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## Form **990-PF**

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

OMB No 1545-0052

2009

Department of the Treasury Infernal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2009, or tax year beginning 6/30 2010 7/01 , 2009, and ending G Check all that apply. Initial return Initial Return of a former public charity Final return Amended return X Address change Name change Employer identification number Use the The ACES Xavier Foundation, Inc IRS label. 93-0847512 Otherwise, 101 E. Northland Ave. Telephone number (see the instructions) print Appleton, WI 920-733-6632 or type. See Specific 54911 If exemption application is pending, check here Instructions D 1 Foreign organizations, check here . Н |X| Section 501(c)(3) exempt private foundation 2 Foreign organizations meeting the 85% test, check Check type of organization here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated E Fair market value of all assets at end of year Accounting method: Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income ıncome for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) (see the instructions).) purposes (cash basis only) Contributions, gifts, grants, etc, received (att sch) 252,893 2 Ck ► I if the foundn is not req to att Sch B Interest on savings and temporary 19 19 19 cash investments Dividends and interest from securities 59,511 59,511 59,511 5a Gross rents b Net rental income or (loss) SCANNED WAR 0 7 84,527 6a Net gain/(loss) from sale of assets not on line 10. **b** Gross sales price for all assets on line 6a 84,527. Capital gain net income (from Part IV, line 2) Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit/(loss) (att sch) Other income (attach schedule) 12 Total. Add lines 1 through 11 396,950 144,057 59,530 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 2,750. 27,214. **b** Accounting fees (attach sch) See St 1 27,214 c Other prof fees (attach sch) See St 2 OPERATING 17 Interest က FEB 2 1,000 201 18 Taxes (attach schedule)(see instr.) See Stm 3 Depreciation (attach 8 sch) and depletion Occupancy ķ Travel, conferences, and meetings EXPE Printing and publications. 1,200 23 Other expenses (attach schedule) See Statement 4 38,194 Total operating and administrative expenses. Add lines 13 through 23 70,358 27,214 25 Contributions, gifts, grants paid Part XV 80,240 80,240. Total expenses and disbursements. 26 Add lines 24 and 25 150,598 27,214 0 80,240. Subtract line 26 from line 12: a Excess of revenue over expenses 246,352 and disbursements 116,843 b Net investment income (if negative, enter -0-) 59,530 C Adjusted net income (if negative, enter -0) Form 990-PF (2009)

Δ

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

2,483,979.

4

5

6

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)  (b) How acquire P — Purchic D — Donate						(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a	Community Foundation		6/30/08	6/30/10			
b							
c	<del></del>						
d							
е			······································				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal			(h) Gain or (e) plus (f) m	
a	84,527.				84,527.		
b		· · · · · · · · · · · · · · · · · · ·	<del></del>				<u> </u>
d	<del></del>		-	i			
	<del></del>						
		ng gain in column (h) and owned by	the foundation on 12/31/69	,		40.040.1	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar	(1)		(I) Gains (Coli ain minus column (k an -0-) or Losses (fr	(), but not less
a						<del></del>	84,527.
b	· · · ·					<del></del>	
						······································	·
ë	· · · · · · · · · · · · · · · · · · ·						
2	Capital gain net income or (net	If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2		84,527.
3	Net short-term capital gain or (	loss) as defined in sections 1222(5)	and (6).				
	ın Part I, line 8	8, column (c) (see the instructions	``		3		0.
Par		Section 4940(e) for Reduce foundations subject to the section				<del> </del>	
Was If 'Ye	es,' the foundation does not qual	tion 4942 tax on the distributable an ify under section 4940(e) Do not con each column for each year; see the	mplete this part	· 	291	Yes	X No
•	(a)  Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c)  Net value of noncharitable-use ass	•		<b>(d)</b> Distribution umn (b) divided	
	2008	213,658.	2 59	2,152.			0.082425
	2007	421,216.		5,000.			0.142543
	2006	86,412.		7,578.			0.066595
	2005	84,447.		1,756.			0.064377
	2004	81,133.		7,948.			0.061560
	2004	01,133.	1,31	,, J <del>.</del> 0.		1	0.001300
2	Total of line 1, column (d)				2		0.417500
3	Average distribution ratio for th number of years the foundation	e 5-year base period — divide the to has been in existence if less than	otal on line 2 by 5, or by the 5 years		3		0.083500
4	Enter the net value of nonchari	table-use assets for 2009 from Part	X, line 5		4		2,369,090.
5	Multiply line 4 by line 3				5		197,819.
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)			6		1,168.
7	Add lines 5 and 6				7		198,987.
8	Enter qualifying distributions fro	om Part XII, line 4			_8_		80,240.
	If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI,	line 1b, and complete that p	part using	a 1%	tax rate See t	he

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Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940	)(b), 4940(e), or 4	948 – see	the instruct	ions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/	'A' on line 1.	7				
	Date of ruling or determination letter: (attach copy of letter if necessary	- see instr.)					
. b	Domestic foundations that meet the section 4940(e) requirements in Part V,		-	1 1		2,3	37.
	check here ▶ and enter 1% of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, lin	e 12, column (b) .					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-).			2			0.
3	Add lines 1 and 2			3		2.3	37.
Л	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	s only Others e	nter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter		,	5		2.3	37.
	Credits/Payments:	. •					
	2009 estimated tax pmts and 2008 overpayment credited to 2009 .	6a	168.	1 1			
	Exempt foreign organizations — tax withheld at source .	6b		1			
	Tax paid with application for extension of time to file (Form 8868)	6c		1			
		6d	-	1			
	Backup withholding erroneously withheld  Latel evolute and normants. Add lines for through fid.	Ou;		7		1	.68.
	Total credits and payments Add lines 6a through 6d  Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 222	20 is attached		8			.00.
		zo is attached	•	9		2 1	69.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			10		۷, ۱	.05.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	Refunde		11			
11  Dow	Enter the amount of line 10 to be. Credited to 2010 estimated tax  VII-A Statements Regarding Activities	Retuitue	<del>u</del> ,	1 !!			
					Т	Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or participate or intervene in any political campaign?	local legislation	or did it		1a	162	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for politic (see the instructions for definition)?	cal purposes			1ь		х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and or distributed by the foundation in connection with the activities.	d copies of any n	naterials p	ublished			
_	Did the foundation file Form 1120-POL for this year?			_	1 c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed	during the year:		·			
	(1) On the foundation > \$ 0. (2) On foundation mana	igers. ►\$_		0.	ļ		
е	Enter the reimbursement (if any) paid by the foundation during the year for political	al expenditure ta	x imposed	lon			
	foundation managers $\blacktriangleright$ \$ 0.						
2	Has the foundation engaged in any activities that have not previously been reported if 'Yes,' attach a detailed description of the activities.	ed to the IRS?	•		2		Х
2	Has the foundation made any changes, not previously reported to the IRS, in its g	overning instrum	ent article	95			
3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conform	ned copy of the o	changes		3		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during				4a		Х
	If 'Yes,' has it filed a tax return on Form 990-T for this year?				4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			••	5		Х
	If 'Yes,' attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) sa	atisfied either:					
	By language in the governing instrument, or						
	• By state legislation that effectively amends the governing instrument so that no with the state law remain in the governing instrument?	mandatory direc	tions that o	conflict	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, co	olumn (c), and Part X	V		7	X	
8.8	Enter the states to which the foundation reports or with which it is registered (see						
56	N/A		_				
t	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	ral		,	8 b		
^		uning of coation A	042(3/2) -	* 4042/:\/E\			
9	Is the foundation claiming status as a private operating foundation within the mea for calendar year 2009 or the taxable year beginning in 2009 (see instructions for	Part XIV)? If 'Ye	s,' comple	ete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' atta and addresses	ach a schedule li	sting their		10		Х
BAA				Fo	rm 99	0-PF	(2009)

b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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N/A

Х

3b

4a

BAA

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Part VII-B   Statements Regarding Activiti		4720 May Be Requ	uired (continued)	)	
5a During the year did the foundation pay or incu	r any amount to:				
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	n (section 4945(e))?	Yes	X No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	n 4955); or to carry		X No	
(3) Provide a grant to an individual for travel,	• .	•	Yes	X No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, oi 4940(d)(2)? (see instri	rganization described uctions)	Yes	X No	
(5) Provide for any purpose other than religior educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes	X No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the exceptions disaster assistance	tions	51	N/A
Organizations relying on a current notice rega	rding disaster assistance	ce check here	▶ [		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible 'Yes,' attach the statement required by Regional Statement Regional Stat	sibility for the grant?		N/A Yes [	□ No	
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premiums	Yes	X No	
<b>b</b> Did the foundation, during the year, pay premi	iums, directly or indirec	tly, on a personal bene	fit contract? .	. 61	X
If 'Yes' to 6b, file Form 8870.				_	
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	ction? Yes	X No	
<b>b</b> If yes, did the foundation receive any proceed				7 t	
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid	I Employee	es,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).		
. Elot dir olitorio, directoro, trastero, trastero	(b) Title and average	1	(d) Contributions to	o (e) Exper	se account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other a	llowances
2 Compensation of five highest-paid employee	es (other than those inc	cluded on line 1 see ir	structions). If none.	. enter 'NONE	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	o (e) Exper	ise account, Ilowances
None			compensation		
Total number of other employees paid over \$50,000	) TEE 002061	07/06/00		Form 9	0 90-PF (2009)

	)847512 Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	d Employees,
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	. –
2	· – .
3	·-
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 N/A	Amount
2	
All other program-related investments See instructions	-
3	· <b>-</b>
Total. Add lines 1 through 3	<b>&gt;</b> 0.
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Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

	, and districtly		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities.	1 a	2,405,168.
	b Average of monthly cash balances	1ь	2,405,100.
	c Fair market value of all other assets (see instructions)	1 c	
	d Total (add lines 1a, b, and c)	1 d	2,405,168.
	e Reduction claimed for blockage or other factors reported on lines 1a and 1c	HŤ	2,100,200.
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,405,168.
_			
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	36,078.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,369,090.
6	Minimum investment return. Enter 5% of line 5	6	118,455.
?බ	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	atıng	foundations
	and certain foreign organizations check here ► and do not complete this pa		
1	Minimum investment return from Part X, line 6	1	118,455.
2	a Tax on investment income for 2009 from Part VI, line 5		
١	b Income tax for 2009. (This does not include the tax from Part VI.)		
(	c Add lines 2a and 2b	2c	2,337.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	116,118.
4	Recoveries of amounts treated as qualifying distributions .	4	
5	Add lines 3 and 4	5	116,118.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	116,118.
Der	Qualifying Distributions (see instructions)		
. Gi	dumying bistributions (see matructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes:		
	a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	80,240.
	b Program-related investments — total from Part IX-B	1ь	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	a Suitability test (prior IRS approval required)	3a	
	b Cash distribution test (attach the required schedule)	3 b	<del></del>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	80,240.
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 instructions)	5	
_	Adjusted qualifying distributions, Subtract line 5 from line 4		90 240

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				116,118.
2 Undistributed income, if any, as of the end of 2009.				
a Enter amount for 2008 only			0.	
<b>b</b> Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 16, 904.				
<b>b</b> From 2005 20, 405.				
c From 2006 33, 145.				
<b>d</b> From 2007 276, 938.	:			
e From 2008 . 84,152.	401 544			
f Total of lines 3a through e	431,544.			
4 Qualifying distributions for 2009 from Part				
XII, line 4: ► \$ 80,240.			0.	
a Applied to 2008, but not more than line 2a			υ.	
<ul> <li>b Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>		0.		
<ul> <li>Treated as distributions out of corpus (Election required — see instructions)</li> </ul>	0.			
d Applied to 2009 distributable amount				80,240.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009	35,878.			35,878.
(If an amount appears ın column (d), the same amount must be shown ın column (a))				
cume amount must be enem in column (e)				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	395,666.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from			0.	
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed	:			
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			•
,	. <u>*</u> ·	11 - 1., 14		
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	395,666.	:		
10 Analysis of line 9:				
a Excess from 2005 1, 431.	1			
<b>b</b> Excess from 2006 33, 145.				
c Excess from 2007 276, 938.	}			
<b>d</b> Excess from 2008 . 84,152 .	1			
e Excess from 2009				

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	Private Operating Foundation					N/A
1 a	If the foundation has received a ruling or our effective for 2009, enter the date of the	determination lette	r that it is a private	operating foundatio	n, and the ruling	
	Check box to indicate whether the foundat		erating foundation	described in section	4942(j)(3) or	4942(j)(5)
•	Enter the lesser of the adjusted net	Tax year	1	Prior 3 years	1 4/(-/	
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed .			<u> </u>		
	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
	'Assets' alternative test — enter:					
	(1) Value of all assets		1		<u></u>	
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			_		
D	'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	'Support' alternative test — enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Pari	Supplementary Information	(Complete this	part only if the	e organization h	ad \$5,000 or mo	re in
	assets at any time during the Information Regarding Foundation Management		istructions.)			
	List any managers of the foundation who close of any tax year (but only if they have None	have contributed m	nore than 2% of the than \$5,000) (See	e total contributions i e section 507(d)(2).)	received by the four	dation before the
	List any managers of the foundation who	own 10% or more	of the stock of a co	ornoration (or an equ	ially large portion of	the ownership of
	a partnership or other entity) of which the None	foundation has a	10% or greater inte	rest.	any large pertion of	and different states
	Information Regarding Contribution, Gra	nt. Gift. Loan, Sch	olarship. etc. Prog	rams:		
_	Check here X if the foundation only requests for funds If the foundation make complete items 2a, b, c, and d	nakes contribution	s to preselected ch	arıtable organization		
a	The name, address, and telephone number	er of the person to	whom applications	should be addresse	ed:	
b	The form in which applications should be	submitted and info	rmation and mater	ials they should inclu	ude.	· · · · ·
c	Any submission deadlines:					
d	Any restrictions or limitations on awards,	such as by geogra	phical areas, charit	able fields, kinds of	institutions, or other	r factors
					·- ·- ·-	
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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or contribution **Amount** status of any foundation manager or recipient substantial contributor Name and address (home or business) a Paid during the year Student scholarships 66,360. ACES Xavier Educational System 101 East Northland Ave Appleton, WI 54911 Staff & staff 10,123. ACES Xavier Educational System 101 East Northland Ave development grants Appleton, WI 54911 Building maintenance 3,407. ACES Xavier Educational System grants 101 East Northland Ave Appleton, WI 54911 350. ACES Xavier Educational System General operations 101 East Northland Ave grants Appleton, WI 54911 Total За 80,240. **b** Approved for future payment

3Ы

**Total** 

iter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514	
1 Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (see the instructions)
a					
b		<del></del>	<del>                                     </del>		
c	1		<del>                                     </del>		<del>/-/</del>
d	<del>  </del>		+	<u> </u>	<del></del>
e	+	<del></del>			
	+		+		
g Fees and contracts from government agencies	<del>                                     </del>	<u> </u>	+		
2 Membership dues and assessments	<del>                                     </del>	····	14	19.	
3 Interest on savings and temporary cash investments	<del>                                     </del>		14	59,511.	
4 Dividends and interest from securities	<del>                                     </del>		1 14	39,311.	
5 Net rental income or (loss) from real estate:			<del></del>		
a Debt-financed property     b Not debt-financed property					
6 Net rental income or (loss) from personal property			<del>                                     </del>		
7 Other investment income	<del>                                     </del>		+ +		
8 Gain or (loss) from sales of assets other than inventory			<del>                                     </del>		84,527
9 Net income or (loss) from special events.			1		04,527
O Gross profit or (loss) from sales of inventory					
11 Other revenue:					•
			1 1		<u> </u>
a b					
С			i t		
d					
e					
Subtotal. Add columns (b), (d), and (e)				59,530.	84,527
13 Total. Add line 12, columns (b), (d), and (e)				13	144,057
See worksheet in the instructions for line 13 to verify of	calculations.)				
<u> </u>		h a	-A D	_	
art XVI-B Relationship of Activities to th	e Accompils	nment of Exem	pt Purpose	25	
Line No. Explain below how each activity for which accomplishment of the foundation's exemp	income is report it purposes (othe	ed in column (e) of or than by providing	Part XVI-A confunds for suc	ontributed important th purposes). (See t	ly to the he instructions.)
N/A					

N/A	

(2009) The ACES Xavier Foundation, Inc 93-0847512

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

				- · · · · · · · · · · · · · · · · · · ·					Yes	
	1 Did th	e organization directly	or indirectly e	ngage in any of the following	g with any o	ther organiza	ation		res	No
•	descr relatir	ibed in section 501(c) o ng to political organizati	of the Code (of	ther than section 501(c)(3) of	rganization	s) or in section	on 527,	1		
				a noncharitable exempt org	anızatıon of	:				
(1) Cash								1a(1)		X
	• •	ther assets						1a (2)		X
b Other transactions:										
		ales of assets to a none	charitable exe	mpt organization				1b(1)		X
				ble exempt organization				1 b (2)		X
	• •	ental of facilities, equip		. •				1 b (3)		X
	• •	eimbursement arranger	•					1 b (4)		<u>x</u>
	• •	oans or loan guarantee:						1 b (5)		X
	<b>(6)</b> P	erformance of services	or membersh	p or fundraising solicitations	5			1 b (6)		<u></u>
	<b>c</b> Sharii	ng of facilities, equipme	ent, mailing lis	its, other assets, or paid em	ployees.			1 c		X
			_	·	. •		•			
	d If the the go	answer to any of the all bods, other assets, or s	bove is 'Yes,' ervices given rangement, sl	complete the following sche by the reporting foundation how in column (d) the value	dule. Colunt If the found of the good	nn <b>(b)</b> should dation receive	always show the fair ned less than fair marke	narket val t value in	ue of	
(:	a) Line no.	(b) Amount involved	· ·	of noncharitable exempt organization			transfers, transactions, and		ngement	
	/A	(b) Amount moned	(c) Name o	i nonchartable exempt organization		) Description of	dunatera, dunadodona, dna s	maring arrai	igomon	
	,									
_				····						
	•				•					
	_									
							· · · · · · · · · · · · · · · · · · ·			
	2a Is the descr	foundation directly or in ibed in section 501(c) of	indirectly affilion (or	ated with, or related to, one ther than section 501(c)(3))	or more tax or in section	exempt organisms	anizations	Yes	s [X]	No
	<b>b</b> If 'Ye	s,' complete the following	ng schedule							
		(a) Name of organization	on	(b) Type of organiza	ation		(c) Description of rela	itionship		
N	/A									
					<del></del>	ļ				
		<del></del>	·			<u> </u>				
_										
	Under pena complete I	alties of perjury, I declare that I Declaration of preparer (other t	have examined th han taxpayer or fid	is return, including accompanying sch uciary) is based on all information of	edules and stat which preparer	ements, and to th has any knowledg	e best of my knowledge and b je	elief, it is tru	e, correc	t, and
		11 /1 /	17			1 1	_			
s		yren Mal	yers_		1	214/11	► Troater	er		
Signature of officer or trustee				· · · · · · · · · · · · · · · · · · ·	Dat	e + + · ·	Title			
Ñ		<u> </u>		. //	Da	te	Prepa	rer's Identify	ıng num	ber
H	Paid	Preparer's signature	C+ >	10 MM	چ ا	. <i>IU. II</i>	Check if (See	Signature in	the inst	rs)
Ř E	Pre-	ree :	Stumpf	ec g/my/		1-17-11	employed N/A	7		
_	parer's Use	yours if self-		sociates,/\$/C.		······································	EIN ► N/A			
	Only	employed), address, and ZIP code Apple	West Col	1ege 54914		<u> </u>	<b>⊢</b> , ,,,,	በነ 722	_105	.7
_		ZIP code Mpp 16	ECOII, WI	74714	<del> </del>		Phone no ► (92	0) 733		
ď	٩A							Form 99	v-rt (	ZUUY)

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

Department of the Treasury

### **Schedule of Contributors**

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

OMB No 1545-0047

2009

internal Revenue Service			i
Name of the organization			Employer identification number
The ACES Xavier	93-0847512		
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter no	umber) organization	
	4947(a)(1) nonexempt o	haritable trust <b>not</b> treated as a p	private foundation
	527 political organizatio	n	
Form 990-PF	X 501(c)(3) exempt private	n foundation	
rom 990-PF	<b>—</b> • • • • • • • • • • • • • • • • • • •	e roundation haritable trust treated as a priva	ata faundation
	501(c)(3) taxable private	•	ate foundation
	Sor(c)(3) taxable private	Houndation	
Note: Only a section 501(	is covered by the <b>General Rule</b> or a <b>Special Rule</b> )(7), (8), or (10) organization can check boxes fo	r both the General Rule and a S	special Rule. See instructions.
General Rule —  X For an organization fill contributor. (Complete	ng Form 990, 990-EZ, or 990-PF that received, du Parts I and II.)	iring the year, \$5,000 or more (i	in money or property) from any one
Special Rules —			
509(a)(1)/170(b)(1)(À)(vi)	organization filing Form 990 or 990-EZ, that met and received from any one contributor, during the year 0, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Co	r, a contribution of the greater of (1)	regulations under sections ) \$5,000 or (2) 2% of the
aggregate contribution	, (8), or (10) organization filing Form 990 or 990- s of more than \$1,000 for use <i>exclusively</i> for relig ochildren or animals Complete Parts I, II, and III	ilous, charitable, scientific, litera	
contributions for use e	, (8), or (10) organization filing Form 990 or 990- xclusively for religious, charitable, etc, purposes, ter here the total contributions that were received ete any of the parts unless the <b>General Rule</b> app	but these contributions did not a	aggregate to more than \$1,000 If
religious, charitable, e	c, contributions of \$5,000 or more during the yea	r.	<b>►</b> \$
990-PF) but it must answer	hat is not covered by the General Rule and/or the r 'No' on Part IV, line 2 of their Form 990, or che ses not meet the filing requirements of Schedule	ck the box on line H of its Form	990-EZ, or on line 2 of its Form
BAA For Privacy Act and for Form 990, 990EZ, or 9	Paperwork Reduction Act Notice, see the Instru	ctions Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990EZ, or 990-PF.

Cabadula	0	/E	000	000 57		000 DE	. ,	2000	
Schedule	D	(rorm	990,	990-EZ,	or	990-PF	) (	2009)	,

Page 1

of 3

of Part I

Name of organization

Employer identification number

The Ac	LES Xavier Foundation, Inc	[93-U	34/512
Partl	Contributors (see instructions.)	· · ·	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Hand & Upper Extremity Cntr NE PO Box 7700 Appleton, WI 54912	\$ <u>5,000.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Dr. and Mrs. Joseph A. Arndt  3015 E Glenhurst Lane Appleton, WI 54913	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Mr. and Mrs. Jay M. Minorik  4924 Silentwind Way  Appleton, WI 54913-6804	\$ <u>5,000</u> .	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_4	NeuroScience Group of NE WI  1305 W American Drive  Neenah, WI 54956	\$ <u>5,000.</u>	Person X Payroli Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Mr. John D Arndt  5160 Peachtree Dunwoody Rd NE  Atlanta, GA 30342	\$5,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Mr. Robert Balliet  1700 W. Packard Street  Appleton, WI 54914	\$ <u>5,041.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

•			
	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Page 2	
Name of orga	ES Xavier Foundation, Inc	1 ' '	yer identification number 0847512
	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<del></del> -	Mr. Michael Price  3905 State Street  Santa Barbara, CA 93105	\$105,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Mrs. Susan C. Livengood  3217 Westfield Ridge  Neenah, WI 54956	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Mrs. Carla T. Oudenhoven  2570 West Palisades Drive  Menasha, WI 54952-1006	\$5 <u>,000</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	Mrs. Mary Beth Meehl  1288 Whippletree Lane Neenah, WI 54956-1166	\$15,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_11_	Mr. and Mrs. Joe Van Schyndel N207 Hickory Meadows Lane Appleton, WI 54914	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	Mr. Richard Gear N9634 Shepherd Lane	\$ 10,000	Person X Payroll Noncash

Appleton, WI 54915-9359

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

(Complete Part II if there is a noncash contribution )

Page 3

of Part I

Name of organization

The ACES Xavier Foundation

age 3 of 3
Employer identification number 93-0847512

1110 110	LD Navier Foundation, The		)4/JIZ
Parti	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Dr. and Mrs. David A. Toivonen  4510 N Midfield Court  Appleton, WI 54913	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14	Mr. Ted J. Oudenhoven  1031 Anderson Drive, Apt A303  Green Bay, WI 54304	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there

Page 1

of 1

of Part II

Name of organization

The ACES Xavier Foundation, Inc

Employer identification number

93-0847512

Partill Noncash Prop	erty (see instructions)
----------------------	-------------------------

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
· ·		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-  \$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>			
AA		edule <b>B</b> (Form 990, 990-E2	

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

2009	Federal Statements		
Client 29439-1	The ACES Xavier Foundation, Inc	93-0847512	
2/14/11  Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees		12:17PM	
Accounting fees	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$ 2,750.       \$ 0.       \$ 0.	(d) Charitable Purposes  \$ 0.	
Statement 2 Form 990-PF, Part I, Line 16c Other Professional Fees			
Investment management fees	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$ 27,214.       \$ 27,214.       \$ 27,214.         Total       \$ 27,214.       \$ 0.	(d) Charitable Purposes  \$ 0.	
Statement 3 Form 990-PF, Part I, Line 18 Taxes			
Federal excise taxes	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         Poer Books       Income       Net Income         S       1,000.       \$         Total       \$       0.	(d) Charitable Purposes  \$ 0.	
Statement 4 Form 990-PF, Part I, Line 23 Other Expenses			
Administrative Bank charges Donor board Service agreement	(a) (b) Net (c) Expenses per Books Investment Adjusted Net Income  \$ 1,171. 23. 7,000. 30,000.  Total \$ 38,194. \$ 0. \$ 0.	(d) Charitable Purposes  \$ 0.	

\_\_\_

2009	Federal Statements	Page 2
Client 29439-1	The ACES Xavier Foundation, Inc	93-0847512
2/14/11  Statement 5 Form 990-PF, Part II, Line 22 Other Liabilities	THE NOZE NAME TO CANADA THE	12 17PM
		Total \$ 1,000.
Statement 6 Form 990-PF, Part III, Line 3 Other Increases		
Unrealized gains		Total \$ 170,981.

# The ACES/XAVIER FOUNDATION, INC Appleton, Wisconsin

### Directors June 30, 2010

Christopher, Mark	Chairman	4347 N Sugar Maple Lane	Appleton	WI	54913
Hodgkiss, Bill	President	1001 S Onieda St, Unit 1B	Appleton	WI	54915
Ellis, Bob	Vice President	232 E Fernwood Lane	Appleton	WI	54913
Fox, Dan	Vice President	W2605 Aspen Court	Appleton	WI	54915
Walters, Jeff	Treasurer	Virchow, Krause & Co. LLP PO Box 2459	Appleton	WI	54912
Bax, Beth	Director	2801 Fox Run	Appleton	WI	54914
Gill, Esq Patrick	Director	1725 S Hycrest Drive	Appleton	Wl	54914
Jahns, David	Director	N2576 Trillium Trail	Appleton	WI	54913
Kemps, Bob	Director	81 Bellevue Place	Appleton	WI	54913
Lingg, Jackie	Director	1920 W Charles Street	Appleton	WI	54914
Lonergan, Kevin	Director	800 N Lyndale Drive	Appleton	WI	54914
Machurick, Michael	Director	1705 Lyle Street	Appleton	WI	54914
Metivier, Tom	Director	N2856 Sleepy Creek Drive	Kaukauna	WI	54130
O' Brien, Kim	Director	4121 N Windcross Drive	Appleton	WI	54913
Pierre, Lisa	Director	824 Mayfield Drive	Appleton	WI	54911
Schmitz, Becky	Director	4 Brookwood Creek	Appleton	WI	54914
Wallace, Brian	Director	4713 W Pine Street	Appleton	WI	54914
Abts, Tony	Ex officio	ACES Xavier System, 101 E Northland Ave	Appleton	WI	54911
Ruppert, Kaydee	Advisor	ACES Xavier System, 101 E Northland Ave	Appleton	WI	54911

All directors are volunteers. None are compensated.