVERSITY OF MICHIGAN JAIME KLEBIG	DEPARTMENT #77272 STUDENT FINANC OPERATIONS P O BOX 77000	DETROIT, MI 48277-0272	11,000 00	None

Page 3 of 16

SCHLRSHPS FOR CHILD OF EMPLOY

CATEGORY: 03

Acct	Alpha Sort Code	Recipient Name	Address	City State Zip	YTD Payments	Relationship
497	497 KNAPPS	TULANE UNIVERSITY SARAH KNAPP	ACCTS RECEIVABLE DEPT SUITE 103 PHELPS HOUSE 35 MC A 1STER DR	NEW ORLEANS, LA 70118-5676	11,000 00	None
498	498 KNIGHT	UNIV OF ARKANSAS TAYLOR KNIGHT	COLLEGE OF PHARMACY 4301 W MARKHAM ST	LITTLE ROCK, AR 72205	11,000 00	None
499	499 KUNFER	UNIV OF WIS - STOUT NICOLE KUNFERMAN	210 BOWMAN HALL	MENOMONIE, WI 54751	11,000 00	None
009	600 MADSON	UNIV OF WIS - LA CROSSE TREVOR MADSON	CASHIER'S OFFICE 121 GRAFF MAIN HALL	LA CROSSE, WI 54601	11,000.00	None
909	606 MARKGR	HERZING UNIVERSITY SETH MARKGRAF	5218 EAST TERRACE DR	MADISON, WI 53718	11,000 00	None
919	616 МАҮНЕА	WESTERN GOVERNORS UNIV HEATHER MAY	OFFICE OF THE BURSAR 4001 SO 700 EAST STE 700	SALT LAKE CITY, UT 84107	11,000 00	None
615	615 MAYMIL	SOUTHERN ARKANSAS UNIV MILINDA MAY	MAGNOLIA CAMPUS P O BOX 9411	MAGNOLIA, AR 71754-9411	7,804.02	None
640	640 MORGAN	UNIV OF ARK @ LITTLE ROCK REBECCA MORGAN	STUDENT ACCOUNTS ADMINISTRATION NORTH 203 2801 S. INIVERSITY	LITTLE ROCK, AR 72204	11,000.00	None
899	968 NICHOL	UNIVERSITY OF GEORGIA MARY NICHOLSON	BURSAR'S OFFICE BUNNESS SERVICES BLDG	ATHENS, GA 30602-4227	8,823 00	None
707	707 PASSAF	UNIV OF ARK - MONTICELLO NICHOLAS PASSAFIUME	CASHIER'S OFFICE P O BOX 3597	MONTICELLO, AR 71656-3597	9,556 67	None
709	709 PAYANT	UNIV OF WIS - OSHKOSH MARIA PAYANT	CASHIER'S OFFICE 800 ALGOMA BLVD	OSHKOSH, WI 54901	11,000 00	None
902	706 PENNAA	UNIV OF WIS - WHITEWATER AL YSSA PENNA	CASHIERS OFFICE P O BOX 88	WHITEWATER, WI 53190-0088	11,000 00	None
736	736 RIZZOR	UNIVERSITY OF ILLINOIS RACHEL RIZZO	STUDENT A/R P O BOX 19455	SPRINGFIELD, IL 62794-9455	11,000 00	None
742	ROSSST	UNIV OF SO MISSISSIPPI STEVEN ROSS	BUSINESS SERVICES 118 COLLEGE DR #5133	HATTIESBURG, MS 39406-0001	11,000 00	None
773	773 SIPPLK	UNIV OF WIS - MADISON KEVIN SIPPL	BURSAR'S OFFICE 333 E CAMPUS MALL #10501	MADISON, WI 53715-1383	11,000 00	None

CATEGORY: 03

TEGORY 03	SCHLRSHPS FOR CHILD. OF EMPLOY					
Acct Num Alpha S	Alpha Sort Code Recipient Name	Address	City State Zip	YTD Payments	Relationship	-
798 STRICK	C ARIZONA STATE UNIVERSITY TRACY STRICKLAND	SCHOLARSHIP OFFICE P O BOX 0870412	TEMPE, AZ 85287-0412	11,000 00	None	
843 TURNER	IR UNIVERSITY OF TENNESSEE RACHEL TURNER	BURSAR'S OFFICE 211 STUDENT SERVICE BLDG	KNOXVILLE, TN 37996-0225	9,044.00	None	
980 ZACKEL	IL US REGENTS ELIZABETH ZACK	UCLA REMITTANCE CENTER BOX 951432 1125 MURPHY HL 405 HII GARDI AVE	LOS ANGELES, CA 90095-9000	11,000 00	None	
			* * CATEGORY TOTAL * *	351.312.98		

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nship						
Relationship	None	None	None	None	None	
YTD Payments	100 00	100 00	200 00	2,000.00	100 00	2,800.00
City State Zip	EAU CLAIRE, WI 54702	EAU CLAIRE, WI 54701	EAU CLAIRE, WI 54703	EAU CLAIRE, WI 54703	STRUM, WI 54770	* * CATEGORY TOTAL * *
Address	EAU CLAIRE CHAPTER P O BOX 773	EAU CLAIRE 220 SO BARSTOW ST	THEATER GUILD 102 W GRAND AVENUE	THEATRE 1814 OXFORD AVE	PUBLIC LIBRARY P O BOX 10	
Recipient Name	ASSOC MALE CHORUSES OF AM EAU CLAIRE CHAPTER	CHILDREN'S MUSEUM OF EAU CLAIRE	CHIPPEWA VALLEY THEATER GUILD	EAU CLAIRE CHILDREN'S THEATRE	FRIENDS OF THE STRUM PUBLIC LIBRARY	
Acct Num Alpha Sort Code	42 ASSOCM	130 CHILDR	170 CHIPPE	258 EAUCLA	346 FRIEND	

	Relationship	ne	e E	e E	e u	ne	ne	пе	ne	ne	9	ne	91	ue	ue	92
		00 None	00 None	00 None	00 None	00 None	00 None	00 None	00 None	00 None	00 None	00 None	00 None	00 None	00 None	00 None
	YTD Payments	500.00	200 00	200 00	6,000 00	400 00	200 00	1,000 00	1,000.00	150 00	200 00	2,350.00	200 00	200 00	2,500 00	200 00
	City State Zip	/1 54311	VI 53545	54720	OH 45601	97202	WI 54449	30303-1002	C, MN 55416	0604-1197	435	VI 53547-0391	54724	4736-0224	409	53719
	Ö	GREEN BAY, WI 54311	JANESVILLE, WI 53545	ALTOONA, WI 54720	CHILLICOTHE, OH 45601	PORTLAND, OR 97202	MARSHFIELD, WI 54449	ATLANTA, GA 30303-1002	ST LOUIS PARK, MN 55416	CHICAGO, IL 60604-1197	EDINA, MN 55435	JANESVILLE, WI 53547-0391	BLOOMER, WI 54724	DURAND, WI 54736-0224	ANTIGO, WI 54409	MADISON, WI 53719
	Address	GREATER WISCONSIN 2900 CURRY LANE STE A	OF ROCK COUNTY INC 20 S MAIN ST STE 15	2427 N HILLCREST PKWY	71 EAST WATER ST	3800 SE 22ND AVE	HOPE LODGE MARSHFIELD GAL 611 W DOEGE ST	250 WILLIAMS ST NW	5100 GAMBLE DR STE 394	MIDWEST AFFILIATE 208 S LASALLE ST STE 1500	4701 WEST 77TH ST	3507 E RACINE ST P O BOX 391	MEMORIAL HOSPITAL 1501 THOMPSON ST	1220 3RD AVE W P O BOX 224	LANGLADE MEMORIAL HOSP 112 E FIFTH AVE	6425 ODANA RD STE D
HEALTH SERVICES & RELATED ACTI	de Recipient Name	ALZHEIMERS ASSOCIATION GREATER WISCONSIN	ALZHEIMERS SUPPORT CENTER OF ROCK COUNTY INC	AMERICAN CANCER SOCIETY	AMERICAN CANCER SOCIETY	AMERICAN CANCER SOCIETY	AMERICAN CANCER SOCIETY HOPE LODGE MARSHFIELD GALA	AMERICAN CANCER SOCIETY	AMERICAN DIABETES ASSOC	AMERICAN HEART ASSOC MIDWEST AFFILIATE	AMERICAN HEART ASSOC	AMERICAN HEART ASSOCIATIO	BLOOMER COMMUNITY MEMORIAL HOSPITAL	CHIPPEWA VALLEY HOSPITAL	COMMUNITY HEALTH FOUND	CYSTIC FIBROSIS FOUNDATIO
CATEGORY. 06 HEAI	Acet Num Alpha Sort Code	15 ALZEIM	20 ALZHEI	23 AMERIC	22 AMERIC	27 AMERIC	37 AMERIC	39 AMERIC	28 AMERIC	33 AMERIC	34 AMERIC	30 AMERIC	75 BLOOME	145 CHIPPE	184 COMMUN	196 CYSTIC

CATEGORY: 06 HEALTH	HEALTH SERVICES & RELATED ACTI				•
	Recipient Name	Address	City State Zip	YTD Payments	Relationship
ш 🍱	EPILEPSY FOUNDATION OF WESTERN WISCONSIN	WESTERN WISCONSIN 1812 BRACKETT AVE STE 5	EAU CLAIRE, WI 54701	150 00	None
	FRIENDS OF ST JOSEPH'S HOSPITAL	HOSPITAL 2661 COUNTY HIGHWAY I	CHIPPEWA FALLS, WI 54729	150.00	None
	HEALTHNET OF JANESVILLE	23 W MILWAUKEE ST	JANESVILLE, WI 53548	1,000 00	None
	LEUKEMIA & LYMPHOMA SOCIE	2300 WALL ST STE H	CINCINNATI, OH 45212	1,000 00	None
_ ~	LONG ISLAND HEAD INJURY ASSOCIATION	ASSOCIATION 65 AUSTIN BLVD	COMMACK, NY 11725	3,500.00	None
_	LUTHER HOSP DEVELOP FUND	P O BOX 4105	EAU CLAIRE, WI 54702	00.009	None
_	MARCH OF DIMES	580 N WASHINGTON ST	JANESVILLE, WI 53548	250 00	None
~ ~	MARCH OF DIMES-PORTLAND CHAPTER	CHAPTER 1220 SW MORRISON STE 510	PORTLAND, OR 97217	3,200 00	None
	NATIONAL KIDNEY FOUNDATIO	6405 METCALF AVE STE 204	OVERLAND PARK, KS 66202-4086	20 00	None
_	NORTHWEST WIS HOME CARE	P O BOX 2060	EAU CLAIRE, WI 54702-2060	00.009	None
_	OSSEO MEDICAL CENTER	13025 8TH ST P O BOX 70	OSSEO, WI 54758-0070	200 00	None
	RONALD MCDONALD HOUSE CHARITIES OF MADISON	CHARITIES OF MADISON 2716 MARSHALL COURT	MADISON, WI 53705	200 00	None
			* * CATEGORY TOTAL * *	28,300.00	

SPORTS, ATHLETIC, RECREATIONAL

CATEGORY: 12

Relationship	None	None	None	None	None	None	None	None	None	None
YTD Payments Re	_	500.00	900 009	500.00	1,600 00	500 00	1,000 00	500 00	500 00	1 00 001
City State Zip	EAU CLAIRE, WI 54702	BARNES, WI 54873	EAU CLAIRE, WI 54702	EAU CLAIRE, WI 54703	BLOOMER, WI 54724	THORP, WI 54771	EAU CLAIRE, WI 54702-0652	CHIPPEWA FALLS, WI 54729	HOLCOMBE, WI 54745	CHIPPEWA FALLS, WI 54729
Address	P O BOX 1746	BARNES LIONS CLUB HC 61 BOX 5895	EAU CLAIRE LIONS CLUB P O BOX 42	SEYMOUR LIONS CLUB 3045 HARTWOOD DR	TILDEN LIONS CLUB 12526 CO HWY Q	THORP LIONS CLUB P O BOX 86	EAU CLAIRE EVENING LIONS P O BOX 652	CHIPPEWA LIONS CLUB 13857 85TH AVE	LAKE HOLCOMBE LIONS CLUB 28694 264TH ST	27 WOODWARD AVE
Recipient Name	EAU CLAIRE SKI SPRITES	LIONS INTERNATIONAL BARNES LIONS CLUB	LIONS INTERNATIONAL EAU CLAIRE LIONS CLUB	LIONS INTERNATIONAL SEYMOUR LIONS CLUB	LIONS INTERNATIONAL TILDEN LIONS CLUB	LIONS INTERNATIONAL THORP LIONS CLUB	LIONS INTERNATIONAL EAU CLAIRE EVENING LIONS	LIONS INTERNATIONAL CHIPPEWA LIONS CLUB	LIONS INTERNATIONAL LAKE HOLCOMBE LIONS CLUB	SPECIAL OLYMPICS-CHIPPEWA
Acct Num Alpha Sort Code	270 EAUCLA	558 LIONSI	Seo Lionsi	563 LIONSI	ses Lionsi	Seg Lionsi	S61 LIONSI	559 LIONSI	S67 LIONSI	782 SPECIA

5,950.00

YOUTH ACTIVITIES	
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CATEGORY.	

YTD Payments Relationship	1,200.00 None	100 00 None	5,000.00 None	400.00 None	1,000.00 None	200 00 None	100 00 None	
Y7 City State Zip Payn				CHIPPEWA FALLS, WI 54729		EAU CLAIRE, WI 54702-1367		
	3ALL ASSOC ANTIGO, WI 54409	N WISCONSIN EAU CLAIRE, WI 54701 STE SI	Y ANTIGO, WI 54409		RICE LAKE, WI 54868		MIDDLETON, WI 53562	
Address	DBA ANTIGO BASEBALL ASSOC P O BOX 403	OF NORTHWESTERN WISCONSIN 312 S BARSTOW ST STE SI	LANGLADE COUNTY 801 FIFTH AVE	YMCA 611 JEFFERSON AVE	P O BOX 291	MEHARA SHRINE CLUB P O BOX 1367	REACH A CHILD 7420 KENYON DR	
Recipient Name	ANTIGO AREA REC FOUND DBA ANTIGO BASEBALL ASSOC	BIG BROTHERS/BIG SISTERS OF NORTHWESTERN WISCONSIN	BOYS & GIRLS CLUB OF LANGLADE COUNTY	CHIPPEWA VALLEY FAMILY YMCA	KINSHIP OF RICE LAKE INC	SHRINE CIRCUS FUND MEHARA SHRINE CLUB	WITH WINGS & A HALO	
Acct Num Alpha Sort Code	43 ANTIGO	70 BIGBRO	83 BOYSGI	149 CHIPPE	478 KINSHI	770 SHRINE	912 WITHWI	

19,200 00

CONSERVATION, ENVIRON, BEAUTI

CATEGORY: 14

Relationship	None	None	None	None	None	None
YTD Payments	500.00	200 00	200.00	1,000.00	500.00	5,000 00
City State Zip	CHIPPEWA FALLS, WI 54729	CHIPPEWA FALLS, WI 54729	MENOMONIE, WI 54751	CHIPPEWA FALLS, WI 54729	FALL CREEK, WI 54742	LADYSMITH, WI 54848
Address	P O BOX 392	CHIPPEWA AREA CHAPTER 744 IRVINE ST	WINGS OVER CHIPPEWA VALLE E5892 708 AVE	RIDGE TRAIL INC P O BOX 763	EAU CLAIRE CHAPTER 5548 MARKGRAFF RD	P O BOX 361
Recipient Name	CHIPPEWA ROD & GUN CLUB	DUCKS UNLIMITED CHIPPEWA AREA CHAPTER	DUCKS UNLIMITED WINGS OVER CHIPPEWA VALLEY	FRIENDS OF THE HICKORY RIDGE TRAIL INC	ROCKY MOUNTAIN ELK FOUND EAU CLAIRE CHAPTER	WILDLIFE RESTORATION ASSO
Acet Num Alpha Sort Code	140 CHIPPE	225 DUCKSU	245 DUCKSU	338 FRIEND	738 ROCKYM	902 WILDLI

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City State Zip	JANESVILLE, WI 53547-8204
Address	ROCK COUNTY 320 E MILWAUKEE P O BOX 8204
e Recipient Name	HABITAT FOR HUMANITY INTL ROCK COUNTY
Acct Num Alpha Sort Code	407 HABITA

YTD Payments Relationship

None

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YTD Payments	2,000 00
City State Zip	ALTOONA, WI 54720
Address	1303 LYNN AVE
le Recipient Name	CITY OF ALTOONA
Acct Num Alpha Sort Code	171 CITYOF

Relationship None

2,000 00

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Relationship	None	None	None	
YTD Payments	1,000.00	1,200.00	\$00.00	
City State Zip	EAU CLAIRE, WI 54702	PORTLAND, OR 97206	EAU CLAIRE, WI 54701	
Address	P O BOX 482	PORTLAND 7830 SE FOSTER RD	402 GRAHAM AVE 4TH FL	
Recipient Name	BOLTON REFUGE HOUSE	JUNIOR ACHIEVEMENT OF PORTLAND	THE REACH FOUNDATION	
Acct Num Alpha Sort Code	80 BOLTON	483 JUNIOR	719 REACHF	

2,700 00

CATEGORY. 22

	Relationship	None	None	None	None	
	YTD Payments R		12,500 00	3,000 00	2,500 00	20,100 00
	City State Zip	CHIPPEWA FALLS, WI 54729	EAU CLAIRE, WI 54702	SPRINGFIELD, OR 97477	JANESVILLE, WI 53545	* * CATEGORY TOTAL * *
	Address	P O BOX 161	EAU CLAIRE P O BOX 232	3171 GATEWAY LOOP	COUNTY INC 205 N MAIN	
ACT DIRECTED TO OTH. ORGANIZA	e Recipient Name	UNITED WAY OF CHIPPEWA CO	UNITED WAY OF GREATER EAU CLAIRE	UNITED WAY OF LANE COUNTY	UNITED WAY OF NORTH ROCK COUNTY INC	
VTEGORY. 22 ACT [Acet Num Alpha Sort Code	859 UNITED	865 UNITED	851 UNITED	860 UNITED	

OTHER PURPOSES AND ACTIVITIES

CATEGORY: 23

Acct	Acct Num Alpha Sort Code	Recinient Name	Address	City State Zin	YTD	Relotionshin
Э	3 ACE HA	ACE HARDWARI	2200 KENSINGTON CT	OAK BROOK, IL 60523	2,500 00	None
74	74 BLOODH	BLOODHOUND IN TRAINING	9206 BEAVER CREEK RD	FALL CREEK, WI 54742	100 00	None
79	79 BOBSHO	BOB'S HOUSE FOR DOGS	E3015 CTY RD HH	ELEVA, WI 54738-9017	200 00	None
252	252 EAUCLA	EAU CLAIRE AREA HMONG MUTUAL ASSISTANCE ASSOC	MUTUAL ASSISTANCE ASSOC 423 WISCONSIN ST	EAU CLAIRE, WI 54703	400 00	None
253	253 EAUCLA	EAU CLAIRE AREA HUMANE ASSOCIATION	ASSOCIATION 3900 OLD TOWN HALL RD	EAU CLAIRE, WI 54701	2,000.00	None
909	605 MAKEAW	MAKE A WISH FOUNDATION OF WISCONSIN	OF WISCONSIN 13195 W HAMPTON AVE	BUTLER, WI 53007	200 00	None
647	647 NATION	NATIONAL FIRE SAFETY COUNCIL	COUNCIL 303 MILTON AVE	JANESVILLE, WI 53545	240 00	None
705	705 PAMIDA	PAMIDA FOUNDATION	8800 F STREET	OMAHA, NE 68127	10,000 00	None
171	SHOPKO	SHOPKO FOUNDATION	P O BOX 19060	GREEN BAY, WI 54307-9060	10,000 00	None
795	795 STARLI	STARLIGHT CHILDREN'S FOUNDATION	FOUNDATION 1560 BROADWAY STE 600	NEW YORK, NY 10036	2,500 00	None
24 8	844 TRUEVA	TRUE VALUE FOUNDATION	8600 W BRYN MAWR AVE	CHICAGO, IL 60631	2,400 00	None
891	891 VFWPOS	VFW POST 305	1300 STARR AVE	EAU CLAIRE, WI 54703	750 00	None
			•	* * CATEGORY TOTAL * *	31,890 00	

934,702 98

* * GRAND TOTAL * *