

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990

Return of Orga

OMB No 1545-0047

Department of the Treasury

Check if applicable

 $oldsymbol{ol{ol}oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}$

Name change

☐ Initial return

☐ Terminated

Governance

scanned Jun 2 1 2011

Assets or de Balances

Part II

Sign

Here

Paid Preparer's

Use Only

Amended return

Application pending

Part I Summary

Firm's name (or yours

if self-employed)

330		Return of Organ	ization Exe	mpt Fro	m Inc	ome 1	Гах	2000
	Un	der section 501(c), 527, or 49 bene	947(a)(1) of the Inte	ernal Revenu foundation)	e Code (e	except bla	ack lung	
ment of the Treasury I Revenue Service	▶ T	he organization may have to u	•	•	state rep	orting req	uirements	Open to Public Inspection
or the 2009 ca	lendar	year, or tax year beginning	July 1	, 2009, an	d ending	Jur	ne 30	, 20 10
eck if applicable	Please	C Name of organization PAPER	TECHNOLOGY	FOUNDATI	ON, IN	с	D Emplo	yer identification number
dress change	use IRS label or	Doing Business As						91181
me change	print or type	Number and street (or P O box if mai	il is not delivered to street	•	Room/suite		•	none number
al return	See Specific	1903 W. MICHIGAN A		ADMN I	MS 520	7	269-	387-2365
	Instruc-	City or town, state or country, ar					1	
ended return			008-5207				G Gross	receipts \$ 1,037,532
lication pending		e and address of principal officer (OUNG		H(a) is th	iis a group retui	m for affiliates? Yes 🗓 No
		CAMPUS DRIVE, KALA		9008		H(b) Are	all affiliates	included? Yes No
x-exempt status		1718 7 1	17(a)(1) or				No," attach a	list (see instructions)
		WMICH.EDU/WMUPTF		Т. ч			exemption nu	
m of organization		ration Trust Association C	Other ►	L Year o	of formation	1958	M State	of legal domicile MI
Summa								
•		the organization's mission of	=	-				
ENGINEE	ERING	AT WESTERN MICHIGA	AN UNIVERSIT	Y (SEE S	CHEDUL	E 0, E	PAGE 2)	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
2 Chack this I	hov 🏲 [if the organization discontinued	its operations or dispo	sed of more th	an 25% of a	ts net asse	ets	
		members of the governing					3	1 28
		endent voting members of		•			4	25
		_			•		5	23
		employees (Part V, line 2a)					. 6	
		volunteers (estimate if nece	• •	 - (C) lmo 4:			. 7a	
		lated business revenue fron siness taxable income from			<u> </u>	·····	7b	
D Net unitera	ateu bu	silless taxable illcome from	Form 550-1, line		:IVED	Prior		Current Year
			[110000			i cai	
		d grants (Part VIII, line 1h)	اي ٠٠٠٠		: : -	8		190,023.00
_		revenue (Part VIII, line 2g)	101	. MAY I	8 2 011	8		0.00
		ne (Part VIII, column (A), lir			<u> </u>	ᆜᄚᅴ		8,994.00
1 Other reve	enue (F	Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c,	and 11e)	AL H	7		6,590.00
		dd lines 8 through 11 (must e			121),-76	- I	0.00	205,607.00
3 Grants an	ıd sımıl	ar amounts paid (Part IX, c	olumn (A), lines 1	–3)				180,334.00
4 Benefits p	aid to	or for members (Part IX, co	lumn (A), line 4)		· .			0.00
5 Salaries, o	ther co	mpensation, employee benefi	ts (Part IX, column	(A), lines 5-	·10)			0.00
		Iraising fees (Part IX, columr			. L			0.00
		expenses (Part IX, column (D			0.00	<u> </u>	Will :	
		(Part IX, column (A), lines						263,752.00
		Add lines 13-17 (must equa					0.00	444,086.00
		enses Subtract line 18 from					0.00	(238,479.00
					Beg	inning of C	urrent Year	
O Total asse	ets (Pa	rt X, line 16)				4,431,	116.00	5,040,779.00
	•	Part X, line 26)					0.00	2,500.00
2 Net assets	s or fur	nd balances Subtract line 2	1 from line 20	<u> </u>		4,431.	116.00	
	ture E							
Under pen and belief,	alties of	perjury, I declare that I have examin correct, and complete Declaration	ned this return, includin n of preparer (other th	ng accompanyir an officer) is b	ng schedule ased on all	s and state information Da	of which pi	reparer has any knowledge
LOW!	ELL E	. RINKER, TREASURE	R					
		ame and title						
- 1'	1		Ic	Date	Check	C If	Preparer's	identifying number
Preparer's signature					self-	yed ▶ 🗌	(see instruc	
3	•				emplo	y c u 🕶 🗀		
er's Firm's nam	ne (or vo	urs k				EIN	<u></u>	

Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Yes 🗌 No Form 990 (2009)

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
•	TO PROVIDE LEADERSHIP AND SUPPORT TO WESTERN MICHIGAN UNIVERSITY AND THE DEPARTMENT
	OF PAPER ENGINEERING, CHEMICAL ENGINEERING AND IMAGING TO DEVELOP MOTIVATED GRAD-
	UATES IN ORDER TO ADVANCE THE GLOBAL PULP AND PAPER INDUSTRY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 218,144.00 including grants of \$ 180,334.00) (Revenue \$ 6,590.00)
	TO SUPPORT WESTERN MICHIGAN UNIVERSITY'S DEPARTMENT OF PAPER ENGINEERING, CHEMICAL
	ENGINEERING, AND IMAGING.
	•••••
	••••••
4h	(Code) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code) (Expenses ψ)
	•••••••••••••••••••••••••••••••••••••••
_	10 1 VErsons & Walding graphs of & VERsons &
4C	(Code) (Expenses \$ Including grants of \$) (Revenue \$)
	•
	•
	•••••
	•
	•
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses > 218 144 00

Par	t IV Checklist of Required Schedules			
			Yes	No
1 `	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	×.
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, and a second	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>x</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			٠,,
20	If "Yes," complete Schedule G, Part III	19 20		X

Par	Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a	-	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>x</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		x_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		* * * *	3
	U.S. Information Returns Enter -0- if not applicable	1	, , ,	1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	*	·	ĘŠ.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		<u>`</u>	
	gaming (gambling) winnings to prize winners?	1c	X	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	× 4		*
	Statements, filed for the calendar year ending with or within the year covered by this return	25	<u>`</u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		\ , _x ^
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	,	,	, ž
	instructions)		ř	ı ×
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		X
	this return?	3b		
4	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
48	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
h	If "Yes," enter the name of the foreign country ▶	٠		*€
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	-E }		W.
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
	organization solicit any contributions that were not tax deductible?			
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible?	6b		
_	gifts were not tax deductible?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	198.7	1,
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X,
d	If "Yes," indicate the number of Forms 8282 filed during the year	 		*
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u> </u>		
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	ļ	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		x
_	required?	1	(3	. 78 (%
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			***
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10	Section 501(c)(7) organizations. Enter	*, *	*	· · · ·
а	Initiation fees and capital contributions included on Part VIII, line 12	.	×	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 1	*	1 *
11	Section 501(c)(12) organizations. Enter:	,	¥	
а	Gross income from members or shareholders	1		,
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1 1
40.	amounts due or received from them.)	12a	ļ	1
12a h	If "Yes." enter the amount of tax-exempt interest received or accrued during the year. 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	1 1		Yes	No
1a			1	71.79
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			11.25
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5		х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	. 19	تى. ئىرى	
Ū	the year by the following			V 37 :
-	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
ຈັ	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Int			1.12
	venue Code.)	oa.		
			Yes	No
40-	Describes and instance being local phonorous bronches on officiation?	10a	1.55	x
	Does the organization have local chapters, branches, or affiliates?			 ^ -
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		ļ
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	3,7	
444	form?	ζ,	¥. · \$	278.5
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X	38.7
	Does the organization have a written conflict of interest policy? If "No," go to line 13	IZa	X	1
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	425	١.,	
	rise to conflicts?	12b	Х	_
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	,,	
4.0	describe in Schedule O how this is done	13	X	
13	Does the organization have a written whistleblower policy?	14		
14	Does the organization have a written document retention and destruction policy?	- 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	9 1 3		*
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		***************************************	
	The organization's CEO, Executive Director, or top management official	15a	 	X
b	Other officers or key employees of the organization	15b	1 1300 ° \$	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		أ غامتنى	
	with a taxable entity during the year?	16a	30.4	Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		23.	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	:)(3)s	only)	
	available for public inspection. Indicate how you make these available Check all that apply			
	☑ Own website ☑ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	ords o	f the	
	organization ► LOWELL RINKER (269) 387-2365, 1903 W. MICHIGAN AVE., KALAMAZOO,			80

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

Check this box if the organization did n		any cu	urre			er, dır	ecto			
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per		_		_			Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PETE FRANDINA										
TRUSTEE	1.00	Х		ļ <u>.</u>				0	0	(
GERALD MARSHALL									1	
TRUSTEE	1.00	Х						0	0	(
MIKE NOLD TRUSTEE	1.00	Х						0	0	
MARK PHISCATOR										
TRUSTEE	1.00	Χ			<u> </u>			0		
PAUL PROXMIRE										
TRUSTEE	1.00	х						0	0	(
JASON TERAKEDIS TRUSTEE	1.00	Х						0	0	(
GREG WELSCH										
TRUSTEE	1.00	Х						0	0	
BOB GALLO						1				
TRUSTEE	1.00	Х			ļ			0	0	
ANDY GONTA										
TRUSTEE	1.00	Х			<u> </u>			_ 0	0	
BRIAN HILTUNEN										
TRUSTEE	1.00	Х						0	0	
CHARLIE KAHLER				ļ						
TRUSTEE	1.00	_X_		<u> </u>				0	0	
CHARLES KLASS								:		
TRUSTEE	1.00	X	<u> </u>	<u>L</u> .	L			0	0	
NICK TRAINTAFILLOPOULOS										
TRUSTEE	1.00	Х						0	0	C
GREG WEDEL										
TRUSTEE	1.00	X					$ldsymbol{ld}}}}}}}}}$	0	0	(
JOHN BALES										
TRUSTEE	1.00	Х						0	0	
GREG BENGTSON										
TRUSTEE	1.00	Χ						0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	Positi	on (chec	k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BILL HAJEK			-		-	<u> </u>				
TRUSTEE	1.00	X						0	(
TONY LYONS						-				
TRUSTEE	1.00	Х						0) <u> </u>
JOHN SCHOENER		!	1							
TRUSTEE	1.00	X	_	<u> </u>				0	(0 0
DHAMO SRINIVASAN										
TRUSTEE	1.00	X	ļ .	-				0		
JIM THORPE	1 00	v								
TRUSTEE	1.00	X	├	┼─	+		\vdash	0		
DENISE TRAINER TRUSTEE	1.00	x						0		
CHARLES R. YOUNG	1.00						-		`	-
PRESIDENT	1.00	х		x			Ì	0		
GEORGE F. MARTIN			<u> </u>							
VICE-PRESIDENT	1.00	Х		X				0	(
PATRICK T. GIBNEY										
SECRETARY	1.00	Х		X				0	(o c
LOWELL P. RINKER										
TREASURER	1.00	X		X			<u> </u>	0	183,868.00	29,209.00
JOHN F. BERGIN										
MANAGING DIRECTOR	1.00	X	ļ	<u> </u>			<u> </u>	0	107,785.00) <u> </u>
JOHN DUNN								_		
EX-OFFICIO VOTING MEMBER	1.00	<u>X</u>	├	\vdash			-	0	403,081.00	121,477.00
ANTHONY VIZZINI	1 00								00 154 0	15 601 00
EX-OFFICIO VOTING MEMBER	1.00	X			1		Ļ	0.00		15,621.00
1b Total	ot limited	to the		liete		hove)	wh			o 166,307.00
reportable compensation from the organiza		io inc	/3C	IISIC	u a	bove,	WII	o received ino	re man \$100,0	00 III
										Yes No
6 Dillian and the Pat and farmer office		4	4	ـ ا						
3 Did the organization list any former office employee on line 1a? If "Yes," complete S	er, airector Schedule I	or tru for ex	ıste	e, k ındı	ey vidi	empic <i>ial</i>	yee	e, or nighest co		3 X
• •										
4 For any individual listed on line 1a, is the state organization and related organizations	sum of repo	onabi n \$15	e co	UU3 DIIID	ens If '	alion Yes "	cor	nolete Schedu	le .l for such	
individual										4 X
5 Did any person listed on line 1a receive	or accrue	comp	ens	satio	on f	rom a	any	unrelated orga		
services rendered to the organization? If "	Yes," comp	olete .	Sch	edu	le J	for s	uch	person		5 X
Section B. Independent Contractors			_							
Complete this table for your five highest co- compensation from the organization	mpensated	d inde	eper	nder	nt c	ontrac	tors	that received	more than \$10	0,000 of
(A) Name and business add	iress							(B) Description of s	ervices	(C) Compensation
			-							
	·						L			
							1			
2 Total number of independent contractors (ii	ncluding bu	t not	limit	led	to th	ose li	sted	d above) who r	eceived	4,2,
more than \$100,000 in compensation from	the organ	ızatıo	n 🕨							× %

Part	VIII	Statement of Rev	/enue					
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	4	Coderated composes	1a		· · · · · · · · · · · · · · · · · · ·			
ributions, gifts, grants other similar amounts		Federated campaigns	1b		1			ì
g.		Membership dues	1c		1			!
gifts, ilar an		Fundraising events .	1.1		1			
, gi ila		Related organizations			٠	4		İ
ns sir	е	Government grants (contri	outions).		*	^	*	
er	f	All other contributions, gifts, gr			, × ·	5	s %.	
흔		and similar amounts not include		190,023	* /	es ^{to}	* .	j
Contributions, and other simi		Noncash contributions included	J in lines 1a-1f \$	13,900	<i>*</i>	×		ĺ
<u>0 8</u>	h	Total. Add lines 1a-1f	<u> </u>	<u> ▶</u>	190,023.00		> / ~ × \	*
E				Business Code	ś x		\$ /	
Service Revenue	2a							
8	b							
/ice	С							
Sen	d							
Ē	e	••••						
Program	f	All other program service	e revenue .					
P	g	Total. Add lines 2a-2f		<u> ▶</u>	0,00	*	*	, 3
	3	Investment income (incl	udina dividende	interest and				
	3	other similar amounts)			96,957.00			96,957.00
	4	Income from investment of						
	5	Royalties		Proceeds				
		110yanics [(ı) Real	(II) Personal	* *	: -, ? * **		* "
	_		(7)		4) -	The Fig.		
		Gross Rents	·			r 2 1	\$ \$\dagger \chi \dagger 4	
		Less. rental expenses	0.00	0.00	* *	Y 🛊 11'		,
		Rental income or (loss) Net rental income or (lo	0.00		0.00		<u> </u>	
	-	1 '	(i) Securities	(II) Other	~ 3.		** 3 %	' *
	7a	Gross amount from sales of		· /	, ,	\$ 10 h ta	· • • • •	* 4: "
		assets other than inventory	1,097,596		ر د عر	- 🐧 : (**)	3 k b '	· * * * · ·
	þ	Less cost or other basis	1 105 550		· #	/ 🌵 × s	* * * * *	» /% ·*
		and sales expenses .	1,185,559		*		, 'è 🔊 🔻	2 %
		Gain or (loss)	(87 , 963.00		(07 063 00)			(07 063 00)
	d	Net gain or (loss)		<u> ▶</u>	(87,963.00)	· · · · · · · · · · · · · · · · · · ·		(87,963.00)
<u>n</u>	8a	Gross income from	fundraising			* * .	***	*
ē		events (not including \$				/ * * *		* ** -
ě		of contributions reported			. ^ *	₽ • ′ • •	t "	, F. F.
<u> </u>		See Part IV, line 18	-		~ y { }		•	** 、
Other Reven		Less direct expenses		L		<u> </u>		
0	С	Net income or (loss) fro	m fundraising e	vents .	0.00			
	9a	Gross income from gami	ing activities		y ' '* 🕸	*		* *
		See Part IV, line 19		<u></u> .	* * *	\$ x		*
		Less direct expenses.		ļ	* **	**		
	С	Net income or (loss) fro	m gaming activi	ities ►	0.00			, ,
	10a	Gross sales of inve	entory, less			*		* ` `
		returns and allowances	a		4	* * ,		. *
	ь	Less cost of goods sold	d b			* * ,		* *
	С	Net income or (loss) from		ory 🕨	0.00			
		Miscellaneous Reve	enue	Business Code	* .	* * *		*
	11a	MISCELLANEOUS		900099	6,590.00	6,590.00	_	
	b							
	C							
	d	All other revenue						
	ı	Total. Add lines 11a-11			6,590.00		*	
	12	Total Revenue. See ins			205,607.00	6,590.00		8,994.00
		TOWN INCTURE. OFF III	<u> </u>	· · · · · · · · · · · · · · · · · · ·		-, -, -, -, -, -, -, -, -, -, -, -, -, -		

Part IX ` Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colunot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	180,334.00	180,334.00	*	* *
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			* * * * * * * * * * * * * * * * * * *	\$ ^
4 5	Benefits paid to or for members			* \ S &	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				-
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .				
9	Other employee benefits				
10	Payroll taxes	_			
11	Fees for services (non-employees):	54,922.00	2,746.00	18,124.00	34,052.00
	Management	31/322.00			
	Legal				
	Accounting				
	Lobbying		<u> </u>	, ,	
f	Investment management fees	89,174.00			89,174.00
	Other	8,406.00		8,406.00	
12	Advertising and promotion			, <u> </u>	
13	Office expenses	3,148.00		3,148.00	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	13,443.00	9,195.00	1,487.00	2,761.00
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		_		<u></u>
22	Depreciation, depletion, and amortization				
23	Insurance	3,665.00		3,665.00	
24	Other expenses Itemize expenses not covered above. (Expenses grouped together	* *	*	*	₹ }*
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	. 8		*	_
а	ADMIN & CLERICAL	74,884.00	22,976.00	25,735.00	26,173.00
b	SUPPLIES	6,998.00		6,998.00	
С	ANNUAL MEETING EXP.	6,060.00	<u> </u>	6,060.00	
d	FIELD TRIP	2,500.00	2,500.00		
е	MISCELLANEOUS	552.00	393.00	_159.00	· - · -
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	444,086.00	218,144.00	73,782.00	152,160.00
26	Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Par	t X [°]	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	255,611	1	317,086
	2	Savings and temporary cash investments		2	· · · · · · · · · · · · · · · · · · ·
	3	Pledges and grants receivable, net	33,592	3	20,448
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
	•	employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	,		**
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	** × '		* *
		Part II of Schedule L		6	
ģņ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9			9	
	-	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·		***
	10a	other basis Complete Part VI of Schedule D	i	, 5,) * # # Y
	L	Less: accumulated depreciation 10b	65,875	10c	62,370.00
	b	Less. desaminated depression.	4,076,038		4,640,875
	11	Investments—publicly traded securities		12	1,010,070
	12	· · · · · · · · · · · · · · · · · · ·		13	
	13	Investments—program-related. See Part IV, line 11	_	14	
	14	Intangible assets		15	
	15 16	Other assets See Part IV, line 11	4,431,116.00	_	5,040,779.00
			4,451,110.00	17	2,500
	17	Accounts payable and accrued expenses		18	2,300
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
==	21	Escrow or custodial account liability. Complete Part IV of Schedule D	7 7 7 7	*) · · · · · · · · · · · · · · · · · · ·
≣	22	Payables to current and former officers, directors, trustees, key	-	* 1	2 ** * * * *
ē.		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
		, ,		23	<u> </u>
	23	Secured mortgages and notes payable to unrelated third parties		24	
- 1	24	Unsecured notes and loans payable to unrelated third parties		25	
	25 26	Other liabilities. Complete Part X of Schedule D	0.00	26	2 500 00
+	20		0.00	20	2,500.00
es		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	* * * .	- *	
anc	27	Unrestricted net assets	2,142,652	27	1,244,523
œ	27	Temporarily restricted net assets	359,912	28	2,056,145
9	28	, ,	1,928,552		1,737,611
S	29	Permanently restricted net assets	-, 720, 332		<u> </u>
or Fund		and complete lines 30 through 34.		*)
	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32	
			4 421 116 00	33	5 020 270 00
Net Assets	33	Total net assets or fund balances	4,431,116.00	33	<u>5,038,279.00</u>

1 `Accounting method used to prepare the Form 990. ☐ Cash ☑ Accrual ☐ Other		Yes	No
1 Accounting method used to prepare the Form 990. Cash Accrual Other			1
	1		
If the organization changed its method of accounting from a prior year or checked "Other," explain in			
Schedule O.			ļ —
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<u>2a</u>	ļ	_x_
b Were the organization's financial statements audited by an independent accountant?	2b	х	<u> </u>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	l		
the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	ļ
If the organization changed either its oversight process or selection process during the tax year, explain in	*		
Schedule O	*	`	6
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	ŀ		
issued on a consolidated basis, separate basis, or both	1		ļ
☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
the Single Audit Act and OMB Circular A-133?	3a		х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PAP	ER		Y FOUNDATION					_	38-169		
Pai	rt I	Reason	for Public Ch	arity Status (All or	ganızati	ons mus	t comple	ete this_	<u>part) Se</u>	e instruc	ctions
he	orga	anization is no	ot a private foun	dation because it is: ((For lines	1 throug	h 11, ch	eck only	one box.)		
1				ches, or association of							
2				n 170(b)(1)(A)(ii). (At							
3				ospital service organi			n sectio i	n 170(b)((1)(A)(iii).		
4		A medical re		tion operated in conj						170(b)(1)	(A)(iii). Enter the
5	X	An organizat	on operated for	the benefit of a collectomplete Part II)	ge or univ	ersity ow	ned or o	perated b	by a gove	mmental	unit described in
6	П			ernment or governme	ntal unit	described	l in secti	on 170/b	o)(1)(A)(v)	1_	
	\exists			receives a substantia							ne general nublic
7		described in	section 170(b)	(1)(A)(vi). (Complete	Part II)				entai unit	or monn a	ie general public
8	\sqcup			in section 170(b)(1)					.4	bb:	f
9		receipts from support from acquired by	activities relate gross investme the organization	receives (1) more that d to its exempt function ent income and unrelater June 30, 1975	ons—sub ated bus See sec	pject to ce iness tax tion 509(ertain exc able inco a)(2). (Co	ceptions, ome (less omplete f	and (2) n s section Part III)	o more th 511 tax)	nan 331/3% of its
0				nd operated exclusive							
11		purposes of	one or more pub	ind operated exclusively supported organities the type of type of type of the type of	izations c	lescribed	in sectio	n 509(a)((1) or sect	ion 509(a	a)(2) See section
		a 🗌 Type	ı b □] Type II c	☐ Typ	e III–Fun	ctionally	integrate	ed	d□	Type III-Other
е				ify that the organizati	on is not	controlle	ed directl	y or indii	rectly by	one or m	ore disqualified
		persons other		n managers and other							
f		If the organi	zation received	a written determination	on from 1	the IRS t	hat it ıs	a Type I	, Type II,	or Type	III supporting
g		Since Augus		the organization acce	 epted any	gift or co	 ontributio	n from ar	ny of the		· · · · · ⊔
		following per		induscritive controls.	thar alam	o or toge	thar with	norconc	docombo	(نا) جا ام	Yes No
				indirectly controls, ending body of the supp				persons	describe	u III (II)	11g(i)
		• •	· -								11g(ii)
				rson described in (i) a of a person described		 (ii) above					11g(iii)
L				ation about the suppo							[·· · 5(···/)
_ <u>h</u>			(ii) EIN	(iii) Type of organization	1	organization	·	ou notify	(vi) l:	s the	(vii) Amount of
(1)		e of supported ganization	(11) = 114	(described on lines 1–9 above or IRC section (see instructions))	in col (i) li	sted in your idocument?	the organ	nization in of your port?	organizati (i) organiz	on in col ed in the	support
				, ,	Yes	No	Yes	No	Yes	No	
_											
				-							

0.00

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	144,900.00	183,678.00	357,499.00	170,532.00	190,023.00	1,046,632.00
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	144,900.00	183,678.00	357,499.00	170,532.00	190,023.00	1,046,632.00
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	> & > &		\$P	. 4	»«	
	on line 1 that exceeds 2% of the amount	% 🏇		<i>y</i> , , , , , , , , , , , , , , , , , , ,	[%	Å	
6	shown on line 11, column (f)		<i>i</i> 1		*. ·	ب بي بيجي	1,046,632.00
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	144,900.00	183,678.00	357,499.00	170,532.00	190,023.00	1,046,632.00
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	76,538.00	103,993.00	157,821.00	82,146.00	154,699.00	575,197.00
9	Net income from unrelated business activities, whether or not the business is regularly carried on					-	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	272.00	4,196.00	6,654.00	6,494.00		24,206.00
11	Total support. Add lines 7 through 10 .	· A.A. 3	٠,	· 1,			1,646,035.00
12	Gross receipts from related activities, etc				!	12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>				D
14	Public support percentage for 2009 (line 6			column (fl)		14	63.59 %
15	Public support percentage from 2008 Sch			, column (1))		15	78.59 %
	331/3 % support test—2009. If the organization qualifies	zation did not c	heck the box o		ine 14 is 33 1/3 %	-	xk this box
	331/3 % support test—2008. If the organization qua	lifies as a publi	cly supported o	organization .			▶ □
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums"	icts-and-circum	stances" test, cl	heck this box ar	nd stop here . I	Explain in Part I	
b	10%-facts-and-circumstances test—2008. more, and if the organization meets the "facts-and-circumstar Private foundation. If the organization did	acts-and-circums nces" test. The o	stances" test, ch rganization quali	eck this box an fies as a publicly	d stop here E supported orga	xplaın ın Part l' nızatıon	V how the
18	Private foundation. If the organization did	HOLCHECK & DOX	108	., 100, 17a, 0f I	, o leck this Di	on and see mist	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sar	tion A. Public Support	Ed the box of	Tille 9 OF Fa	<u> </u>				
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	10	2009	(f) Total
0.	icidal year (or lisear year beginning iii)	(a) 2000	(3) 2000	(0) 2001	(4) 2000	1 10	2005	(I) IOIAI
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the							
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513				_			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	:					-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3							
ra	received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)		Secretary of	r s dign y				
Sec	tion B. Total Support				-			
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	:				!		
с 11	Add lines 10a and 10b							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)	^	,		\$		<u>^</u>	
14	First five years. If the Form 990 is for to organization, check this box and stop		n's first, secon		=			501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Percer	ntage			,		
15	Public support percentage for 2009 (line			e 13, column (f))	15		%
16 Saa	Public support percentage from 2008 S tion D. Computation of Investmen			· · · · · ·	· · · · · · · · · · · · · · · · · · ·	16		%
	•				-1 (6)	17		9/
17	Investment income percentage for 200	•	• • •	•	olumn (t)) .	18		<u>%</u> %
18 19a	Investment income percentage from 20 331/3 % support tests—2009. If the organization				 nd line 15 is m		an 33 14 0	
. Ja	17 is not more than 33\% %, check this bo							
b	331/3 % support tests—2008. If the organ line 18 is not more than 331/3 %, check this	ization did not d	check a box on	line 14 or line 1	l9a, and line 16	s is mo	re than 3	3 ⅓ %, and
20	Private foundation. If the organization	-	_	-			-	
								or 990-EZ) 2009

•			<u>.</u>			
,						
Schedule A (Fe	rm 990 or 990-EZ) 2009				ı	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b;	t ion. Complete this and Part III, line 12	part to provide the Provide any other	explanations required additional information.	by Part II, line See instruction	10, າຣ
SCHEDULE	A, PART II, LINE 1	0 - OTHER INCOM	E EXPLANATION:	;		
MISCELLA	NEOUS					
			····			
			·			
	·····					
					·	
				•		
	••••••••••••••••••••••••••••••••••••••					
					·	
						·

SCHEDULE D (Form 990)

Supplemental Financial Statements

20**09**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Oper

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization 38-1691181 PAPER TECHNOLOGY FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

_	4
Page	4

Par	Organizations Maintaini	ing Collections	of Art, Historic	ai i reasures	or U	tner Similar A	ssets (cor	ntinuea)
3	Using the organization's acquisition collection items (check all that apply		ther records, ch				significant u	ise of its
а	Public exhibition		d∐	Loan or excha		_		
b	Scholarly research		е 📙	Other				
C	Preservation for future general							
4	Provide a description of the organizary Part XIV.	ation's collections	and explain hov	v they further th	ne org	anization's exer	mpt purpos	e in
5	During the year, did the organization sassets to be sold to raise funds rather	r than to be maintai	ned as part of th	e organization's	collec	tion?	☐ Yes	
Par	t IV Escrow and Custodial A IV, line 9, or reported an	Arrangements. C amount on Form	omplete if the o 990, Part X, lir	organization ar ne 21	swer	ed "Yes" to For	rm 990, Pa	art
1a	Is the organization an agent, trusted included on Form 990, Part X?	e, custodian or oth	ner intermediary	for contribution	s or c	other assets not	t 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the follow	ing table [.]		· I		
						<u> </u>	Amount	
С	Beginning balance				1c		_	
d	Additions during the year					1		
е	Distributions during the year				<u>1e</u>	1		
f	Ending balance				1f	1		
b	Did the organization include an ame if "Yes," explain the arrangement in	Part XIV.					☐ Yes	. ∐ No
Par	t V Endowment Funds. Co	mplete if the org	anization ansv					
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years bac	k (e) Four y	ears back
1a	Beginning of year balance	4,176,427.00	5,309,322.0	0 🏶 🔭	\$.			* '%
b	Contributions	34,866.00	421,700.0	0 4	ģ.	4, 4, 3	M K A	. Exs
С	Net investment earnings, gains, and losses	745,387.00	(1,260,434.0	0)	· ·			
d	Grants or scholarships	148,120.00	220,013.0	0		<u> </u>		W 3
	Other expenditures for facilities	•		, X	*			* *
	and programs	89,174.00	74,148.0	0	*			**
f	Administrative expenses			1 1	* 4.		* *	9
g	End of year balance	4,719,386.00	4,176,427.0	0 💆 🐧	å.	<u> </u>	· .	V
2	Provide the estimated percentage of	of the year end bal	ance held as					
а	Board designated or quasi-endowm							
b	Permanent endowment ▶ 36							
С	Term endowment ► 42.68 9	%						
3a	Are there endowment funds not in th		e organization th	at are held and	admır	nistered for the		
	organization by:	•	J				Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	х
b	If "Yes" to 3a(II), are the related org	anizations listed a	s required on S	chedule R? .			3b	х
4	Describe in Part XIV the intended u							
Pai	t VI Investments—Land, Bi			Form 990, Pa	ert X,	line 10		
	Description of investment	(a) Cost or ot (investm		Cost or other asis (other)		ccumulated preciation	(d) Book v	value
12	Land	62,	370.00		*	*	62,	370.00
b	Buildings							
c	Leasehold improvements							
d	Equipment							
e	Other							
Tota	II. Add lines 1a through 1e (Column (d)) must equal Form 9	90, Part X, colum	nn (B), line 10(c))	, , , ▶	62	370.00

Part VII Investments—Other Securities	s. See Form 990, Part X	, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Financial derivatives			
Closely-held equity interests			
Other			
			
			<u>-</u>
			· · · · · · · · · · · · · · · · · · ·
			
			·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			* * * * **
Part VIII Investments—Program Relate	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	ition ket value
			<u>.</u>
Total (Column (h) must a ruel Form 000 Part V and (P) line 12			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. See Form 990, Part	art X line 15		
Other Assets. Occ 1 offi 555, 1 c	(a) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
	-		
		·	
Table (O.) What a self-series (O.O. Bort V. col.	(D) len 45)		·
Total. (Column (b) must equal Form 990, Part X, col Part X Other Liabilities. See Form 990,		<u> </u>	
Part X Other Liabilities. See Form 990, 1. (a) Description of liability	(b) Amount		
Federal income taxes	(b) Amount		
rederal income taxes		* * *	* *
		* *	> *
		* *	**
	<u> </u>	. ·	*
		┦、	*
	<u> </u>	* *	*
			8 9
			26
		*	**
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		, , , , , , , , , , , , , , , , , , ,	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	taten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_1_	205,607.00
2	Total expenses (Form 990, Part IX, column (A), line 25)	_2_	444,086.00
3	Excess or (deficit) for the year Subtract line 2 from line 1	_3_	(<u>238,479.00</u>)
4	Net unrealized gains (losses) on investments	_4	750,675.00
5	Donated services and use of facilities	_5	
6	Investment expenses	_6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	_8	94,967.00
9	Total adjustments (net) Add lines 4 through 8	_9_	845,642.00
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	607,163.00
Par	Reconciliation of Revenue per Audited Financial Statements With Revenu		
1	Total revenue, gains, and other support per audited financial statements	1	1,051,249.00
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	3	
а	Net unrealized gains on investments) 8	
þ	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		0.45 6.40 0.0
е	Add lines 2a through 2d	2e	0.10/012100
3	Subtract line 2e from line 1	3	205,607.00
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	}	
b	Other (Describe in Fait XIV.)	40	
	Add lines 4a and 4b	_	205,607.00
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
		1	444,086.00
1	Total expenses and losses per audited financial statements		444,000.00
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
a	Dollated Services and use of facilities		
Þ	Thor year adjustments		
C	Other losses		
d	Other (Describe in Fall XIV)	2e	0.00
_	Add lines 2a through 2d	3	444,086.00
3	Subtract line 2e from line 1	3	444,000.00
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	investment expenses not included on Form 556, Fait vin, into 75 .	- * *	
	Other (Describe III at Alv.)	40	0.00
- C	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information		1 444,000.00
Com and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 2b, Part X, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and apart to provide any additional information	nd 4, I	Part IV, lines 1b . Also complete
PAR	T V, LINE 4: TO PROVIDE LEADERSHIP AND SUPPORT TO WMU AND THE DEPA	ARTM	ENT OF PAPER
ENG	INEERING, CHEMICAL ENGINEERING AND IMAGING TO DEVELOP MOTIVATED GF	RADU.	ATES IN ORDER
TO	ADVANCE THE GLOBAL PAPER INDUSTRY.	••	
PAR	T XI, LINE 8 - OTHER ADJUSTMENTS:		
TRA	NSFER FROM WESTERN MICHIGAN UNIVERSITY \$94,967.00		
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:		
TRA	NSFER FROM WESTERN MICHIGAN UNIVERSITY \$94,967.00		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection 2009

OMB No 1545-0047

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 21 or 22.▶ Attach to Form 990.

Employer identification number

Name of the organization						Employer identi	Employer identification number
PAPER TECHNOLOGY FOUNDATION,	ION, INC.					38-1691181	1
Part General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe to Both IV the grants are appropriate for monitoring the use of grant finds in the United States.	in records to subs	tantiate the amour assistance?	nt of the grants or as	sistance, the grantees in the United States	s' eligibility for the gra	ints or assistance, ar	id Yes 🗆 No
a a	sistance to Government of Salary (Salary Salary Sal	rernments and ipient that received additional space.	Organizations in the Corporation of the Corporation	he United States. O	United States. Complete if the organization answered "Yes" to Check this box if no one recipient received more than \$5,000. Use	nization answered	'Yes" to \$5,000. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations	501(c)(3) and gov	ernment organizat	ions				
3 Enter total number of other organizations	ganizations .						
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice, s	ee the Instructions	for Form 990.			S	Schedule 1 (Form 990) 200

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: PAPER TECHNOLOGY FOUNDATION PROVIDES SUPPORT TO WESTERN MICHIGAN UNIVERSITY. TECHNOLOGY FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS BASED ON GRADE POINT AVERAGE. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 180,334.00 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIPS Part IV Part |

SCHEDULE: J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

PAPER TECHNOLOGY FOUNDATION, INC.

Employer identification number 38-1691181

Pai	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these is	f in Form items.		*
	☐ First-class or charter travel☐ Travel for companions☐ Housing allowance or residence for pers☐ Payments for business use of personal residence.	residence		*
	☐ Tax indemnification and gross-up payments☐ Discretionary spending account☐ Health or social club dues or initiation fe☐ Personal services (e.g., maid, chauffeur,	i		*
		. ``	<i>**</i> *	3
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding por reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	oaymento 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by a officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1			
		4	۸ 🚓	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply	*	,	
	☐ Compensation committee ☐ Written employment contract		٠.	- 3°**
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation co	mmittee	/ 3° /	، خس ۱۰ ا
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the organization or a related organization:	<u> </u>	* *	
а			-	X
b				X
С			* §	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in	Part III.	× #	>> 2
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			* *
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue an compensation contingent on the revenues of	ny 🎉) #) #	. \$
а		<u>5a</u>		Х
b	Any related organization?	<u>5b</u>	ļ	<u>X</u>
	If "Yes" to line 5a or 5b, describe in Part III.			∲ &
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue an compensation contingent on the net earnings of:	iy		* * *
а	The organization?	<u>6a</u>		Х
b	Any related organization?	6b	ļ	Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-payments not described in lines 5 and 6? If "Yes," describe in Part III			Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that wa			
	subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," described in Part III			х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described Regulations section 53 4958-6(c)?	ın		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		,	O141 0000					
	_ _	(a) begandown	(b) breakdown or vv-z and/or 1099-wilc compensation	C compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)→(D)	(F) Compensation reported in prior
(A) Name		(I) Base compensation	(II) Bonus & Incentive	(iii) Other reportable compensation	compensation			Form 990-EZ
	Ξ	0	0	0	0	0	0	
LOWELL P. RINKER	(E)	183,868.00		0	19,682.0	9,527.00	213,077	
	(3)		0	0	0	0	0	
JOHN DUNN	Ξ	403,081.00		0	81,950.0	39,527.00	524,558	
	€							
	(II)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	000000000000000000000000000000000000000
	ε							
	(ii)						**************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ω		•					
	(II)					1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	ε							i
	Œ							
	ε							
	€						**************************************	0 1 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	ε							
	(II)							*
] (i)							
	(ii)							5 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(i)							
	Œ							
	ε							
	E							
	ε							
	(ii)							
	Ξ							
	(ii)							
	Ξ					:		
	(ii)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	• • • • • • • • • • • • • • • • • • •
	Ξ							
	(ii)							
i	Θ							
	(ii)							
							Sche	Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

PAPER TECHNOLOGY FOUNDATION, INC.	38-1691181
FORM 990, PART VI, SECTION A, LINE 6: THERE ARE TWO MAIN TYPES	OF MEMBERS: CORPORATE
AND INDIVIDUAL. MEMBER STATUS MAY BE EITHER VOTING OR NON-VOTIN	G. MEMBERSHIP IS
CLASSIFIED BY PAYMENT OF ANNUAL DUES OR CONTRIBUTION MADE TO THE	
FORM 990, PART VI, SECTION A, LINE 7A: OFFICERS ARE ELECTED AT T	
FOUNDATION. MEMBERS MAY REMOVE FROM OFFICE ANY TRUSTEE OR OFFIC	ER ELECTED BY OR
APPOINTED BY THE BOARD OF TRUSTEES AND ELECT OR APPOINT HIS/HER	SUCCESSOR.
FORM 990, PART VI, SECTION A, LINE 7B: THE BOARD OF TRUSTEES SHA	LL HAVE THE POWER TO
ESTABLISH THE DUES PAYABLE FOR MEMBERSHIP IN THE FOUNDATION. A	REPORT OF THE BOARD OF
TRUSTEES' ACTIVITY SHALL BE SUBMITTED TO THE MEMBERS AT THE ANNU	AL MEETING. THE
FOUNDATION IS SUBJECT TO THE APPROVAL OF AND REVIEW BY THE WESTE	RN MICHIGAN UNIVERSITY
BOARD OF TRUSTEES PER THE BY-LAWS.	
FORM 990, PART VI, SECTION A, LINE 10: THE AUDIT COMMITTEE OF TH	E BOARD WILL REVIEW AND
APPROVE THE FORM 990. ONCE THE FORM HAS BEEN APPROVED, A COPY C	F THE RETURN IS THEN
DISTRIBUTED TO THE BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION B, LINE 12C: THE CERTIFICATION PROCES	S REQUIRES AN ANNUAL
REVIEW OF THE CONFLICT OF INTEREST POLICY AND ITS PROVISIONS. T	HE BOARD CHAIR IS TO BE
INFORMED IN WRITING OF ANY CONFLICTS.	
FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE U	PON REQUEST.
FORM 990, PART XI, LINE 2C: THERE HAS BEEN NO CHANGE FROM PRIOR	YEAR.

Name of the organization	Employer identification number
PAPER TECHNOLOGY FOUNDATION, INC.	38-1691181
FORM 990, PAGE 1, MISSION - CONTINUED	
PAPER TECHNOLOGY FOUNDATION, INC. PROVIDES ENDOWMENTS THAT	SUPPORT GRADUATE STUDENTS,
AND THE WMU PILOT PLANT OPERATIONS & PCI (PAPER ENGINEERING	G, CHEMICAL ENGINEERING, AND
IMAGING) DEPARTMENT EQUIPMENT NEEDS:	
-MASTER'S AND DOCTORAL PCI DEPARTMENT STUDENT RESEARC	H FUND
-THE PILOT PLANT CAPITAL IMPROVEMENT FUND QUASI-ENDOW	MENT
PAPER TECHNOLOGY FOUNDATION, INC. FUNDING OF STUDENT ACTIV	
-SCHOLARSHIPS	
-LEAN AND SIX SIGMA INDUSTRY CERTIFICATION	
-TAPPI STUDENT SUMMIT CONFERENCE	
-TAPPI PAPERCON CONFERENCE	
CHIDENE INDUCTOR ETELD TOIDS	
-TAPPI STUDENT MEMBERSHIPS FOR PROFESSIONAL DEVELOPME	
SUPPORT OF STUDENT RECRUITMENT/OUTREACH OFFICER FOR PAPER	ENGINEERING STUDENTS
-SOLICITATION OF 34 INTERNSHIP AND CO-OP OPPORTUNITIES	S OBTAINED IN 2010
	•

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

PAPER TECHNOLOGY FOUNDATION,

Related Organizations and Unrelated Partnerships	20 20 00 and VI and 000 and a second and on the contract of th

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

▼ See separate instructions.

OMB No 1545-0047	2009	-11-6
_	20	

Open to Public Inspection

Employer identification number

38-1691181

Part I Identification of Disregarded Entities (Complete if	if the organization answered "Yes" to Form 990, Part IV, line 33.)	d "Yes" to Form 9	90, Part IV, line 33	3.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ns (Complete if the organ uring the tax year.)	ization answered	"Yes" to Form 990), Part IV, line 34	because it
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
WESTERN MICHIGAN UNIVERSITY 38-6007327 1903 W. MICHIGAN AVE.	UNIVERSITY	MICHIGAN	GOVERNMENTAL		N/A
AZOO, MI 49					
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.			Schedu	Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Percentage ownership managing partner? Yes No General or 8 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ Yes Share of total income (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) (f) Share of total income Predominant income (related, unrelated, excluded from Legal domicile (state or foreign country) tax under sections 512-514) (d) (b) Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Part IV Part III

Schedule R (Form 990) 2009

990, Part IV, line 34, 35, or 36.)
35, 0
34,
line
≥
art
90,
٦ 3
to Form 99
" to Form 9
d "Yes" t
Ş
vere
n answe
O
izati
gani
e Or
Ħ Ħ
ete
du
ပ္ပိ
ons
zatic
ani
Org
ed
elai
문
Ž
ons
acti
ans
F
art \
ď

Make Assessment from the first of the first		- ON
Note: Complete line I if any entity is listed in Paris II, III, or IV of this schedule. 1. During the tay year did the proparation engage in any of the following transporting with one or more related propainations listed in Date II 199	C/1 = 0#00 vi	+
a Receipt of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity	וון רמונט וויין אינ	1a ×
		, ×
f Sala of accate to other organization(c)		1 f
		-
n Exchange of assets		1
I Lease of facilities, equipment, or other assets to other organization(s)		× =
		+
k Performance of services or membership or fundraising solicitations for other organization(s)		× ×
l Performance of services or membership or fundraising solicitations by other organization(s)	•	× =
m Sharing of facilities, equipment, mailing lists, or other assets	•	1m ×
n Sharing of paid employees		1n ×
•		
o Reimbursement paid to other organization for expenses		10 ×
p Reimbursement paid by other organization for expenses		- dt
		14 ×
r Other transfer of cash or property from other organization(s)		. 11 ×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	relationships and trans	and transaction thresholds.
(8)	(q)	(0)
Name of other organization	Transaction type (a-r)	Amount involved
(1) WESTERN MICHIGAN UNIVERSITY	0	89,000.00
(2) WESTERN MICHIGAN UNIVERSITY	C	180 334 00
	K	00.400,001
(3)		
(4)		
(5)		
(9)		

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(e)	(q)		(p)			£		3	١.
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	rrtners on (3) tions?	Share of end-of-year assets	Disproportionate allocations?	ate Code V—UBI 7 amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	
			Yes	ş	,	Yes No	_	Yes No	اه ا
						:			
									1
								-	
				٠					
								_	
							:		
									1
									- 1

Schedule R (Form 990) 2009

' _	· · · · · · · · · · · · · · · · · · ·					
Form 8	368 (Rev 1-2011)					Page 2
	u are filing for an Additional (Not Automatic) 3-Me	onth Exter	sion, complete only Part II and ch	eck this bo	X .	► x
	Only complete Part II if you have already been gran					
	urare filing for an Automatic 3-Month Extension, o			,	-	
Part	I Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the original (no	copies r	eeded)	
Туре				Employer id	entificatio	n number
print	Paper Technology Foundation,	Inc.	;	38-1691	181	
File by t	he Number, street, and room or suite no. If a P.O. bo					
extende due date	14000 57 14 1 7 7 0 11	t Admn.	Bldg. MS 5207			
filing yo return \$	City, town or post office, state, and ZIP code For					
instructi						
		_				
Enter	the Return code for the return that this application is	s for (file a	separate application for each return)			01
Anni	ication	Return	Application			Return
Is Fo		Code	Is For			Code
Form		01			Maria	2.32.715°
	990-BL	02	Form 1041-A	Se Statis . A. Times 338	Cac His car	08
	990-EZ	03	Form 4720			09
	990-PF	04	Form 5227			10
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
	Do not complete Part II if you were not already gra			viously file	ed Form 8	
	pooks are in the care of ► Lowell Rinker					
	phone No ► 269-387-2368	FAX	 No ▶			
	organization does not have an office or place of but					►□
	is for a Group Return, enter the organization's four				If the	
	•		of the group, check this box	▶ [and att	
	n the names and EINs of all members the extension	•	or and group, amount and a on	- 1		2011 4
4	I request an additional 3-month extension of time u		May 16 .2	0 11 .		
5	For calendar year , or other tax year beginnin	g Ju	1v 1 ,20 09 , and ending	June	30	. 20 10 .
6	If the tax year entered in line 5 is for less than 12 m			Final retu		, - · <u>EX</u> ·
	☐ Change in accounting period					
7	State in detail why you need the extension Addi	tional	time is needed in order	to file	a com	plete
	and accurate return.					h
8a	If this application is for Form 990-BL, 990-PF, 990-	T, 4720, o	r 6069, enter the tentative tax, less a	any		
	nonrefundable credits See instructions			<u>8a</u>	\$	
b	If this application is for Form 990-PF, 990-T, 4					
	estimated tax payments made. Include any prior	year over	payment allowed as a credit and a	any		
	amount paid previously with Form 8868			8b	\$	
C	Balance due. Subtract line 8b from line 8a Include you		with this form, if required, by using EFT	PS		
	(Electronic Federal Tax Payment System) See instruct			8c	\$	0.00
			Verification			
Jnder p	enalties of perjury, I declare that I have examined this form, inclu- rect, and complete, and that I am authorized to prepare this form	ding accompa	anying schedules and statements, and to the	best of my k	nowledge ar	id belief, it is
iue, con	\sim 0				,	
	() (, , , , , , , , , , , , , , , , ,					/

Signature ► /

Title ► Treasurer

Date ► 2/14///
Form 8868 (Rev 1-2011)