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990-PF

Department of the Treasu

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

2009

OMB No 1545-0052

For calendar year 2009, or tax year beginning 7/1/2009 , and ending 6/30/2010 G Check all that apply: Initial return Initial return of a former public charity ☐ Final return Amended return Address change Name change Use the IRS A Employer identification number Name of foundation label. THE ELMWOOD FOUNDATION, INC. 39-6044165 Otherwise. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) print P.O BOX 2287 608-781-0850 or type. City or town, state, and ZIP code C If exemption application is pending, check here See Specific 54602-2287 Instructions. LA CROSSE D 1. Foreign organizations, check here H Check type of organization: X Section 501(c)(3) exempt private foundation 2. Foreign organizations meeting the 85% test. Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation check here and attach computation If private foundation status was terminated Fair market value of all assets at end J Accounting method: X Cash under section 507(b)(1)(A), check here Other (specify) of year (from Part II, col. (c), F If the foundation is in a 60-month termination 1,930,484 (Part I, column (d) must be on cash basis.) Imé 16) ► \$ under section 507(b)(1)(B), check here (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (c) Adjusted net (b) Net investment for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per ıncome ıncome purposes books the amounts in column (a) (see page 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ If the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 124.345 124.345 4 Dividends and interest from securities . . . **5 a** Gross rents **b** Net rental income or (loss) 0 -7,664 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . 82-020 Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances n 0 **b** Less. Cost of goods sold . . . n c Gross profit or (loss) (attach schedule) . 372 Other income (attach schedule) 372 П Total. Add lines 1 through 11 12 117,062 124,726 13 Compensation of officers, directors, trustees, etc. n 14 Other employee salaries and wages 298 15 Pension plans, employee benefits 0 0 0 16 a Legal fees (attach schedule) 0 0 0 **b** Accounting fees (attach schedule) 0 and Administrative 0 0 0 0 c Other professional fees (attach schedule) 17 Interest . . . 18 Taxes (attach schedule) (see page 14 of the instructions) . 0 O 0 o Depreciation (attach schedule) and depletion . 0 0 21 Travel, conferences, and meetings 22 Printing and publications . Other expenses (attach schedule) 10 0 23 Operating Total operating and administrative expenses. 0 Add lines 13 through 23 10 100,500 100.500 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 100,510 0 o 100,500 27 Subtract line 26 from line 12 16,552 a Excess of revenue over expenses and disbursements 124,726 **b Net investment income** (if negative, enter -0-). . c Adjusted net income (if negative, enter -0-) . . .

b 33

Б-	4 11	Attached schedules and amounts in the description column	Beginning of year		End o	f year
₽a	rt II	Balance Sheets should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Valu	е	(c) Fair Market Value
	1	Cash—non-interest-bearing	1,677	6	,539	6,539
	2	Savings and temporary cash investments	51,187		,117	68,117
	3	Accounts receivable 0	,		'	1
	•	Less allowance for doubtful accounts	0	Action to the second se	<u>-</u>	
	4	Diadaga acceptable	7).	, , ,	-	
	~	Less. allowance for doubtful accounts	0			
	5	Grants receivable				<u></u> <u></u>
	6	Receivables due from officers, directors, trustees, and other	···			
	•	disqualified persons (attach schedule) (see page 15 of the			}	
		Instructions)	ol		ol	0
	7	Other notes and loans receivable (attach schedule) 0	, ,		*	*
(D	'		0	·	0	0
Assets	8	Less allowance for doubtful accounts Unventories for sale or use		-	┪	
SS	١			·		
⋖	40.	Prepaid expenses and deferred charges	221,172	221	,172	229,329
	ſ	Investments—U S. and state government obligations (attach schedule)	221,172	221		
	1	Investments—corporate stock (attach schedule)	<u> </u>	4 705	0	1,000,400
	l	Investments—corporate bonds (attach schedule)	1,731,205	1,725	,965	1,626,499
	11	Investments—land, buildings, and equipment basis		<u> </u>		
	}	Less accumulated depreciation (attach schedule)	0	<u></u>	<u> </u>	0
	12	Investments—mortgage loans	_			
	13	Investments—other (attach schedule)	0		0	0
	14	Land, buildings, and equipment: basis ▶ 0		<u> </u>		
		Less accumulated depreciation (attach schedule)	0		o	0
	15	Other assets (describe)	0		0	0
	16	Total assets (to be completed by all filers—see the			ĺ	
		instructions. Also, see page 1, item I)	2,005,241	2,021	.793	1,930,484
	17	Accounts payable and accrued expenses		•		
	18	Grants payable				
es	19	Deferred revenue			$\neg \neg$. 46
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons .	0	•	$\overline{}$	wan in will a a
Liabilities			0	<u>.</u>		*
<u>"</u>	21	Mortgages and other notes payable (attach schedule)	0		┈╣	
	22	Other liabilities (describe)		<u>.</u>		
	23	Total liabilities (add lines 17 through 22)	0		4	
		Foundations that follow SFAS 117, check here				
nces		and complete lines 24 through 26 and lines 30 and 31.				
2	24	Unrestricted				*
	25	Temporanly restricted]	
ä	26	Permanently restricted				*
or Fund Bala		Foundations that do not follow SFAS 117, check here				
בֿו	ł	and complete lines 27 through 31.				
×	27	Capital stock, trust principal, or current funds	1,600,891	1,600	,891	
S	28	Paid-in or capital surplus, or land, bldg., and equipment fund		.,		
et	29	Retained earnings, accumulated income, endowment, or other funds	404,350	420	,902	
58	30	Total net assets or fund balances (see page 17 of the	70 1,000	120	,00 -	
t A	"	instructions)	2,005,241	2,021	703	
Net Assets	31	Total liabilities and net assets/fund balances (see page 17	2,000,241	2,021	,, 55	i
_	3		2.005.244	2.024	702	
	- m	of the instructions)	2,005,241	2,021	193	
_	rt III	Analysis of Changes in Net Assets or Fund Balances	20 / '''	- 1	<u> </u>	
1		net assets or fund balances at beginning of year-Part II, column (a), line				0.005.044
_		f-year figure reported on prior year's return)			1	2,005,241
		amount from Part I, line 27a			2	16,552
		increases not included in line 2 (itemize)			3	0
4	Add I	ines 1, 2, and 3		[4	_2,021,793
5					5	0
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part II, o	olumn (b), line 30 .		6	2,021,793

Part IV Capital Gains a	and Losses for Tax on Inve	estme	nt Inco	me			•
(a) List and describe	the kind(s) of property sold (e g , real est buse, or common stock, 200 shs MLC C	tate,		(b) How acquired P—Purchase D—Donation	(c) Date a		(d) Date sold (mo , day, yr)
1a GMAC				Р	10/	/20/2003	2/3/2010
b							
<u>c</u>							
<u>d</u>				_			
<u>e</u>		,		L			
(e) Gross sales price	(f) Depreciation allowed (or allowable)			r other basis ense of sale		(h) Gain (e) plus (f)	
a 97,50	0			105,164			-7,664
b	0 0						
	0 0			0			
	0 0			0			(
	0 0	1		0			
Complete only for assets sho	owing gain in column (h) and owne	d by the	e foundation	on on 12/31/69			(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			ss of col (i) l (j), if any	col	(k), but not l Losses (fro	less than -0-) or om col (h))
a	0 0			0			-7,66 4
	0 0			0			(
<u> </u>	0 0			0	<u></u>		
	0 0	<u> </u>		0			
<u>e</u>	0 0	<u> </u>	· · ·	0			(
2 Capital gain net income of				rt I, line 7	2		-7,664
3 Net short-term capital gai	n or (loss) as defined in section						
	l, line 8, column (c) (see pages						
instructions). If (loss), ent	er -0- in Part I, line 8			J	3		(
Part V Qualification Ur	nder Section 4940(e) for Re	educe	ed Tax o	n Net Investme	ent Incon	ne	
(For optional use by domestic	c private foundations subject to	the s	ection 49	40(a) tax on net ir	rvestment	income.)	1
If section 4940(d)(2) applies,							
	the section 4942 tax on the dis	stribut	abla ama	unt of any year in	the bace	neriod2 [Yes X No
					ille base	penour [162 [V] 140
	not qualify under section 4940 mount in each column for each				ions befor	re making	any entries.
(a)		7	F3 -				(d)
Base penod years	(b) Adjusted qualifying distribution		Not value	(с) of nonchaпtable-use as	eete	Distr	bution ratio
Calendar year (or tax year beginning	1 in)					(col (b) di	ivided by col (c))
2008		0,380		1,553			0.077475
2007		6,543		1,884			0.061832
2006		6,535		1,915			0.055624
2005		7,539		1,915 2,015			0.056148 0.054584
2004		0,036		2,015	,919	1	0.034364
2 Tetal of line 1 column (d	`				. 2		0.305663
) for the 5-year base period—di					+	0.505000
•	oundation has been in existent						0.061133
the number of years the i	outloation has been in existent	ce ii ie	SS WIGHT	years	· -	+	0.001130
4 Enter the net value of nor	ncharitable-use assets for 2009	9 from	Part X, lis	ne 5	4		1,835,056
E Multiply lips 4 by lips 2					5		112,182
5 Multiply line 4 by line 3 .					1-3	+	112,102
6 Enter 1% of net investme	nt income (1% of Part I, line 27	7b) .			6		1,247
7 Add lines 5 and 6					7		113,429
					_		
	ons from Part XII, line 4 ater than line 7, check the box					 using a 19	100,500 % tax rate. See
the Part VI instructions or							

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	18 of the	inst	ructi	ons)
1 a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check		2	,495	
here ▶ ☐ and enter 1% of Part I, line 27b	*	y		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%				
of Part I, line 12, col. (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) .			0	
3 Add lines 1 and 2		2	,495	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4				
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		2	,495	
6 Credits/Payments	1			
a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,214		% .,		
b Exempt foreign organizations—tax withheld at source 6b		* # . . 4		,
c Tax paid with application for extension of time to file (Form 8868) 6c 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	₹.	*, .	}
d Backup withholding erroneously withheld	<u> </u>			<u> </u>
7 Total credits and payments. Add lines 6a through 6d		1	,214	
8 Enter any penalty for underpayment of estimated tax. Check here	4		0	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	+	1	,281	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 0 Refunded ▶ 11			0	
Part VII-A Statements Regarding Activities				
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
participate or intervene in any political campaign?	[1a		Χ
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)?		1b		Х
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		· 🕸		
published or distributed by the foundation in connection with the activities			*	
c Did the foundation file Form 1120-POL for this year?		1c		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				
(1) On the foundation \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
on foundation managers. \$				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
If "Yes," attach a detailed description of the activities.				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year?		$\overline{}$	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
If "Yes," attach the statement required by General Instruction T.				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
By language in the governing instrument, or				
 By state legislation that effectively amends the governing instrument so that no mandatory directions 				
that conflict with the state law remain in the governing instrument?		6	X	
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 F	²art XV .	7	Х	
8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the	ļ			
instructions) ► WI				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney		<u> </u>		
General (or designate) of each state as required by General Instruction G? If "No," attach explanation		8b_	_X_	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		-		
or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?				V
If "Yes," complete Part XIV		9_		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	ļ	امدا		
their names and addresses	<u> </u>	10		X

Form	990-PF (2009) THE ELMWOOD FOUNDATION, INC. 39-604	14165	Р	age 5
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		×
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address	 .		 .
14	The books are in care of ► MARGARET BERG Telephone no ► 608-781-08 Located at ► 2004 KRAMER STREET LA CROSSE WI ZIP+4 ► 54650	50		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here)	• 🗆
	and enter the amount of tax-exempt interest received or accrued during the year			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		-	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	Dunng the year did the foundation (either directly or indirectly):			İ
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			Ì
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	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	N/A	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		^
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			i
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions.)		N/A	
_		2b	IVA	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	1		
	enterpnse at any time dunng the year?			}
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation			,
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			1
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	2h	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a	IN/A	×
70	Dig the loungager lifest during the year any amount in a mainter that would jeopardize its chantable purposes!	, -7u		

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form	m 990-PF (2009) THE ELMWOOD FOUNDA	TION,	INC				39	-6044	165	F	age 6
Pa	art VII-B Statements Regarding Activ	ties f	or Which Forn	n 4720 May Be R	equired (cor	tinued)					
5a	During the year did the foundation pay or incur a	ny amo	ount to:								
	(1) Carry on propaganda, or otherwise attemp	t to infl	uence legislation (section 4945(e))? .	[Yes	X	No			i
	(2) Influence the outcome of any specific public		•	•	_			- 1			
	on, directly or indirectly, any voter registra	ion driv	/e?	· · · · · · · · · · · · · · · · · · ·	[Yes	X	No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?							No			i l
	(4) Provide a grant to an organization other th	-	•	-	_			ł			
	in section 509(a)(1), (2), or (3), or section	4940(d)	(2)? (see page 22	of the instructions) .	. [Yes	\mathbf{X}	No			ĺ
	(5) Provide for any purpose other than religiou	is, chai	itable, scientific, li	terary, or	_		\equiv	- 1			
	educational purposes, or for the prevention	of cru	elty to children or	animals?	[Yes	X	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	e trans	actions fail to qual	ify under the exception	ns described in						
	Regulations section 53.4945 or in a current notice	e rega	rding disaster assı	stance (see page 22	of the instruction	ns)?	<u></u>	. [5b	N/A	
	Organizations relying on a current notice regard	ng disa	ister assistance ch	neck here		•		}			
C	If the answer is "Yes" to question 5a(4), does th	e found	ation claim exemp	tion from the	_	_	_	Ì			
	tax because it maintained expenditure responsit If "Yes," attach the statement required by Regul	•	•	(d)	L	Yes	Ш	No			
6a	Did the foundation, during the year, receive any	funds,	directly or indirectl	y, to pay							
	premiums on a personal benefit contract?				[Yes	X	No	1		
b	Did the foundation, during the year, pay premiur	ns, dire	ctly or indirectly, o	n a personal benefit (contract?		.	. [6b		Х
	If "Yes" to 6b, file Form 8870.				_						. !
7a	At any time during the tax year, was the foundat	on a pa	arty to a prohibited	tax shelter transaction	on?	Yes	$ \mathbf{x} $	No			
b	If yes, did the foundation receive any proceeds	r have	any net income at	tributable to the trans	saction?				7b		L
Р	Part VIII Information About Officer	s, Dir	ectors, Truste	es, Foundation	Managers,	lighly	Paid	Emp	oloy	ees,	
	and Contractors										
_1	List all officers, directors, trustees, four						he ir	nstruc	tion	s).	
		(b)	n managers and Title, and average hours per week evoted to position	(c) Compensation (lf not paid, enter -0-)	ion (see pag (d) Contrib employee be and deferred c	utions to nefit plans		(e) E	xpens	s). se acco owance	
	List all officers, directors, trustees, four	(b)	Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contrib employee be	utions to nefit plans		(e) E	xpens	e acco	
DA	List all officers, directors, trustees, four	(b) d	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter	(d) Contrib employee be	utions to nefit plans		(e) E	xpens	e acco	
DA 315 RO	List all officers, directors, trustees, four (a) Name and address NIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT	(b) di PRI	Title, and average hours per week evoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee be	utions to nefit plans	on	(e) E	xpens	e acco	s
DA 315 RO 315	List all officers, directors, trustees, four (a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5	(b)	Title, and average hours per week evoted to position ESIDENT .00 E PRESIDENT .00	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee be	utions to nefit plans	on	(e) E	xpens	e acco	s
DA 315 RO 315 MA	List all officers, directors, trustees, four (a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG	(b)	Title, and average hours per week evoted to position ESIDENT .00 E PRESIDENT .00 C/TREASURER	(c) Compensation (if not paid, enter -0-)	(d) Contrib employee be	utions to nefit plans	on 0	(e) E	xpens	e acco	0 0
DA 315 RO 315 MA	List all officers, directors, trustees, four (a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5	(b)	Title, and average hours per week evoted to position ESIDENT .00 E PRESIDENT .00	(c) Compensation (if not paid, enter -0-)	(d) Contrib employee be	utions to nefit plans	on 0	(e) E	xpens	e acco	0
DA 315 RO 315 MA	List all officers, directors, trustees, four (a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG	(b)	Title, and average hours per week evoted to position ESIDENT .00 E PRESIDENT .00 C/TREASURER .00	(c) Compensation (if not paid, enter -0-)	(d) Contrib employee be	utions to nefit plans	on 0	(e) E	xpens	e acco	0 0
DA 315 RO 315 MA 306	List all officers, directors, trustees, four (a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG 6 KENNEDA STREET HOLMEN WI 54636	(b) d PRI	Title, and average hours per week evoted to position ESIDENT .00 E PRESIDENT .00 C/TREASURER .00	(c) Compensation (If not paid, enter -0-) 0	(d) Contrib employee be and deferred c	utions to nefit plans ompensation	0 0 0	(e) E	expens	se acco	0 0
DA 315 RO 315 MA 306	List all officers, directors, trustees, four (a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid emp	(b) d PRI	Title, and average hours per week evoted to position ESIDENT .00 E PRESIDENT .00 C/TREASURER .00	(c) Compensation (If not paid, enter -0-) 0	(d) Contrib employee be and deferred c	utions to nefit plans ompensation	0 0 0	(e) E	expens	se acco	0 0
DA 315 RO 315 MA 306	List all officers, directors, trustees, four (a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG 6 KENNEDA STREET HOLMEN WI 54636	(b) d PRI	Title, and average hours per week avoted to position ESIDENT .00 E PRESIDENT .00 C/TREASURER .00 .00	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Contrib employee be and deferred c	utions to nefit plans ompensation	0 0 0 0	(e) E	expens	se acco	0 0
DA 315 RO 315 MA 306	List all officers, directors, trustees, four (a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid emp	(b) dd PRI	Title, and average hours per week evoted to position ESIDENT	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contribution of the contribution (d) Contribution (d) Contribution on plans at	ge 23 of	0 0 0 0 f the	(e) E	expensive all	se acco	0 0 0
DA 315 RO 315 MA 306	(a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid emp If none, enter "NONE."	(b) dd PRI	Title, and average hours per week avoted to position ESIDENT .00 E PRESIDENT .00 C/TREASURER .00 .00 .00 t (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contribution of the contribution (d) Contribution (d) Contribution on plans at	ge 23 of	0 0 0 0 f the	(e) E	expensive all	ons).	0 0 0
DA 315 RO 315 MA 306	(a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid emp If none, enter "NONE."	(b) dd PRI	Title, and average hours per week evoted to position ESIDENT	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contribution of the contribution (d) Contribution (d) Contribution on plans at	ge 23 of	0 0 0 0 f the	(e) E	expensive all	ons).	0 0 0
DA 315 RO 315 MA 306	(a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid emp If none, enter "NONE."	(b) dd PRI	Title, and average hours per week evoted to position ESIDENT	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contribution of the contribution (d) Contribution (d) Contribution on plans at	ge 23 of	0 0 0 0 f the	(e) E	expensive all	ons).	0 0 0
DA 315 RO 315 MA 306	(a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid emp If none, enter "NONE."	(b) dd PRI	Title, and average hours per week evoted to position ESIDENT	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contribution of the contribution (d) Contribution (d) Contribution on plans at	ge 23 of	0 0 0 0 f the	(e) E	expensive all	ons).	0 0 0
DA 315 RO 315 MA 306	(a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid emp If none, enter "NONE."	(b) dd PRI	Title, and average hours per week evoted to position ESIDENT	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contribution of the contribution (d) Contribution (d) Contribution on plans at	ge 23 of	0 0 0 0 f the	(e) E	expensive all	ons).	0 0 0
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DA 315 RO 315 MA 306	(a) Name and address ANIEL GELATT 59 EDGEWATER DR LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5460 DBERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 5 ARGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid emp If none, enter "NONE."	(b) dd PRI	Title, and average hours per week evoted to position ESIDENT	(c) Compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	(d) Contribution of the contribution (d) Contribution (d) Contribution on plans at	ge 23 of	0 0 0 0 f the	(e) E	expensive all	ons).	0 0 0

Form 990-PF (2009)

Form 990-PF (2009) THE ELMWOOD FOUNDATION, INC.	39-6044165	Page /
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa and Contractors (continued)	iid Employee	es,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, en	iter "NONE."	••
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compe	nsation
NONE		. 0
		0
		0
		_ 0
		0
Total number of others receiving over \$50,000 for professional services	▶	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expens	ses
1 <u>NA</u>		
2		
3		
4		,
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amou	ınt
1		
2		
All other program-related investments See page 24 of the instructions.		
		^

Total. Add lines 1 through 3 . .

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Par	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundat	ions,
	see page 24 of the instructions.)	1 1	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
_	purposes Average monthly few modules of accounting		4 907 700
a	Average monthly fair market value of securities	1a	1,807,709
b	Average of monthly cash balances	1b	55,292
C	Fair market value of all other assets (see page 24 of the instructions)	1c	4 962 004
d	Total (add lines 1a, b, and c)	Id	1,863,001
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)	2	
2	Acquisition indebtedness applicable to line 1 assets	3	1 962 004
3	Subtract line 2 from line 1d	-	1,863,001
4	Cash deemed held for chantable activities. Enter 1½ % of line 3 (for greater amount, see page 25	ایا	27.045
_	of the instructions)	5	27,945
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	 	1,835,056
6	Minimum investment return. Enter 5% of line 5	6	91,753
Par	t XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of conditions and contain ferrian experience about here.	peraung	
_	foundations and certain foreign organizations check here and do not complete this part.)		04.750
1	Minimum investment return from Part X, line 6	1	91,753
2a	Tax on investment income for 2009 from Part VI, line 5	4	
b	Income tax for 2009. (This does not include the tax from Part VI.)		0.405
C	Add lines 2a and 2b	2c	2,495
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	89,258
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	89,258
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	89,258
Par	t XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	100,500
b	Program-related investments—total from Part IX-B	1b	C
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (pnor IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	C
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	100,500
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	C
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	100,500
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found		,
	qualifies for the section 4940(e) reduction of tax in those years.		

Form 9	90-PF (2009) THE ELMWO	OD FOUNDATION, INC).		39-6	044165 Page 9
Part	XIII Undistributed Incon					
1	Distributable amount for 2009 fr		(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
						89,258
2	Undistributed income, if any, as					
	Enter amount for 2008 only .				0	
_	Total for prior years: 20			0		
3	Excess distributions carryover, i					
a	From 2004					
b	From 2005					
C	From 2006	12,809				İ
	From 2007					
е	From 2008					İ
f	· ·	· · · · · ·	107,895			
4	Qualifying distributions for 2009					
	XII, line 4 [.] • \$					
	Applied to 2008, but not more th	_			0	
D	Applied to undistributed income				į	1
_	(Election required—see page 26			0		
С	Treated as distributions out of co		0			
	required—see page 26 of the in:		U			90.359
	Applied to 2009 distributable am		11,242			89,258
_	Remaining amount distributed o	·	11,242			0
5	Excess distributions carryover a (If an amount appears in column same amount must be shown in	n (d), the				<u>0</u>
6	Enter the net total of each col	` ' '				
_	Indicated below:		440 407			!
	Corpus. Add lines 3f, 4c, and 4e		119,137	*		
D	Prior years' undistributed income					
_	line 4b from line 2b			0		
С	Enter the amount of prior years'				:	
	income for which a notice of def	•				
	been issued, or on which the se	` ' I				
А	tax has been previously assesse Subtract line 6c from line 6b. Ta					
a				ام		
	amount—see page 27 of the insummer Undistributed income for 2008					
•	4a from line 2a. Taxable amoun					
	instructions	· •			0	
f	Undistributed income for 2009.		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
•	lines 4d and 5 from line 1. This					
	be distributed in 2010	1				0
7	Amounts treated as distributions	<u> </u>				
•	corpus to satisfy requirements in					İ
	section 170(b)(1)(F) or 4942(g)(F 600
	the instructions)					
8	Excess distributions carryover fr	rom 2004				
	not applied on line 5 or line 7 (se) 1
	instructions)		11,216			
9	Excess distributions carryove					
	Subtract lines 7 and 8 from line	i	107,921			
10	Analysis of line 9:	·				
а	Excess from 2005	13,947		}		
b	Excess from 2006					
С	Excess from 2007					
d	Excess from 2008 .	45,118				
е	Excess from 2009	-				

Form 990-PF (2009)

39-6044165

Part XV Supplementary Information (continued)

b Approved for future payment	3 Grants and Contributions Paid During the Year or Approved for Future Payment									
Name and address (home or business) - Paid during the year HOLMEN AREA PARTNERSHIP FOR YOUTH PO. BOX 432 HOLMEN WI 54636 GREAT RIVERS UNITED WAY, INC - STANDAM STREET OAL ACROSSE WI 54601 LA CROSSE SYMPHONY ORCHESTRA 20 10 MAINS ST, SUITE 201 LA CROSSE WI 54601 UNTIED FUND FOR THE ARTS & HUMANITIES 119 KING STREET LA CROSSE WI 54601 FAMILY LEARNING CENTER PO. BOX 400 HOLMEN WI 54636 FAMILY AND CHILDREN'S CENTER 207 WESTON STREET LA CROSSE WI 54601 LA CROSSE COUNTY HISTORICAL SOCIETY PO. BOX 407 LA CROSSE WI 54601 LA CROSSE COUNTY HISTORICAL SOCIETY PO. BOX 107 LA CROSSE WI 54601 GUNDERSEN LUTHERAN MEDICAL FOUNDATION 100 SOUTH AVENUE LA CROSSE WI 54601 GUNDERSEN LUTHERAN MEDICAL FOUNDATION 100 SOUTH AVENUE LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC PO. BOX 127 LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC PLBLIC TOWN MENT AND LEAR CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC PUBLIC PUBLIC ACAPO DECORAH PROJECT Total Total Total Total Total PUBLIC CENERAL OPERATIONS 1,000 PUBLIC GENERAL OPERATIONS PUBLIC GENERAL OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS PUBLIC GENERAL OPERATIONS 12,000 OPERATIONS PUBLIC GENERAL OPERATIONS 12,000 OPERATIONS PUBLIC GENERAL OPERATIONS 12,000 OPERATIONS PUBLIC CENERAL OPERATIONS PUBLIC CENERAL OPERATIONS 12,000 OPERATIONS PUBLIC CENERAL OPERATIONS 12,000 OPERATIONS PUBLIC CENERAL OPERATIONS 12,000 OPERATIONS PUBLIC CENERAL OPERATIONS 12,000 OPERATIONS PUBLIC CENERAL OPERATIONS PUBLIC CENERAL OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS PUBLIC CENERAL OPERATIONS 12,000 OPERATIONS PUBLIC CENERAL OPERATIONS 12,000 OPERATIONS PUBLIC CENERAL OPERATIONS PUBLIC CENERAL OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OPERATIONS 12,000 OP	Recipient	show any relationship to	1		Amount					
HOLMEN AREA PARTNERSHIP FOR YOUTH P.O. BOX 432 HOLMEN WI 54636 GREAT RIVERS UNITED WAY, INC JOPERATIONS GREAT RIVERS UNITED WAY, INC JOPERATIONS LA CROSSE WIAHPHONY ORCHESTRA 201 MAINS ST., SUITE 230 LA CROSSE WI 54601 UNITED FUND FOR THE ARTS & HUMANITIES 119 KING STREET LA CROSSE WI 54601 FAMILY LERANING CENTER P.O. BOX 400 HOLMEN WI 54639 LORGE COUNTY HISTORICAL SOCIETY P.O. BOX 1272 LA CROSSE WI 54601 190 CATEWAY AREA BOY SCOULTS OF AMERICA 2600 QUARRY ROAD LA CROSSE WI 54601 PUBLIC LEARNING TOGETHER P.O. BOX 1272 LA CROSSE WI 54601 190 CAMP DECORAH PUBLIC LEARNING TOGETHER PUBLIC LEARNING TOGETHER PUBLIC PROGRAM LIVE HIGH YOUTH HOLDEN'S CANTER PUBLIC LEARNING TOGETHER PAMILY LITERACY PROGRAM LIVE HIGH NO HOUSE PHASE TWO CAMP DECORAH PROJECT PUBLIC CAMP DECORAH PROJECT PUBLIC CAMP DECORAH PROJECT PUBLIC CAMP DECORAH PROJECT PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SUDMARRAN FORD PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH AVENUE LA CROSSE WI 54601 PUBLIC COVERHOLT SOOUTH	Name and address (home or business)		recipient	Contribution						
PUBLIC GENERAL 20,000	HOLMEN AREA PARTNERSHIP FOR YOUTH		PUBLIC		1,000					
LA CROSSE SYMPHONY ORCHESTRA 201 MAINS ST, SUITE 230 LO RODSSE WI 54601 UNTIED FUND FOR THE ARTS & HUMANITIES 119 KING STREET LA CROSSE WI 54601 FAMILY LARRING CENTER P. O. BOX 400 HOLMEN WI 54636 FAMILY LARRING CENTER P. O. BOX 1272 LA CROSSE WI 54601 LA CROSSE COUNTY HISTORICAL SOCIETY P. O. BOX 1272 LA CROSSE WI 54602-1272 GENERAL DEFAMILY ALD HUMANITIES 10,000 PROGRAM LEARTHY FAMILIES 10,000 PROGRAM PROGRAM LEARTHY FAMILIES 10,000 PROGRAM PROGRAM PROGRAM PROGRAM PROGRAM PROJECT TWO QUARRY ROAD LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC UW LA CROSSE FOUNDATION, INC. P. O. BOX 1148 LA CROSSE WI 54602-1148 Total Total Total Defarations FAMILY LITERACY PUBLIC CAMP DECORAH PROGRAM PROJECT PUBLIC PUBLIC PUBLIC PUBLIC CONTROL TO THE PROGRAM PROJECT PUBLIC PUBLIC PUBLIC PROGRAM PROJECT TWO VERHOLT FOR PHYSICS PUBLIC PUBLIC PROGRAM PROJECT TOW PROJECT TOW PROJECT TOW PROJECT PUBLIC PUBLIC PROGRAM PROJECT TOW PROJECT TOW PROJECT PUBLIC PROGRAM PROJECT PUBLIC PROGRAM PROJECT TOW PROJECT TOW PROJECT TOW PROJECT PUBLIC PROGRAM PROJECT PUBLIC PROGRAM PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT PROGRAM PROJECT TOW PROJECT TOW PROJECT TOW PROJECT PROJECT TOW PROJECT PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW PROJECT TOW	GREAT RIVERS UNITED WAY, INC		PUBLIC	GENERAL	20,000					
UNTITIED FUND FOR THE ARTS & HUMANITIES 119 KING STREET LA CROSSE WI 54601 FAMILY LARNING CENTER P.O. BOX 400 HOLMEN WI 54838 FAMILY AND CHILDREN'S CENTER FAMILY AND CHILDREN'S CENTER LA CROSSE WI 54601 LA CROSSE COUNTY HISTORICAL SOCIETY P.O. BOX 1272 LA CROSSE WI 54602-1272 GATEWAY AREA BOY SCOUTS OF AMERICA 2500 WARRAN ROAD LA CROSSE WI 54601 GUNDERSEN LUTHERAN MEDICAL FOUNDATION 1900 SOUTH AVENUE LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC. P.O. BOX 11148 LA CROSSE WI 54602-11148 Total Total Total PUBLIC GENERAL OPERAL OPERAL DOPERATIONS LEARNING TOCETHER FAMILY LITERACY FAMILES 10,000 PROGRAM HIXON HOUSE PHASE TWO CAMP DECORAH PROJECT UW CAMP DECORAH PROJECT OVERHOLT ENDOWMENT FOR ENDOWMENT FOR ENDOWMENT FOR ENDOWMENT FOR ENDOWMENT FOR ENDOWMENT FOR ENDOWMENT FOR ENDOWMENT FOR ENDOWMENT FOR ENDOWMENT FOR PUBLIC OVERHOLT ENDOWMENT FOR ENDOWMENT FOR ENDOWMENT FOR PUBLIC SUDHAKARAN FUND FOR PHYSICS ACADEMIC BUILDING PROJECT Total **DELIC** **OFTITIONS* **DELIC** **CAMP DECORAH PROJECT **OFTITIONS* **DELIC** **CAMP DECORAH PROJECT **OFTITIONS* **DELIC** **CAMP DECORAH PROJECT **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **OFTITIONS* **DELIC** **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO **TWO			PUBLIC		12,000					
FAMILY LEARNING CENTER P.O. BOX 400 HOLMEN WI S4636 FAMILY AND CHILDREN'S CENTER P.O. BOX 400 HOLMEN WI S4636 FAMILY LITERACY FAMILY LITERACY FAMILY LITERACY HEALTHY FAMILIES 10,000 FAMILY LITERACY HEALTHY FAMILIES FAMILY LITERACY HEALTHY FAMILIES P.O. 10,000 FAMILY LITERACY HEALTHY FAMILIES FAMILY LITERACY HEALTHY FAMILIES FAMILY LITERACY HEALTHY FAMILIES FAMILY LITERACY HEALTHY FAMILIES FAMILY LITERACY HEALTHY FAMILIES P.O. 10,000 F.O. 12,000 F.O			PUBLIC	GENERAL	5,000					
FAMILY AND CHILDREN'S CENTER 2507 WESTON STREET LA CROSSE WI 54601 LA CROSSE COUNTY HISTORICAL SOCIETY P.O. BOX 1272 LA CROSSE WI 54602-1272 GATEWAY AREA BOY SCOUTS OF AMERICA 2600 QUARRY ROAD LA CROSSE WI 54601 QUNDERSEN LUTHERAN MEDICAL FOUNDATION 1900 SOUTH AVENUE LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC 151 EAST AVENUE NORTH LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC. P.O. BOX 1148 LA CROSSE WI 54602-1148 Total Total Total DIBLIC HEALTHY FAMILIES PROGRAM HIXON HOUSE PHASE TWO CAMP DECORAH PROJECT PUBLIC OVERNOLT S,000 ENDOWMENT FOR PUBLIC OVERNOLT S,000 ENDOWMENT FOR PUBLIC ACADEMIC BUILDING POR PHYSICS PUBLIC ACADEMIC BUILDING PROJECT Total Total Total Total DApproved for future payment			PUBLIC	LEARNING TOGETHER	2,500					
LA CROSSE COUNTY HISTORICAL SOCIETY P.O. BOX 1272 LA CROSSE WI 54602-1272 GATEWAY AREA BOY SCOUTS OF AMERICA 2600 QUARRY ROAD LA CROSSE WI 54601 QUNDERSEN LUTHERAN MEDICAL FOUNDATION 1900 SOUTH AVENUE LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC. 615 EAST AVENUE NORTH LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC. P.O. BOX 1148 LA CROSSE WI 54602-1148 Total Total Total Approved for future payment PUBLIC HXDN HOUSE PHASE TWO CAMP DECORAH PROJECT OVERNOLET 5,000 PUBLIC PUBLIC PUBLIC PUBLIC SUPHAKARAN FUND FOR PHYSICS ACADEMIC BUILDING PROJECT Total Approved for future payment 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,000 10,	FAMILY AND CHILDREN'S CENTER		PUBLIC	HEALTHY FAMILIES	10,000					
GATEWAY AREA BOY SCOUTS OF AMERICA 2600 QUARRY ROAD LA CROSSE WI 54601 QUNDERSEN LUTHERAN MEDICAL FOUNDATION 1900 SOUTH AVENUE LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC. 615 EAST AVENUE NORTH LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC. P.O. BOX 1148 LA CROSSE WI 54602-1148 PUBLIC PUBLIC SUPHAKARAN FUND FOR PHYSICS ACADEMIC BUILDING PROJECT PUBLIC PUBLIC PUBLIC SUPHAKARAN FUND FOR PHYSICS ACADEMIC BUILDING PROJECT PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC P	LA CROSSE COUNTY HISTORICAL SOCIETY		PUBLIC	HIXON HOUSE PHASE	5,000					
GUNDERSEN LUTHERAN MEDICAL FOUNDATION 1900 SOUTH AVENUE LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC 615 EAST AVENUE NORTH LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC. 9UBLIC WILL A CROSSE FOUNDATION, INC. 9UBLIC CACADEMIC BUILDING PUBLIC PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJECT 9000 PROJEC	GATEWAY AREA BOY SCOUTS OF AMERICA		PUBLIC	CAMP DECORAH	10,000					
UW LA CROSSE FOUNDATION, INC 615 EAST AVENUE NORTH LA CROSSE WI 54601 UW LA CROSSE FOUNDATION, INC. P.O. BOX 1148 LA CROSSE WI 54602-1148 Total Total Approved for future payment PUBLIC PUBLIC SUDHAKARAN FUND FOR PHYSICS ACADEMIC BUILDING PROJECT 10,000 POR PROJECT 10,000 POR PROJECT 10,000 POR PROJECT 10,000 POR PROJECT	GUNDERSEN LUTHERAN MEDICAL FOUNDATION		PUBLIC	OVERHOLT	5,000					
Total	UW LA CROSSE FOUNDATION, INC		PUBLIC	SUDHAKARAN FUND	10,000					
b Approved for future payment	UW LA CROSSE FOUNDATION, INC.		PUBLIC	•	20,000					
b Approved for future payment										
b Approved for future payment	Total			▶ 3a	100,500					
Total	b Approved for future payment									
- 000 PE	Total	<u>,</u>		▶ 3b	0					

r gross amounts unless otherwise indicated.	vities Unrelated busin	ness income	Excluded by sectio	(e)	
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See page 28 of the instructions)
1		0		0	
)		0		0	
	-	0		0	
		0		0	
		0		0	
		0		0	
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash investments			14	9	
Dividends and interest from securities			14	124,345	
Net rental income or (loss) from real estate:	\$ 5 B 4 4	* \$.	- 4	7 12 157	
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income			01	372	
Gain or (loss) from sales of assets other than inventory			18	-7,664	
Net income or (loss) from special events				.,,,,,,,	
Gross profit or (loss) from sales of inventory					
Other revenue. a		0		0	
		0		0	
·		0		0	
		0		0	·
· · · · · · · · · · · · · · · · · · ·		0		0	†
Subtotal. Add columns (b), (d), and (e)	. % 🕸	0		117,062	
Total. Add line 12, columns (b), (d), and (e)	ulations.) complishment o	of Exempt P	urposes	13	117,06
Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)	e is reported in colur purposes (other thar	mn (e) of Part X\ n by providing fu	VI-A contributed in	nportantly to oses). (See	

Part XVII	Information Regarding	Transfers To	and Transactions	and Relationships	With Noncharitable
•	Exempt Organizations				

1	in sect	the organization directly or indirectly engage in any of the following with any other organization described ection 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political anizations?									
а	Transf	ers from the reporting	foundation to	a noncharitable e	xempt organiz	ation of:					
		ish							1a(1)		X
	(2) Ot	her assets							1a(2)		X
b	Other	transactions:									
	(1) Sa	les of assets to a non-	charitable exe	empt organization					1b(1)		X
	(2) Pu	rchases of assets fror	n a noncharita	able exempt organ	ization				1b(2)		X
(3) Rental of facilities, equipment, or other assets											X
	(4) Re	eimbursement arrange	ments .						1b(4)		Х
		ans or loan guarantee							1b(5)		X
		erformance of services		•					1b(6)		X
С	Sharin	g of facilities, equipme	ent, mailing lis	sts, other assets, o	r paid employ	ees			1c		<u> </u>
d 	value o	nswer to any of the at of the goods, other ass n any transaction or s	sets, or servic haring arrang	es given by the re ement, show in co	porting founda lumn (d) the v	ation. If the	he foundation red he goods, other	ceived less that assets, or ser	an fair n vices re	narke ceive	d.
(a)	Line no	(b) Amount involved	(c) Name	of nonchantable exempt	organization	(d) Des	scription of transfers, I	ransactions, and	shanng an	rangem	ients
		0				+					
		0			···						
		0				· ·					—
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		0				<u> </u>					
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		0									
		0									
		0									
		0	+								
	describ	foundation directly or i bed in section 501(c) o ," complete the followi (a) Name of organization	ndirectly affiliant the Code (o	other than section t			527?		Yes X] No	
									-		
				_							
		er penalties of perjury, I declar, f, it is true, correct, and comp					on all information of		s any kno		
er.	Sig	nature of officer or trustee			D	ate	Titl				
Sign Here	Paid Preparer's Use Only	Preparer's signature	F-PREPAF	RED RETURN	Date		Check if self-employed ▶	Preparer's number (so page 30 of	e Signat	ure on	1
	Pre Us	Firm's name (or yours if	\					EIN ▶			
		self-employed), address, and ZIP code						Phone no.	_		
		3.52. 2000									

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

ı		_	اجے						_		1	_	_	-			_	-1	
	Sain	SSO	-7,664)					Depreciation										
	Net Gain	or Loss			Expense	of Sale and	Cost of	Improve-	ments										
	Other	Expenses	105,164	0				Valuation											
	Cost, Other	Basis and Expenses						Cost or	Other Basis	105,164									
	SS	es	97,500	0				Gross Sales	Price	97,500									
	Gross	Sales						Date	Sold	2/3/2010								-	
,	Totals		Securities	Other sales				Acquisition	Method	d									
								Date	Acquired	10/20/2003									
						Check "X" if	Purchaser	ısa	Business										
									Purchaser										
		Amount							CUSIP #	370425-SE-1									
			Long Term CG Distributions	Short Term CG Distributions					Description	GMAC									
							Check "X"	if Sale of	ndex Security										
									xepu	-	2	3	4	2	9	7	8	6	9

Line 11 (990-PF) - Other Income

0	Adjusted Net Income						·				
372	Net Investment Income	372	0	0	0	0	0	0	0	0	0
372	Revenue and Expenses per Books	372									
	Description	TAX REFUND									
		1	2	3	4	5	9	7	8	6	10

Line 23 (990-PF) - Other Expenses

		10	0	0	0
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
Αm	Amortization. See attached statement	0	0	0	0
Ē	Fund Raising				
ST	STATE REGISTRATION FEE	10			
_					

Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

		221,172	221,172	213,207	229,329		
		Book Value	Book Value FMV FMV Che	FMV	FMV	Check "X" if Federal Check "X" if State/	Check "X" if State/
	Description	Beg. of Year	End of Year	Beg of Year	End of Year	Obligation	Local Obligation
-	US TREASURY BONDS	79,512	79,512	114,648	118,400	X	
2	AB GLOBAL GOV INCOME	141,660	141,660	98,559	110,929	×	
က							
4							
2							
9							
7							
80							
6							
10							

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

				1.731.205	1.725.965	1.425.202	1,626,499
		Interest	Maturity	Book Value	Book Value	FMV	FMV
	Description	Rate	Date	Beg. of Year	End of Year	Beg. of Year	End of Year
-	BARCLAYS BANK	8.13%	6/15/2013	100,000	100,000	82,600	98,000
7	BGE CAPITAL TRUST II	9.20%	10/15/2043	100,000	100,000	76,000	98,000
ო	FANNIE MAE	8.25%	12/31/2010	146,997	146,997	8,100	2,040
4	FORD MOTOR CREDIT	7.30%	1/23/2012	84,000	84,000	64,327	83,521
2	FORD MOTOR CREDIT	7.50%	8/4/2009	100,000	100,000	58,960	97,920
မ	FPL GROUP	%09'9	10/1/2011	69'86	98,859	102,090	104,263
7	FPL GROUP	8.75%	3/1/2014	000'09	000'09	64,368	68,976
∞	GE CAPITAL CORP	6.05%	2/6/2012	125,000	125,000	109,950	125,550
ြ	GE CAPITAL CORP	%00'9	4/24/2012	000'09	000'09	52,152	59,928
9	GEORGIA POWER	%86.3	7/15/2012	145,000	145,000	148,944	156,542
11	GMAC	%88.9	8/28/2012	105,158	0	81,500	0
12	IBM	%86'9	10/20/2011	36,287	36,287	37,650	39,435
13	111	7.38%	11/15/2015	70,688	70,688	000'69	79,125
14	JP MORGAN CHASE	%88.9	8/1/2012	250,000	250,000	227,800	251,800
15	PPL CAPITAL	6.85%	7/1/2012	51,639	51,639	51,051	53,235
16	PUBLIC STORAGE	7.25%	5/3/2011	20,000	20,000	43,240	50,520
17	VERIZON GLOBAL	6.13%	12/1/2030	006'26	97,900	95,000	100,160
18	WESTAR ENERGY	6.10%	5/15/2012	49,677	49,677	52,470	56,848
19	DOMINION RESOURCES, INC	8.38%	6/15/2064	0	99,918	0	100,636
20							

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

		Amonut	Г										
	Long Term CG Distributions	us	0										•
	Short Term CG Distributions	SL	0		Totals.	97,500	0	105,164	-7,664	0	0	0	-7,664
						Gross		Cost or Other		FM.V	Adjusted Basis		Gains Minus Excess
			How	Date	Date	Sales	Depreciation	Basis Plus	Gain or	as of	as of	Excess of FMV	Excess of FMV of FMV Over Adjusted
	Kind(s) of Property Sold	CUSIP#	Acquired	Acquired Acquired	Sold	Price	Allowed	Expense of Sale	Loss	12/31/69	12/31/69	Over Adj Basis	Basis or Losses
-	GMAC	370425-SE-1	Ы	10/20/2003	2/3/2010	97,500	0	105,164	-7,664			0	799'2-
7						0	0	0	0			0	
۳						0	0	0	0			0	
4						0	0	0	0			0	
2						0	0	0	0			0	
9						0	0	0	0			0	
7						0	0	0	0			0	
8						0	0	0	0			0	
6						0	0	0	0			O	
9						0	ō	0	0			0	

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	0	0	0		ī	-7	i	1		
Average Hours					1					
Title	PRESIDENT	CE PRESIDE	C/TREASUR							
Foreign Country		Š	SE							
State Zip Code	WI 54603	54603	54636							
State	MI	<u>×</u>	×							
City	LA CROSSE	LA CROSSE	HOLMEN							
Street	3159 EDGEWATER DR	3159 EDGEWATER DRIVE	306 KENNEDA STREET							
Check "X" if Business										
Name	DANIEL GELATT	ROBERTA GELATT	MARGARET BERG							
	-	7	3	4	2	9	7	8	6	10