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Form 990-PF

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

| OIAI | <u>D 140</u> | 134 | J-005. |
|------|--------------|-----|--------|
| | | | |
| | _ | _ | |

2009

| | | f the Treasury | | | reate | ed as a Private Fo | undation | | | 2009 |
|---|-------------------|--|-------------------------|---------------------|--|----------------------------|-------------|-----------------|--|---------------------------------------|
| | | nue Service | | | | to use a copy of this retu | | ate reporting | requirements | L |
| | | ar year 2009, or t | | | | | 0/10 | ſ | T = -1 turn | ** |
| G | ineck a | II that apply | Initial retui | | | turn of a former public | | L | Final return | |
| | | Name of found | Amended | return | Add | ress change | Name | change | | |
| | the IR | 5 | allon G. & FRI | EDA K | יייטעמ | 7. | | | oyer identification nur - 6 0 6 0 5 5 2 | nber |
| | label. Ierwise | | FOUNDAT | | | | | | hone number (see page | 10 of the instructions) |
| | print | | | | | d to street address) | Room/suite | 1 ' | 0 - 458 - 2121 | TO OF the instructions) |
| | type. | | AKESHORE | | ot delivere | d to sileet address) | NOOH/Suite | | mption application is pen | ding check here |
| | Specifi | | ate, and ZIP code | | | | | 1 | reign organizations, chec | |
| Instr | ruction | | * | | WI | 53083 | | | reign organizations mee | |
| НС | Check ty | pe of organizatio | | 501(c)(3) exem | | | | | % test, check here and a | |
| | Section | 4947(a)(1) nonex | _ | | | le private foundation | | E If priv | ate foundation status wa | s terminated under |
| l Fa | air mark | et value of all as: | sets at end | J Accounting | method | X Cash Acc | rual | section | on 507(b)(1)(A), check he | re ▶ |
| of | year (f | rom Part II, col (d | s), | Other (s | pecify) | | | F If the | foundation is in a 60-moi | nth termination |
| | ne 16) 🕨 | | | | | be on cash basis) | | under | section 507(b)(1)(B), ch | eck here |
| Pa | art I | Analysis of | | • | • | (a) Revenue and | (h) Nat | | (2) Administration | (d) Disbursements |
| | | total of amounts in coli | | | qual | expenses per books | (b) Netin | vestment ome | (c) Adjusted net income | for charitable purposes |
| | | the amounts in column | | | ······································ | | | | | (cash basis only) |
| | | Contributions, gifts, | | | | | | | | |
| | | | ne foundation is no | | | 0.150 | | | | |
| | 1 | Interest on saving | - | = | ents | 2,152 | 4 | 2,152 | | |
| | 4 | Dividends and in | terest from secu | ırıtıes | | 444,666 | 4 | 44,666 | | |
| | 5a b | Gross rents | o or (loss) | | | | | | | |
| Revenue | 1 . | Net rental income Net gain or (loss) from s | ` ′ | ne 10 STMT | 1 | 908,730 | | | | |
| | 1 | Gross sales price for all | | 10,357 | | 300,730 | | | | |
| | | Capital gain net i | | | , | | 9 | 08,730 | ···· | |
| _ | 1 | Net short-term ca | • | | | ····· | - | | C | |
| | 9 | Income modifical | . • | | | | | | | |
| | 10a | Gross sales less re | turns & allowances | ş | | | | | | |
| | b | Less Cost of god | ods sold | | | | | | | |
| | С | Gross profit or (lo | oss) (attach sch | edule) | | | | | | |
| | 11 | Other income (at | tach schedule) | | | | | | | |
| | 12 | Total. Add lines | 1 through 11 | | | 1,355,548 | 1,3 | 55,548 | C | |
| S | | Compensation of | | | c_ | | | | | |
| use | 14 | Other employee Pension plans, e | salaries and wa | 9°C/ED | 1 | | | | | - |
| ₹ <u>a</u> | 15 | Pension plans, le | mployeelbenefit | | اد | | | | | |
| چ پ | | Legal fees (attac | | | 8 | | | | | |
| 20 | | Accounting fees Other professional | | | 12/2 | 31,210 | | 31,210 | | · |
| 45 45 45 45 45 45 45 45 45 45 45 45 45 4 | | Interest | 可 [ges][attach sched | ule) DIII | ** T | 31,210 | | 31,210 | | |
| St | | Taxes (attach schedule) | (see pate) of the | isthictions) STM | r8 | 15,000 | | | | · · · · · · · · · · · · · · · · · · · |
| J.E | | Depreciation (attack | | | | | | | | |
| EE C | 1 | Occupancy | , | | | | | | | |
| ,₹ | 1 | Travel, conference | ces, and meeting | gs | | | | | | |
| ŤČ | 1 | Printing and publ | | - | | | | | | |
| ڮڠۣ | 1 | Other expenses (att sci | | STMT | 4 | 2,754 | | | | |
| Operating∕ahd™dministrative\Expenses | 24 | Total operating | and administra | tive expenses. | | | | | | |
| era | | Add lines 13 thro | ugh 23 | | | 48,964 | | 31,210 | | 0 |
| ď | 1 | Contributions, gif | | | | 1,636,880 | | | | 1,636,880 |
| _ | | Total expenses ar | | ts. Add lines 24 ar | nd 25 | 1,685,844 | | 31,210 | | 1,636,880 |
| | 1 | Subtract line 26 f | | | | | | | | |
| | 1 | Excess of revenu | | | ents | -330,296 | | 24 222 | ······································ | |
| | 1 | Net investment | | | | ļ | 1,3 | 24,338 | · · · · · · · · · · · · · · · · · · · | |
| | <u> </u> | Adjusted net inc | orne (ir negative | e, enter -U-) | | <u> </u> | L | | | - 000 BE |

| | Part I | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End of | year |
|--------------------------|--------|---|-------------------|----------------|-----------------------|
| _ | | should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 1,961,279 | 2,375,266 | 2,375,266 |
| | 3 | Accounts receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | . |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see page 16 of the | | | |
| | | instructions) | | | |
| | 7 | Other notes and loans receivable (att. schedule) | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| ţ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | | | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach sch) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) SEE STATEMENT 5 | 17,721,512 | 16,977,229 | 19,625,665 |
| | 14 | Land, buildings, and equipment basis | | | |
| | , , | Less accumulated depreciation (attach sch.) | ļ | | • |
| | 15 | | | | |
| | 16 | Other assets (describe ►) Total assets (to be completed by all filers—see the | | | |
| | 10 | • | 19,682,791 | 19,352,495 | 22,000,931 |
| _ | 17 | Instructions Also, see page 1, item I) | 13,002,731 | 19,332,433 | 22,000,551 |
| | | Accounts payable and accrued expenses | | | |
| es | 18 | Grants payable | | | |
| Liabilities | 19 | Deferred revenue | | | |
| ig | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Ë | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe) | - | 0 | |
| - | 23 | Total liabilities (add lines 17 through 22) | 0 | | |
| (0 | | Foundations that follow SFAS 117, check here | | | |
| ces | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| an | 24 | Unrestricted | | | |
| ali | 25 | Temporarily restricted | | | |
| 1 B | 26 | Permanently restricted | | | |
| ŭ | | Foundations that do not follow SFAS 117, check here ▶ X | | | |
| F | | and complete lines 27 through 31. | | | |
| Net Assets or Fund Balan | 27 | Capital stock, trust principal, or current funds | | | |
| ts | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | |
| se | 29 | Retained earnings, accumulated income, endowment, or other funds | 19,682,791 | 19,352,495 | |
| As | 30 | Total net assets or fund balances (see page 17 of the | | | |
| et | | instructions) | 19,682,791 | 19,352,495 | |
| Z | 31 | Total liabilities and net assets/fund balances (see page 17 | | | |
| | | of the instructions) | 19,682,791 | 19,352,495 | |
| | Part I | Analysis of Changes in Net Assets or Fund Balances | | | |
| 1 | Total | net assets or fund balances at beginning of year-Part II, column (a), line 30 (mu | st agree with | | |
| | | of-year figure reported on prior year's return) | | 1 | 19,682,791 |
| 2 | | amount from Part I, line 27a | | 2 | -330,296 |
| | | increases not included in line 2 (itemize) | | 3 | |
| | | ines 1, 2, and 3 | | 4 | 19,352,495 |
| | | eases not included in line 2 (itemize) | | 5 | |
| 6 | | net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (l | b), line 30 | 6 | 19,352,495 |
| _ | | | | | Form 990-PF (2009) |

| Part IV Capital Gains a | nd Losses for Tax on Investme | ent Income | | | | |
|--|--|-------------------------|--|-------------|---|----------------------------------|
| | be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs. MLC Co.) | 1 | (b) How acquired P—Purchase D—Donation | (c) Date ac | | (d) Date sold (mo , day, yr) |
| 1a SEE SCHEDULE 1 | | | DDornation | | | |
| b | | | | | | |
| С | | | | | _ | |
| d | | | | | | |
| е | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | r other basis ense of sale | (| | or (loss) minus (g) |
| a | | | | | | |
| b | | | | | | · |
| _ c | | <u> </u> | | | | |
| d | | | | | | |
| <u>e</u> | | | | | | |
| Complete only for assets showing | ng gain in column (h) and owned by the fo | oundation on 12/31/ | 69 | | | (h) gain minus |
| (i) F M V as of 12/31/69 | 69 (j) Adjusted basis (k) Excess of col (i) as of 12/31/69 over col (j), if any | | | | less than -0-) or om col (h)) | |
| a | | | | | | |
| b | | | | | | |
| С | | | | | | |
| | | | | | | |
| е | | <u> </u> | | | | |
| 2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | | | | | | 908,730 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) | | | | | | |
| If gain, also enter in Part I, line 8 | s, column (c) (see pages 13 and 17 of the | e instructions) | | | | |
| If (loss), enter -0- in Part I, line 8 | | | | 3 | | |
| Part V Qualification U | <u>nder Section 4940(e) for Reduc</u> | ced Tax on Net | Investment Inco | me | | |
| (For optional use by domestic private | e foundations subject to the section 4940 | O(a) tax on net inves | tment income) | | | |
| If section 4940(d)(2) applies, leave tl | his part blank | | | | | |
| | | | | ₩. | | |
| | ction 4942 tax on the distributable amoun | | base period / Ye | s X No | | |
| <u>`</u> | alify under section 4940(e) Do not compl | • | | | | |
| · · · · · · · · · · · · · · · · · · · | each column for each year, see page 18 | 3 of the instructions I | before making any en | tries | | (d) |
| (a) Base period years | (b) Adjusted qualifying distribution | ne Net value | (c) of noncharitable-use ass | ets | | ibution ratio |
| Calendar year (or tax year beginning | j iii j | | | | (col (b) d | 0.072618 |
| 2008 | 1,340 | | 18,453,1 24,382,1 | | | 0.061904 |
| 2007 | 1,509 1,349 | | 25,507,2 | | | 0.052921 |
| 2006 | 1,451 | | 24,081, | | | 0.060263 |
| 2005 | 1,128 | | 23,446, | | | 0.048129 |
| 2004 | 1,120 | , 400 | 23,440, | 132 | Γ | 0.040123 |
| 2. Total of line 1. solumn (d) | | | | 2 | | 0.295835 |
| 2 Total of line 1, column (d) | E year base named advide the total as (| luna O hu E ar hu sha | | | | 0.293033 |
| • | 5-year base period—divide the total on I has been in existence if less than 5 years | • • | | 3 | | 0.059167 |
| | | _ | | | | 20,915,852 |
| 4 Enter the net value of noncharita | able-use assets for 2009 from Part X, line | 9 5 | | 4 | | 20,913,632 |
| 5 Multiply line 4 by line 3 | | | | 5 | | 1,237,528 |
| 6 Enter 1% of net investment incom | me (1% of Part I, line 27b) | | | 6 | | 13,243 |
| 7 Add lines 5 and 6 | | | | 7 | | 1,250,771 |
| | m Part VIII. lung A | | | 8 | | 1,636,880 |
| 8 Enter qualifying distributions from If line 8 is equal to or greater that | ท Part XII, line 4 in line 7, check the box in Part VI, line 1b | o, and complete that | part using a 1% tax r | | L | 1,030,000 |
| Part VI instructions on page 18 | | | | | | |

| om | 1990-PF (2009) FRANK G. & | FRIEDA K. BROTZ | <u> </u> | <u> 060552 </u> | | | Page 6 |
|-------|--|---|---------------------------------------|--|--|--|----------------------------|
| P | art VII-B · Statements Regar | ding Activities for Which For | m 4720 May Be R | equired (cont | inued) | ······· | ···· |
| 5a | During the year did the foundation pay | or incur any amount to | | | | | |
| | (1) Carry on propaganda, or otherwis | e attempt to influence legislation (section | on 4945(e))? | □ Y | es X No | | |
| | (2) Influence the outcome of any spec | cific public election (see section 4955), | or to carry on, | | | | |
| | directly or indirectly, any voter reg | stration drive? | | □ Y | es X No | | |
| | | r travel, study, or other similar purposes | s? | □ Y | es X No | | |
| | | other than a charitable, etc , organizat | | _ | _ | | |
| | section 509(a)(1), (2), or (3), or se | ection 4940(d)(2)? (see page 22 of the i | nstructions) | Пу | es X No | | |
| | | n religious, charitable, scientific, literary | • | _ | _ | . 1 | |
| | purposes, or for the prevention of | - · · | | □ γ | es X No | | |
| þ | | l any of the transactions fail to qualify u | inder the exceptions de | escribed in | | | |
| | | urrent notice regarding disaster assista | · · | | N/A | 5b | |
| | • | ice regarding disaster assistance check | · · · · | • | ▶ □ | | |
| С | - · · | i), does the foundation claim exemption | | | _ | | |
| | because it maintained expenditure res | | | N/A 🗌 Y | 'es No | | |
| | If "Yes," attach the statement required | • | | | | | |
| 6a | · | ceive any funds, directly or indirectly, to | o pay premiums | | | | |
| | on a personal benefit contract? | , | | Пу | 'es 🗓 No | | |
| b | Did the foundation, during the year, pa | ay premiums, directly or indirectly, on a | personal benefit contr | ract? | | 6b | X |
| | If "Yes" to 6b, file Form 8870 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| 7a | At any time during the tax year, was the | ne foundation a party to a prohibited tax | shelter transaction? | П | es X No | | |
| | If yes, did the foundation receive any | | | | N/A | 7b | |
| | | Officers, Directors, Trustees, | | | | ees, | |
| | and Contractors | | | | | | |
| 1 (| List all officers, directors, trustees, fo | undation managers and their compe | nsation (see page 22 | of the instruction | s). | | |
| | | | (b) Title, and average | (c) Compensation | (d) Contributions to | | |
| | (a) Name a | nd address | hours per week | (If not paid, enter | employee benefit plans and deferred | | pense account, rallowances |
| | | | devoted to position | -0-) | compensation | Other | anomanices |
| SI | TUART W BROTZ | SHEBOYGAN | PRESIDENT | | | | |
| | 518 LAKESHORE ROAD | WI 53083 | 5.00 | o | o | | 0 |
| | ESSE R BROTZ | SHEBOYGAN | SECRETARY | | | | |
| | 518 LAKESHORE ROAD | WI 53083 | 1.00 | اه | 0 | | 0 |
| | DAM T BROTZ | SHEBOYGAN | TRUSTEE | · · · · · | | | |
| | 518 LAKESHORE ROAD | WI 53083 | 2.00 | ۰ ا | o | ļ | 0 |
| | DLAND M NEUMANN | SHEBOYGAN | TRUSTEE | | _ | | |
| | O7 N 8TH STREET | WI 53081 | 1.00 | 0 | o | | 0 |
| | Compensation of five highest-paid | | | 23 of the instruct | | <u> </u> | |
| - | If none, enter "NONE." | improyees (other than those meladec | on mic 1—sec page | 20 01 1110 111011110 | | | |
| | | | | | (d) Contributions to | | |
| | (a) Name and address of each er | nnlovee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | employee benefit | | pense account, |
| | (2) 1121110 2112 2221000 01 02011 01 | ipioyoo pala iiioio alaii eeejeea | devoted to position | (0) 00 | plans and deferred compensation | other | r allowances |
| NC | ONE | | | | | | |
| МС | ×14 | | | | | | |
| | · | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 1 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | - | |
| | | | | | | | |
| -4- | I number of other employees hald over | \$50,000 | | <u> </u> | <u> </u> | | |
| . т 2 | | W-31 4 4 H JL I | | | | | |

Total. Add lines 1 through 3

| Pa | Art X Minimum Investment Return (All domestic foundations must complete this part. Fore | eign f | oundations, |
|----------|--|---------|-------------------------|
| | see page 24 of the instructions) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | 10 200 222 |
| a | Average monthly fair market value of securities | 1a | 19,399,323 1,835,045 |
| b | Average of monthly cash balances | 1b | 1,033,045 |
| C | Fair market value of all other assets (see page 24 of the instructions) | 1c | 21,234,368 |
| d | Total (add lines 1a, b, and c) | 1d | 21,234,300 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| _ | 1c (attach detailed explanation) 1e 0 | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 01 024 260 |
| 3 | Subtract line 2 from line 1d | _3 | 21,234,368 |
| 4 | Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of | | 210 F1C |
| _ | the instructions) | 4 | 318,516 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 20,915,852 |
| <u>6</u> | Minimum investment return. Enter 5% of line 5 | 6 | 1,045,793 |
| Pá | art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of | peratir | ng |
| | foundations and certain foreign organizations check here and do not complete this part) | | 1 045 703 |
| 1 | Minimum investment return from Part X, line 6 | 1 | 1,045,793 |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | | |
| b | Income tax for 2009 (This does not include the tax from Part VI) | | 12 042 |
| С | Add lines 2a and 2b | 2c | 13,243 1,032,550 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 1,032,550 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 1 000 550 |
| 5 | Add lines 3 and 4 | 5 | 1,032,550 |
| 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, | | 1 000 550 |
| | line 1 | 7 | 1,032,550 |
| Pa | art 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 | 1,636,880 |
| b | Program-related investments—total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2_ | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 1,636,880 |
| 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 | 13,243 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,623,637 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | ation | |
| | qualifies for the section 4940(e) reduction of tax in those years | | |

| Pa | <u>irt XIII · Undistributed Income</u> | (see page 26 of the | ne instructions) | | | |
|----|---|---------------------|------------------|---------------------------------------|---------------------------------------|-----------|
| | | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2009 from Part | XI, | Corpus | Years prior to 2008 | 2008 | 2009 |
| | line 7 | | | | | 1,032,550 |
| 2 | Undistributed income, if any, as of the ei | nd of 2009 | <u> </u> | | , | |
| а | Enter amount for 2008 only | | | | | |
| b | | , 20 | | | | |
| 3 | Excess distributions carryover, if any, to | | | | | |
| а | From 2004 | | | | | |
| b | From 2005 | 276,532 | Į | | | |
| c | | 103,913 | | | | |
| d | _ | 327,115 | | | | |
| e | m | 426,811 | | | | |
| _ | Total of lines 3a through e | 120,011 | 1,134,371 | | | |
| 4 | Qualifying distributions for 2009 from Pa | + VII | 1,131,3/1 | | | |
| 7 | line 4 ▶ \$ 1,636,880 | IT AII, | | | | |
| _ | | | | | | |
| | Applied to 2008, but not more than line 2 | | | | | |
| D | Applied to undistributed income of prior | · | | | | |
| _ | (Election required—see page 26 of the in | · | | | | |
| С | Treated as distributions out of corpus (E | | | | | |
| | required—see page 26 of the instruction | s) | | | | 1,032,550 |
| | Applied to 2009 distributable amount | <u></u> | 604 220 | | | 1,032,550 |
| | Remaining amount distributed out of cor | ' - - | 604,330 | | | |
| 5 | Excess distributions carryover applied to | | ····· | | | <u> </u> |
| | (If an amount appears in column (d), the | same | | | | |
| | amount must be shown in column (a)) | } | | | | |
| 6 | Enter the net total of each column as | | | | | |
| | indicated below: | | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtra | ct line 5 | 1,738,701 | | | |
| þ | Prior years' undistributed income Subtra | act | | | | |
| | line 4b from line 2b | | | | | |
| С | Enter the amount of prior years' undistrib | outed | | | | |
| | income for which a notice of deficiency h | nas | | | | |
| | been issued, or on which the section 49- | 42(a) | | | | |
| | tax has been previously assessed | | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | | |
| | amount—see page 27 of the instructions | | | | | |
| е | Undistributed income for 2008 Subtract | line | | | | |
| | 4a from line 2a Taxable amount—see p | age | | | | |
| | 27 of the instructions | | | | | |
| f | Undistributed income for 2009 Subtract | lines | | | | |
| | 4d and 5 from line 1. This amount must | | | | | |
| | distributed in 2010 | | | | | |
| 7 | Amounts treated as distributions out of d | corous | a | | | |
| • | to satisfy requirements imposed by sect | • | i | | | |
| | 170(b)(1)(F) or 4942(g)(3) (see page 27 | | | | | |
| | instructions) | | | | | |
| 8 | Excess distributions carryover from 2004 | 1 not | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
| 0 | | i | | | | |
| | applied on line 5 or line 7 (see page 27 of | or the | | | | |
| 0 | instructions) | , ⊦ | | | | - |
| 9 | Excess distributions carryover to 2010 | y. | 1 720 701 | | | |
| 46 | Subtract lines 7 and 8 from line 6a | - | 1,738,701 | | | |
| 10 | Analysis of line 9 | | | | | |
| a | Excess from 2005 | 276,532 | | | | |
| b | Excess from 2006 | 103,913 | | | | |
| С | Excess from 2007 | 327,115 | | | | |
| d | Excess from 2008 | 426,811 | | | | |
| е | Excess from 2009 | 604,330 | | | | Į. |

| Pa | Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9) | | | | | | |
|--------|---|--------------------------|--------------------------|------------------------------|-----------------------|-------------------|--|
| 1a | If the foundation has received a ruling or | determination letter th | at it is a private opera | iting | | | |
| | foundation, and the ruling is effective for | 2009, enter the date of | of the ruling | | | | |
| b | Check box to indicate whether the found | ation is a private opera | ating foundation descr | ibed in section 4 | 942(j)(3) or 4942 | ?(j)(5) | |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (e) Total | |
| | income from Part I or the minimum | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) rotar | |
| | investment return from Part X for | | | | | - | |
| | each year listed | | | | | | |
| b | 85% of line 2a | | | | | | |
| С | Qualifying distributions from Part XII, | | | | | | |
| | line 4 for each year listed | | | | | | |
| d | Amounts included in line 2c not used directly | | | | | | |
| | for active conduct of exempt activities | | | | | | |
| е | Qualifying distributions made directly | | | | | | |
| | for active conduct of exempt activities | | | | | | |
| | Subtract line 2d from line 2c | | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | | |
| | alternative test relied upon | | | | | | |
| а | "Assets" alternative test—enter | | | | | | |
| | (1) Value of all assets | | | | | | |
| | (2) Value of assets qualifying under | | | | | | |
| L | section 4942(j)(3)(B)(i) | | <u> </u> | | | | |
| b | "Endowment" alternative test—enter 2/3 | , | | | | | |
| | of minimum investment return shown in | | | | | | |
| _ | Part X, line 6 for each year listed | | | | | | |
| С | "Support" alternative test—enter | | | | | | |
| | (1) Total support other than gross investment income (interest, | | | | | | |
| | dividends, rents, payments on | | | | | | |
| | securities loans (section | | | | | | |
| | 512(a)(5)), or royalties) | | <u> </u> | | | | |
| | (2) Support from general public | | | | | | |
| | and 5 or more exempt | | | | | | |
| | organizations as provided in | | | | | | |
| | section 4942(j)(3)(B)(iii) | | | | | | |
| | (3) Largest amount of support from | | | | | | |
| | an exempt organization | - | | | | | |
| D- | (4) Gross investment income irt XV Supplementary Inforr | nation (Complete | this part only if | the foundation b | ad \$5 000 or more | in assets at | |
| 1 6 | any time during the y | • • | | | iaα ψο,σου οι πιοιτ | , iii assotis at | |
| | Information Regarding Foundation Ma | | or the matiacti | <u> </u> | | | |
| ' a | List any managers of the foundation who | - | re than 2% of the total | contributions received | by the foundation | | |
| u | before the close of any tax year (but only | | | | = | | |
| | N/A | in they have continue | od moro man po,ooo, | (000 000 001 (4)(1 | -, , | | |
| b | List any managers of the foundation who | own 10% or more of | the stock of a corpora | tion (or an equally larg | e portion of the | | |
| - | ownership of a partnership or other entity | | · · | | o portion or the | | |
| | N/A | ,, | g. | | | | |
| 2 | Information Regarding Contribution, G | Frant, Gift, Loan, Sch | olarship, etc., Progra | ms: | | | |
| | | | | ble organizations and | does not accept | | |
| | unsolicited requests for funds. If the four | | • | • | | | |
| | organizations under other conditions, con | | · · · · · · | • | | | |
| а | The name, address, and telephone num | | | uld be addressed. | | | |
| - | SEE STATEMENT 6 | | | | | | |
| | | | | | | | |
| b | The form in which applications should be SEE STATEMENT 6 | submitted and inform | nation and materials th | ney should include | | | |
| | Any submission deadlines | .= | | | | | |
| d | SEE STATEMENT 6 Any restrictions or limitations on awards, | such as by geograph | ical areas charitable | fields, kinds of institution | ons, or other factors | | |
| | SEE STATEMENT 6 | | | | | | |
| | | | | | | Tam 990-PF (2000) | |

· Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or contribution show any relationship to status of Amount any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year GRANTS PAID SEE 1,636,880 STATEMENT 7 1,636,880 ▶ 3a **Total** Approved for future payment N/A Total **▶** 3b

| _ | ALIANIA | Analysis of Income-Producing Ac | tivities | | | | · · · |
|-----|-----------------|---|----------------------|--|--|-----------------------|---|
| Ent | | ounts unless otherwise indicated | | Unrelated business income Excluded by section 512, 513, or 514 | | | |
| | | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See page 28 of |
| 1 | Program ser | | | | | | the instructions) |
| | | | - | | | | **** |
| | | | · | | + - | | |
| | | | - | | | | · - |
| | | | - | | | - | |
| | f | | | | | | |
| | g Fees an | d contracts from government agencies | | | | | |
| 2 | Membership | dues and assessments | | | | | |
| | | savings and temporary cash investments | | | 14 | 2,152 | |
| | | nd interest from securities | | | 14 | 444,666 | |
| 5 | | come or (loss) from real estate | | | | | |
| | | anced property | | | + | | |
| _ | | t-financed property | | | | | |
| | Other invest | come or (loss) from personal property | | | | | |
| | | s) from sales of assets other than inventory | | | 14 | 908,730 | |
| | | or (loss) from special events | | - | | 300,720 | |
| | | or (loss) from sales of inventory | · | | | | |
| | | ue a | | | | | · ' |
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| | | | | | | | |
| | e | | _ | | <u> </u> | | |
| | | ld columns (b), (d), and (e) | | | 0 | 1,355,548 | |
| | | ne 12, columns (b), (d), and (e) | | | | 13 _ | 1,355,548 |
| | art XVI-B | In line 13 instructions on page 28 to verify calcular Relationship of Activities to the A | | ont of Exampt I | Purnoco | | |
| | Line No. | Explain below how each activity for which incom | | | | | |
| | Eille 110. ▼ | | | | | | |
| | · | accomplishment of the foundation's exempt pur instructions) | ooses (other than | by providing range. | or such po | irposes) (See page 2s | of the |
| | N/A | | | oy providing rando . | ——— | rposes) (See page 2s | of the |
| _ | N/A | | ooses (other than | | ———— | irposes) (See page 2s | of the |
| _ | N/A | | ooses (other man | or pronuing tander | | irposes) (See page 2s | of the |
| | N/A | | oses (other than | | or such po | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such po | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other than | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other than | | or such pe | Irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | Irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | Irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | irposes) (See page 2s | of the |
| | N/A | | oses (other man | | or such pe | Irposes) (See page 2s | of the |

| • ' | W1 4 7 7 4 11 | Exempt Organiza | _ | alisicis io aliu i | Tansaction | s and iveracio | mompo with it | ononan | tubio | | |
|-----------|--------------------------------|--|----------------------------------|--|---|--|---|-------------------------------|------------------------------------|--------|----------|
| 1 | Did the | organization directly or ind | | ge in any of the followi | ng with any oth | er organization o | lescribed | | | Yes | No |
| | | n 501(c) of the Code (other | | | | | | | | | |
| | organiza | tions? | | | | | | | | | ĺ |
| а | Transfer | s from the reporting found | ation to a no | oncharitable exempt o | rganization of | | | | | | |
| | (1) Cas | | | | | | | | 1a(1) | | <u> </u> |
| | (2) Othe | er assets | | | | | | | 1a(2) | | X |
| b | Other tra | | | | | | | | | | |
| | | s of assets to a noncharita | | | | | | | 1b(1) | | X |
| | | chases of assets from a no | | . • | | | | | 1b(2) | | X |
| | | tal of facilities, equipment, | | sets | | | | | 1b(3) | | X |
| | ٠. | nbursement arrangements | } | | | | | | 1b(4) | | X |
| | | ns or loan guarantees ormance of services or me | ambarahia a | r fundrajajna aaljajtatje | | | | | 1b(5) | | X |
| _ | | of facilities, equipment, m | | | | | | | 1b(6) 1c | | X |
| | | swer to any of the above is | | | | n (h) should alwa | vs show the fair m | arket | [| | |
| | | the goods, other assets, o | | - | | | - | | | | |
| | | any transaction or sharing | _ | · · · · · | | | | | | | |
| | (a) Line no | (b) Amount involved | | of nonchantable exempt of | | | n of transfers, transac | | arıng arrang | ements | |
| N/ | A | | | | | | | | | | |
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| | | | | | | | | | | | |
| 2a | Is the fo | undation directly or indirec | tly affiliated | with, or related to, one | e or more tax-e | xempt organizati | ons | - | | | |
| | | d in section 501(c) of the | - | | | | | | Y | es 🛚 | No |
| b | if "Yes," | complete the following sc | hedule | | | | | | | | |
| | | (a) Name of organization | | (b) Type of organ | nization | | (c) Description o | f relationship | • | | |
| | N/A | | | | | | | | | | |
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| | Under per belief, it is | naities of perjury, I declare that true correct, and complete. | t I have exami Declaration of | ned this return, including a preparer (other than taxpa | accompanying sc ayer or fiduciary) i | hedules and staten s based on all infor | ients, and to the best mation of which prepa | of my knowle rer has any l | edge and knowledge | | |
| | N | Stust 11 | 11/5 | and 5 | ~ - | -// | PRESID | | | | |
| اره | Signa | ature of officer or trustee | V 7-7 | ~/ | Date | | Title | <u> </u> | | - | |
| وَ | | | | | | Date | | | reparer's identi | | |
| ᆯ | ω <u>.</u> | Preparer's | | | | Date | Check if | | umber (see Sig age 30 of the in | | |
| Sign Here | Paid Preparer's Use Only | signature | | | | | self-employed | ' - - ' | .ge ee | | • |
| ا رح | Pai Se C | Firm's name (or yours if | | | | • | | | | | |
| | ا ت ہے | self-employed), address, | | | | | | EIN ▶ | | | |
| | | and ZIP code | | | | | | Phone no | | | |
| | | | _ | | | | | | Form 99 | 0-PF | (2009) |

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

| Description | How Received | Whom Sold | Date Acquir e d |
|--|----------------------------|--------------|-------------------------------|
| Date Sale Sold Price Cost | Expense | Depreciation | Net Gain / Loss |
| 10028.079SH MAINSTAY S&P 500 INDEX 11/06/09 \$ 250,000 \$ 210,306 \$ 3008.424SH MAINSTAY S&P 500 INDEX | PURCHASE \$ PURCHASE | \$ | VARIOUS 39,694 VARIOUS |
| 11/06/09 75,000 63,092 15686.275SH MAINSTAY S&P 500 INDEX 12/08/09 400,000 328,968 | PURCHASE | | 11,908 VARIOUS 71,032 |
| 11170.011SH MAINSTAY S&P 500 INDEX 1/11/10 295,000 235,080 | PURCHASE | | VARIOUS 59,920 |
| 27216.174SH MAINSTAY S&P 500 INDEX 9/03/10 700,000 588,245 70422.535SH MAINSTAY INDEXED BOND | PURCHASE PURCHASE | | VARIOUS 111,755 VARIOUS |
| 10/06/09 800,000 775,796 17605.635SH MAINSTAY INDEXED BOND | PURCHASE | | 24,204 VARIOUS |
| 10/06/09 200,000 193,949 13227.513SH MAINSTAY INCOME BOND | PURCHASE | | 6,051 VARIOUS |
| 3/09/10 150,000 146,504 44347.826SH MAINSTAY INDEXED BOND | PURCHASE | | 3,496 VARIOUS |
| 6/04/10 510,000 491,290 8695.652SH MAINSTAY INDEXED BOND | PURCHASE | | 18,710 VARIOUS |
| 6/04/10 100,000 96,331 1724.138SH MAINSTAY INDEXED BOND 7/07/10 20,000 19,102 | PURCHASE | | 3,669 VARIOUS 898 |
| 6896.552SH MAINSTAY INDEXED BOND 7/07/10 80,000 76,410 | PURCHASE | | VARIOUS 3,590 |
| 10889.292SH MAINSTAY HIGH YIELD 10/06/09 60,000 55,771 | PURCHASE | | VARIOUS 4,229 |
| 13489.209SH MAINSTAY HIGH YIELD 11/06/09 75,000 69,125 | PURCHASE | | VARIOUS 5,875 |
| 26737.968SH MAINSTAY HIGH YIELD 12/08/09 150,000 137,102 | PURCHASE | | VARIOUS 12,898 VARIOUS |
| 54101.222SH MAINSTAY HIGH YIELD 1/11/10 310,000 277,588 28795.812SH MAINSTAY HIGH YIELD | PURCHASE PURCHASE | | VARIOUS 32,412 VARIOUS |
| 1/11/10 165,000 147,748 89117.541SH MAINSTAY HIGH YIELD | PURCHASE | | 17,252 VARIOUS |
| 5/06/10 510,644 470,630 26814.159SH MAINSTAY HIGH YIELD | PURCHASE | | 40,014 VARIOUS |
| 7/07/10 152,037 150,967 5208.333SH VANGUARD TOTAL INTL | PURCHASE | | 1,070 VARIOUS |
| 11/06/09 75,000 62,023 21367.521SH VANGUARD TOTAL INTL | PURCHASE | | 12,977 VARIOUS 23,964 |
| 9/01/10 300,000 276,036 778.008SH VANGUARD MID CAP INDEX 1/11/10 60,000 51,421 | PURCHASE | | VARIOUS 8,579 |
| 2480.916SH VANGUARD MID CAP INDEX 3/09/10 195,000 163,971 | PURCHASE | | VARIOUS 31,029 |
| 3614.893SH VANGUARD MID CAP INDEX 4/06/10 300,000 238,927 | PURCHASE | | VARIOUS 61,073 |
| 1582.278SH VANGUARD SMALL CAP INDEX 1/11/10 45,000 33,350 | PURCHASE | | VARIOUS 11,650 |
| 5401.756SH VANGUARD SMALL CAP INDEX 3/09/10 160,000 113,854 | PURCHASE | | VARIOUS 46,146 |
| 2406.16SH VANGUARD SMALL CAP INDEX 4/06/10 75,000 50,719 | PURCHASE | | VARIOUS 24,281 |

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets (continued)

| Description | on | How Received | Whom Sold | Date Acquired |
|---------------------------|-----------------|-----------------|--------------|--------------------|
| Date Sale Sold Price | Cost | Expense | Depreciation | Net Gain / Loss |
| 5133.141SH VANGUARD SMALL | CAP INDEX | PURCHASE | | VARIOUS |
| 4/06/10 \$ 160,000 | | \$ | \$ | |
| 7672.634SH VANGUARD SMALL | • | PURCHASE | • | VARIOUS |
| 7/07/10 210,000 | 161,730 | | | 48,270 |
| 2998.8SH VANGUARD TIPS | · | PURCHASE | | VARIOUS |
| 2/05/10 75,000 | 73,147 | | | 1,853 |
| 31387.445SH VANGUARD TIPS | | PURCHASE | | VARIOUS |
| 2/05/10 785,000 | 765,609 | | | 19,391 |
| 8761.206SH VANGUARD TIPS | · | PURCHASE | | VARIOUS |
| 4/06/10 215,000 | 213,709 | | | 1,291 |
| 29515.939SH VANGUARD TIPS | | PURCHASE | | VARIOUS |
| 5/06/10 750,000 | 719,970 | | | 30,030 |
| 13774.105SH VANGUARD TIPS | | PURCHASE | | VARIOUS |
| 5/06/10 350,000 | 335,986 | | | 14,014 |
| 20907.298SH VANGUARD TIPS | | PURCHASE | | VARIOUS |
| 6/04/10 530,000 | 509,983 | | | 20,017 |
| 20643.112SH VANGUARD TIPS | • | PURCHASE | | VARIOUS |
| 7/07/10 520,000 | 503,628 | | | 16,372 |
| 3969.829SH VANGUARD TIPS | · | PURCHASE | | VARIOUS |
| 7/07/10 100,000 | 96,852 | | | 3,148 |
| 17864.232SH VANGUARD TIPS | • | PURCHASE | | VARIOUS |
| 7/07/10450,000 | 435,832 | | | 14,168 |
| TOTAL \$ 10,357,681 | \$ 9,448,951 \$ | 0 \$ | 0 \$ | 908,730 |

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

| Description | | | | | | | |
|-----------------------|--------------|-----|-------------------|-----|-----------------|-----|-----------------------|
| | Total | _ | Net Investment | | Adjusted Net | _ | Charitable Purpose |
| INVESTMENT FEES NYLIM | | | | | | | |
| | \$ 31,210 | \$_ | 31,210 | \$_ | | \$_ | |
| TOTAL | \$ 31,210 | \$_ | 31,210 | \$_ | 0 | \$_ | 0 |

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

| Description | | | | | | | |
|-------------|--------------|-----|-------------------|-----|-----------------|-----|-----------------------|
| | Total | | Net Investment | _ | Adjusted Net | _ | Charitable Purpose |
| PREPAID TAX | | | | | | | |
| | \$ 15,000 | \$_ | | \$_ | | \$_ | |
| TOTAL | \$ 15,000 | \$_ | 0 | \$_ | 0 | \$_ | 0 |

39-6060552

Federal Statements

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

| Description | | | | | | | | |
|------------------------|----|-------|-----|-------------------|-----|-----------------|-----|-----------------------|
| | | Total | _ | Net Investment | _ | Adjusted Net | _ | Charitable Purpose |
| EXPENSES | \$ | | \$ | | \$ | | \$ | |
| FEES AND MISCELLANEOUS | • | 2,754 | | | | | _ | |
| TOTAL | \$ | 2,754 | \$_ | 0 | \$_ | 0 | \$_ | 0 |

Statement 5 - Form 990-PF, Part II, Line 13 - Other Investments

Description

| | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|---|-------------------|----------------|-----------------------|----------------------|
| MAINSTAY INDEXED BOND FUND | | | | |
| \$ | 3,151,077 \$ | 2,109,144 | : | \$ 2,231,385 |
| MAINSTAY HIGH YIELD CORP BD FUND | | | | |
| | 996,953 | | | |
| MAINSTAY S&P 500 INDEX FUND | | | | |
| *************************************** | 6,497,570 | 6,463,239 | | 7,954,290 |
| VANGUARD TOTAL INTL STOCK FUND | 1 120 016 | 2 022 012 | | 2 500 060 |
| VANGUARD SMALL CAP INDEX | 1,130,216 | 3,033,013 | | 3,509,969 |
| VANGUARD SMALL CAP INDEX | 608,523 | 625,890 | | 763,323 |
| VANGUARD MID CAP INDEX | 000,525 | 025,050 | | 705,525 |
| | 1,251,487 | 1,383,624 | | 1,633,062 |
| VANGUARD INFLATION PROTECTED SEC | _,,, | _, , | | -,, |
| | 4,085,686 | 3,362,319 | | 3,533,636 |
| TOTAL \$ | 17,721,512 \$ | 16,977,229 | : | \$ 19,625,665 |
| ~ - | ,, | | • | |

| 39-6060552 | Federal Statements |
|-----------------|--|
| | DE Dort VV. Line 2b. Application Format and Demained Contents |
| <u>Form 990</u> | Description |
| SEE STATEMENT 6 | Description |
| | Form 990-PF, Part XV, Line 2c - Submission Deadlines |
| | Description |
| SEE STATEMENT 6 | |
| <u>Forn</u> | n 990-PF, Part XV, Line 2d - Award Restrictions or Limitations |
| | Description |
| SEE STATEMENT 6 | |
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| 39 | -60 | 60 | 55 | 52 |
|----|--------|----|--------|----|
| - | \sim | | \sim | - |

Taxable Interest on Investments

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code |
|---|--------------------------|----------------------------|----------------|----------------|
| U.S. BANK CHECKING U.S. BANK MONEY MARKET MAINSTAY CASH RESERVE | \$ 86 1,142 924 | | 14 14 14 | |
| TOTAL | \$ 2,152 | | | |

Taxable Dividends from Securities

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal <u>Code</u> |
|------------------------------|---------------|----------------------------|-------------------|-----------------------|
| MAINSTAY S&P 500 INDEX | \$ 116,358 | | 14 | |
| VANGUARD TOTAL INTERNATIONAL | 30,857 | | 14 | |
| VANGUARD SMALL CAP INDEX | 10,221 | | 14 | |
| VANGUARD MID CAP INDEX | 16,456 | | 14 | |
| MAINSTAY INDEXED BOND FD | 87,449 | | 14 | |
| MAINSTAY HI YLD CORP BOND FD | 31,976 | | 14 | |
| VANGUARD TIPS | 151,349 | | 14 | |
| TOTAL | \$ 444,666 | | | |

FRANK G. & FRIEDA K. BROTZ FAMILY FOUNDATION, INC. 2009 FORM 990-PF

EIN: 39-6060552

STATEMENT 6

Page 10, Part XV, Item 2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

Frank G. & Frieda K. Brotz Family Foundation, Inc.

Attention: Grants Committee

3518 Lakeshore Road

Sheboygan, Wisconsin 53083 Telephone: 920-458-2121

b.) The form in which applications should be submitted and information and materials they should include:

A written letter giving details of the applicant, its purpose, its intended use of any grant, evidence that shows the applicant is qualified under Section 170(c) of the Internal Revenue Code.

c.) Any submission deadlines:

None, the grants committee of this private foundation meets periodically.

d.) Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

This private foundation's grants are made to public supported Section 170(c) Internal Revenue Code qualified organizations; primarily in Wisconsin. No grants to individuals or organizations that require "expenditure responsibility under Treasury Regulations".

| | Frank G. & Frieda K | & Frieda K. Brotz Family Foundation, Inc. | idation, Inc. |
|--|-------------------------------|---|---|
| | Grants | Grants made FYE 9/30/2010 | |
| NAME | Address | AMOUNT | DATE PURPOSE ' |
| Above & Beyond Children's Museum | Shebovgan, Wisconsin 53081 | \$10.000 00 | 9/21/2010 Matching grant from Efroymson Family Fdn. |
| Above & Beyond Children's Museum | Sheboygan, Wisconsin 53081 | \$10,000.00 | 1/12/2010 Continued support and matching gift goal |
| American Red Cross | Sheboygan, Wisconsin 53081 | \$1,000.00 | 5/18/2010 Putt for Red Cross |
| Archdiocese of Milwaukee | Milwaukee, Wisconsin 53201 | \$100,000.00 | 10/9/2009 Pledge 2 of 5 - Faith in Our Future Campaign |
| Bay-Lakes Council - Boy Scouts of Americ Appleton, Wisconsin 54912 | c Appleton, Wisconsın 54912 | \$5,000 00 | 5/18/2010 Continued support |
| Bay-Lakes Council - Boy Scouts of Americ Appleton, Wisconsin 54912 | c Appleton, Wisconsin 54912 | \$15,000 00 | 12/16/2009 Upgrade of Camp Rokilio facilities |
| Big Brothers & Big Sisters of Sheb Cty | Sheboygan, Wisconsın 53081 | \$10,000.00 | 12/16/2009 Continued support |
| Bookworm Gardens | Sheboygan, Wisconsin 53081 | \$50,000.00 | 5/24/2010 Pledge 1 of 3-The Magic Treehouse |
| Boy & Girls Club of Sheboygan County | Sheboygan, Wisconsin 53081 | \$10,000.00 | 12/16/2009 Continued support |
| Camp Anokıjig | Plymouth, Wisconsin 53073 | \$10,000 00 | 9/21/2010 Camp scholarship fund to assist low-income families |
| Camp Evergreen Corporation | Sheboygan, Wisconsin 53081 | \$5,000 00 | 6/11/2010 Continued support |
| Catholic Charities of Sheboygan | Sheboygan, Wisconsin 53081 | \$25,000 00 | 12/16/2009 Pledge 2 of 4 - Support Sheb County Programs |
| Catholic Relief Services | Baltimore, Maryland 21201 | \$10,000 00 | 5/18/2010 Haiti relief |
| Children's Hospital Foundation | Milwaukee, Wisconsın 53201 | \$50,000.00 | 12/16/2009 Pledge 4 of 7 - Brotz Chapel |
| Children's Hospital of Wisconsin | Milwaukee, Wisconsin 53201 | \$10,000.00 | 9/23/2010 Louie's Last Regatta Event |
| Christ Child Academy | Sheboygan, Wisconsin 53081 | \$25,000.00 | 10/9/2009 Pledge 2 of 2 - Construct 4 classrooms |
| Circle of Friends | Kohler, Wisconsin 53044 | \$10,000 00 | 5/18/2010 Continued support |
| DISMAS | Milwaukee, Wisconsin 53201 | \$200 00 | 12/16/2009 Continued support |
| Environmental Park Trust of Sheb County Sheboygan, Wisconsin 53081 | y Sheboygan, Wisconsin 53081 | \$25,000.00 | 10/9/2009 Pledge 5 of 5 - Brotz Ecology Hall |
| Foundation for Religious Retirement | St Francis, Wisconsin 53235 | \$1,000.00 | 9/21/2010 Continued support |
| Friends of St. Nicholas Hospital | | \$2,500 00 | 11/13/2009 12th Annual St Nicholas Eve-charity care |
| Great Lakes Spaceport Education | Sheboygan, Wisconsin 53081 | \$10,000 00 | 5/18/2010 Continued support |
| Great Marriages for Sheboygan County | Sheboygan, Wisconsin 53081 | \$200 00 | 9/21/2010 Continued support |
| Guide Dog Foundation | Smithtown, New York 11787 | \$500 00 | 9/21/2010 Continued support |
| Herreshoff Marine Museum | Bristol, Rohde Island 02809 | \$1,000 00 | 12/16/2009 2009 Annual Fund |
| Junior Achievement | Sheboygan, Wisconsin 53081 | \$200 00 | 5/18/2010 Continued support |
| Kohler School District Foundation, Inc. | Kohler, Wisconsin 53044 | \$40,000 00 | 10/9/2009 Pledge 2 of 3 - Distance Learning Lab |
| Lakeland College | Sheboygan, Wisconsin 53081 | \$11,000 00 | 7/15/2010 Movers & Shakers Gala-auction |
| Lakeland College | Sheboygan, Wisconsin 53081 | \$1,000 00 | 6/21/2010 Movers & Shakers Gala-auction |
| Lakeland College | Sheboygan, Wisconsin 53081 | \$10,000.00 | 5/17/2010 Movers & Shakers Gala |
| Lakeland College | Sheboygan, Wisconsin 53081 | \$2,000.00 | 4/30/2010 Movers & Shakers Gala |
| Lakeland College | Sheboygan, Wisconsin 53081 | \$25,000.00 | 2/16/2010 Movers & Shakers Gala-Dinner Sponsorship |
| Lakeland College | Sheboygan, Wisconsin 53081 | \$100,000.00 | 2/1/2010 Pledge 1 of 5-Sesquicentennial Campaign |
| Lake Country Academy | Sheboygan, Wisconsın 53081 | \$50,000.00 | 8/16/2010 Pledge 1 of 2-Stage equipment |
| Lakeshore Technical College | Cleveland, Wisconsin 53015 | \$5,000.00 | 5/18/2010 2009-10 Annual Fund Campaign |
| Marquette University Law School | Milwaukee, Wisconsin 53201 | \$100,000.00 | 10/9/2009 Pledge 2 of 5 - New law school facility |
| Meals on Wheels of Sheboygan County, In Sheboygan, Wisconsin 53081 | in Sheboygan, Wisconsin 53081 | \$10,000 00 | 12/16/2009 Continued support |
| Medical College of Wisconsin, Inc | Milwaukee, Wisconsin 53201 | \$25,000 00 | 10/9/2009 Pledge 1 of 5 - Annual Fund for Excellence |
| Milwaukee School of Engineering | Milwaukee, Wisconsin 53201 | \$10,000.00 | 4/14/2010 2009-10 Annual Scholarship Fund |
| Optimist Club of Sheboygan | Sheboygan, Wisconsin 53081 | \$200.00 | 6/21/2010 Back to School Basics School Supply Giveaway |
| | | Ctotomost 7 | |

| NAME | Address | AMOUNT | DATE |
|---|----------------------------------|----------------|---|
| Rainbow Kids | Sheboygan, Wisconsın 53081 | \$1,000 00 | 5/18/2010 Continued support |
| Rawhide | New London, Wisconsin 54961 | \$2,500 00 | 9/21/2010 Continued support |
| RCS Empowers, Inc | Sheboygan, Wisconsin 53081 | \$250,000 00 | 10/9/2009 Pledge 1 of 5 - Improvements to RCS Campus |
| Riveredge Nature Center | Newburg, Wisconsin 53060 | \$1,000 00 | 9/21/2010 Continued support |
| Roncalli High School | Manitowoc, Wisconsin 54220 | \$10,000 00 | 10/9/2009 Pledge 4 of 5 - Upgrade school buses |
| Safe Harbor Domestic Abuse Shelter | Sheboygan, Wisconsin 53081 | \$10,000 00 | 9/21/2010 Continued support |
| Sail Sheboygan Ltd | Sheboygan, Wisconsin 53081 | \$100,000 00 | 10/9/2009 Site improvements and purchase additional sailboats |
| Saint Norbert College | DePere, Wisconsin 54115 | \$10,000 00 | 12/16/2009 Pledge 5 of 5 - Strategic Funding Initiative |
| The Salvation Army | Sheboygan, Wisconsin 53081 | \$50,000 00 | 5/24/2010 Pledge 1 of 6-new construction and renovation |
| The Salvation Army | Sheboygan, Wisconsin 53081 | \$5,000 00 | 12/16/2009 Continued support |
| Sharon S. Richardson Hospice Home | Sheboygan Falls, Wisconsin 53085 | \$50,000.00 | 10/9/2009 Pledge 6 of 7 - Building campaign |
| Sheboygan Area Lutheran High | Sheboygan, Wisconsin 53081 | \$25,000 00 | 5/24/2010 Pledge 5 of 5-Leading the Way Capital Campaign |
| Sheboygan Area School District | Sheboygan, Wisconsin 53081 | \$200 00 | 5/18/2010 Summer Playground Partnership |
| Sheboygan Arts Foundation, Inc. | Sheboygan, Wisconsin 53081 | \$50,000 00 | 10/9/2009 Pledge 4 of 5 - Continuing support |
| Sheboygan County Aviation Corporation | Sheboygan Falls, Wisconsin 53085 | \$10,000 00 | 8/2/2010 Fall 2010 semester education program |
| Sheboygan County Aviation Corporation | Sheboygan Falls, Wisconsın 53085 | \$10,000.00 | 11/18/2009 Pledge 2 of 6 - Educational programs |
| Sheboygan County Christian High School | Sheboygan, Wisconsin 53081 | \$25,000 00 | 10/9/2009 Gymnasium renovation |
| Sheb. County Historical Research Center | Sheboygan Falls, Wisconsin 53085 | \$500.00 | 9/21/2010 Continued support |
| Sheboygan County Historical Society | Sheboygan, Wisconsın 53081 | \$25,000 00 | 10/9/2009 Pledge 2 of 4 - Support Exhibit Restoration Center |
| Sheboygan County Humane Society | Sheboygan, Wisconsin 53081 | \$2,000 00 | 6/11/2010 Parking lot repairs |
| | Sheboygan, Wisconsin 53081 | \$1,500 00 | 12/16/2009 Continued support |
| th Organization | | \$10,000 00 | 5/18/2010 Bridgeway & Beyond Transitional Living Program |
| Sheboygan County YMCA | Sheboygan, Wisconsin 53081 | \$10,000.00 | 12/16/2009 2009 Partner with Youth Program |
| Sheboygan Food Pantry | Sheboygan, Wisconsin 53081 | \$5,000 00 | 12/16/2009 Continued support |
| Sheboygan Theater Company | Sheboygan, Wisconsin 53081 | \$1,000 00 | 5/18/2010 Continued support |
| Sheboygan Youth Sailing Club, Inc | Sheboygan, Wisconsin 53081 | \$17,380 00 | 3/24/2010 Purchase 2-420 Racing Sailboats |
| Silver Lake College | Manitowoc, Wisconsin 54220 | \$5,000.00 | 4/14/2010 Brotz Endowment Fund |
| Silver Lake College | Manitowoc, Wisconsin 54220 | \$5,000.00 | 4/14/2010 Annual Fund |
| Sinsınawa Dominicans | Sinsınawa, Wısconsin 53824 | \$10,000.00 | 9/21/2010 Replace carpeting in dining room |
| Society of St. Vincent DePaul | Sheboygan, Wisconsin 53081 | \$25,000 00 | 5/24/2010 Pledge 8 of 8-School Tuition Assistance Program |
| Society of St Vincent DePaul | Sheboygan, Wisconsin 53081 | \$7,500.00 | 12/16/2009 Continued support |
| | Sheboygan, Wisconsin 53081 | \$2,500 00 | 9/21/2010 Continued support |
| US Business & Industry Educ Fdn. | Washington, DC 20002 | \$1,000 00 | 5/18/2010 Continued support |
| Unity Walk/Run | Sheboygan, Wisconsin 53081 | \$2,500 00 | 4/14/2010 4th Annual Unity Walk/Run for Sheb Catholic Educ |
| UW-Sheboygan | Sheboygan, Wisconsin 53081 | \$5,000 00 | 6/11/2010 4 Science Scholarships (Fall semester) |
| UW-Sheboygan | Sheboygan, Wisconsin 53081 | \$3,750.00 | 3/11/2010 3 Science Scholarships (Spring semester) |
| Weill Center Foundation, Inc. | Sheboygan, Wisconsin 53081 | \$25,000 00 | 10/9/2009 Pledge 4 of 4 - Support Stephanie H Weill Center |
| Wisconsin Council of the Blind, Inc | Madison, Wisconsin 53703 | \$250 00 | 12/16/2009 Continued support |
| Wisconsin Dental Assoc Fd. | West Allis, Wisconsin 53214 | \$10,000 00 | 5/18/2010 WI Mission of Mercy-free dental care for needy |
| Wisconsin Fdn for Independent Colleges | Milwaukee, Wisconsin 53201 | \$10,000 00 | 921/10 Continued support |
| Wisconsin Maritime Museum | Manitowoc, Wisconsin 54220 | \$50,000 00 | 5/24/2010 Pledge 1 of 3-Operating Challenge |
| Wisconsin Right to Life Education Fund | Milwaukee, Wisconsin 53201 | \$5,000 00 | 9/21/2010 Continued support |
| | | | |
| TOTAL | | \$1,636,880.00 | |

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form **8868** (Rev 1-2011)

Department of the Treasury

For Paperwork Reduction Act Notice, see Instructions.

File a separate application for each return.

| internal Revenu | e Service | | | | | |
|--|---|--|---|--------------|---------------------------------------|-------------|
| | filing for an Automatic 3-Month Extension, comple | - | | | | ► X |
| | filing for an Additional (Not Automatic) 3-Month Ex | | | | | |
| Do not comp | lete Part II unless you have already been granted ar | automatic 3 | 3-month extension on a previously filed | Form 886 | 8 | |
| Electronic fili | ng (a-file). You can electronically file Form 9969 if w | | | ila (C. man | tha far | |
| | ing (e-file). You can electronically file Form 8868 if your required to file Form 990-T), or an additional (not aut | | | | | |
| | st an extension of time to file any of the forms listed | | | | | |
| | nsfers Associated With Certain Personal Benefit Co | | | | on | |
| | For more details on the electronic filing of this form, v | | | | afita | |
| Part I | Automatic 3-Month Extension of Time | | | | ones | |
| | required to file Form 990-T and requesting an autom | | | | | |
| Part I only | required to me i only 550-1 and requesting air autom | auc o-monu | restension-check this box and complet | | | ▶ [] |
| • | orations (including 1120-C filers), partnerships, REMI | Ce and true | ts must use Form 7004 to request an a | vtoncion / | of time | |
| to file income | | CS, and trus | is must use Form 7004 to request an e | extension (| oi time | |
| Type or | Name of exempt organization | | | Employ | er identification | |
| print | FRANK G. & FRIEDA K. BRO | т. | | Employ | er identification | Humber |
| File by the | FAMILY FOUNDATION, INC. | | | 39-6 | 060552 | |
| due date for | Number, street, and room or suite no if a P O box | v see instrii | ctions | <u> </u> | 000332 | |
| filing your | 3518 LAKESHORE ROAD | k, see mstrut | CHOTIS | | | |
| return See instructions | City, town or post office, state, and ZIP code For | a foreign add | tress see instructions | | | |
| | | 53083 | | | | |
| _ | | | | | | |
| Enter the Retu | urn code for the return that this application is for (file | a separate a | pplication for each return) | | | 04 |
| Application | ************************************** | Return | Application | | | Return |
| ls For | | Code | is For | | | Code |
| Form 990 | | 01 | Form 990-T (corporation) | | | 07 |
| Form 990-B | L | 02 | Form 1041-A | | | 08 |
| Form 990-E | | 03 | Form 4720 | | · · · · · · · · · · · · · · · · · · · | 09 |
| Form 990-P | | 04 | Form 5227 | | | 10 |
| | (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| | (trust other than above) | 06 | Form 8870 | | | 12 |
| | | | 101110010 | | | 1 12 |
| Telephone If the orga If this is for the whole of a list with the interest of the second seco | are in the care of ► FOUNDATION SECRIPATION SECRIPATI | FAX No in the Unite Group Exem the group, o | ption Number (GEN) If check this box and atta | this is | | ▶ □ |
| until 0 for the o | t an automatic 3-month (6 months for a corporation $5/15/11$, to file the exempt organization returganization's return for calendar year or | rn for the org | ganization named above. The extension | n is | | |
| ► X | tax year beginning 10/01/09, and ending (| | | | | |
| | x year entered in line 1 is for less than 12 months, change in accounting period | neck reason | Initial return Final return | | | |
| | oplication is for Form 990-BL, 990-PF, 990-T, 4720, condable credits. See instructions | or 6069, ente | er the tentative tax, less any | 3a | \$ | 20,000 |
| | oplication is for Form 990-PF, 990-T, 4720, or 6069, or dayments made. Include any prior year overpa | - | | 3b | \$ | 31,505 |
| | due. Subtract line 3b from line 3a Include your pay | | | | Ť | |
| | O coupon or, if required, by using EFTPS (Electronic | | • | | | |
| instruction | | | | 3c | _{\$} | 0 |
| | u are going to make an electronic fund withdrawal wit | th this Form | 8868, see Form 8453-EO and Form 88 | | <u> </u> | |
| payment instru | | | | | • | |

| • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Note. Only complete Part II you have already been grarted an automatic 3-month extension on a previously filed Form 8968 • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic 3-Month Extension of Time. Only file the original (no copies needed). Name of exempt organization FRANK G . & FRIEDA K . BROTZ FRANK G . & FRIEDA K . BROTZ FRANK G . & FRIEDA K . BROTZ Number, street, and room or subt no . If a P O box, see instructions STABLIAY EVAINANT TO . INC. Number, street, and room or subt no . If a P O box, see instructions SHEBOYGAN Number, street, and room of subt no . If a P O box, see instructions SHEBOYGAN Form 930 C Cty, town or post office, state, and ZIP code. For a foreign address, see instructions SHEBOYGAN Application Form 990 B. Q 2 Form 1041-A 06 Form 990 B. Q 2 Form 1041-A 06 Form 990 B. Q 2 Form 1041-A 06 Form 990 C C 06 Form 990 C 06 Form 990 C C | Form 8868 (R | Rev 1-2011) | | | | | Page 2 |
|---|---|--|----------------------------------|--|----------------|--------------|-------------------|
| Note. Only-complete Part II you have already been granted an automatic 3-month extension on a previously filed Form 8888 If you are filing for an automatic 3-Month Extension, complete only part 1 (on page 1) Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies, needed). Type or print for your part of the proper of | If you are | filing for an Additional (Not Automatic) 3-Month Ex | ktension, co | mplete only Part II and check this box | | | |
| Part II Additional (Not Automatic 3-Month Extension, complete only Part I (on page 1) Part II Additional (Not Automatic 3-Month Extension of Time. Only file the original (no copies needed). Type or print print file by the print of the property of the property of the property of the property of the print file by th | | | | | m 8868 | | |
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Type or print in the print i | | the state of the s | | | | | |
| Type or PRANK G. & FRIEDA K. BROTZ FAMILY FOUNDATION, INC. **Number, street, and room or sute no. if a P O box, see instructions filling your return Sea **City, town or post office, state, and ZIP code. For a foreign address, see instructions strengthouse **ST9519 LARESHORE ROAD **City, town or post office, state, and ZIP code. For a foreign address, see instructions **ST9519 LARESHORE ROAD **City, town or post office, state, and ZIP code. For a foreign address, see instructions **ST9519 LARESHORE ROAD **Code** **Application **Lefter the Return code for the return that this application is for (file a separate application for each return) **Application **Lefter the Return code for the return that this application is for file a separate application for each return) **Application **Lefter the Return code for the return that this application is for file a separate application for each return) **Application **Lefter the Return code for the return that this application is for file a separate application for each return) **Application **Lefter the Return code for the return that this application is for file a separate application for each return) **Application **Lefter the Return code for the return that this application is for file a separate application for each return) **Description** **Application **Lefter the Return code for the return that this application is for file a separate application for each return) **Description** **Description** **Return code for the return that this application is for file a separate application for each return code for the return that this application and the file of file file a separate application of the file of file file file file file file file fil | | | | | no copie | s neede | d). |
| FRANK G. & FRIEDA K. BROTZ Murber, street, and room or sum no. If a PO box, see instructions 35.18 LAKESHORE ROAD STANELY FOUNDATION, INC. Number, street, and room or sum no. If a PO box, see instructions 35.18 LAKESHORE ROAD WI 53.083 Enter the Return code for the return that this application is for (file a separate application for each return) Quality from or post file, state, and ZIP code, For a foreign address, see instructions SHEBOYGAN Return Application Return Application Return Application Return Application Return Code Is Form Post 1 | | | <u> </u> | or randr oral mo die original | | | |
| PAMILY FOUNDATION, INC. 39-6060552 | | · - | ጥ 7. | | | | - namber |
| Number, street, and room or suste no. If a P O box, see instructions | • | | 12 | | 30-6 | 060552 | • |
| Signature № 3518 LAKESHORE ROAD Solve the state of the return that this application is for (file a separate application for each return) Gode is For Code Application Return code for the return that this application is for (file a separate application for each return) Application Separate Application Return | • | | | | 1 33-0 | 000332 | <u> </u> |
| Enter the Return code for the return that this application is for (file a separate application for each return) O4 Application Application Form 990. | | | ix, see instru | ctions | | | |
| Enter the Return code for the return that this application is for (file a separate application for each return) Application S For | | | | | | | |
| Enter the Return code for the return that this application is for (file a separate application for each return) Application | | | | | | | |
| Application Is For Code Return Code Is For Code Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-EZ Form 9 | | SHEBUYGAN W. | L 5308. | 3 | | | |
| Sept | Enter the Retu | urn code for the return that this application is for (file | a separate a | application for each return) | | | 04 |
| Sefor Code Is For Code Sefor Code Sefor Code Form 990 O1 O1 O1 O2 Form 1041-A O8 Form 990-BL O2 Form 1041-A O8 Form 990-BL O3 Form 4720 O9 O9 Form 990-PF O4 Form 5227 O1 O1 Form 990-T (sec 401(a) or 408(a) trust) O5 Form 6059 O6 Form 8870 O6 Form 8870 O6 Form 8870 O7 O7 O7 O7 O7 O7 O7 | Application | | Return | Application | | | Return |
| Form 990 | | | | | | | Code |
| Form 990-BL Form 990-EZ O3 Form 4720 O9 Form 990-EP O4 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) O5 Form 8870 112 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. * The books are in the care of ▶ FOUNDATION SECRETARY Telephone No ▶ 920-458-2121 FAX No. ▶ 920-451-3805 * If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the telephone No ▶ 920-458-2121 FAX No. ▶ 920-451-3805 * If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the second of the whole group, check this box If the second of the group, check this box If the second of the group, check this box If the second of the group, check this box If the second of the group of the group, check this box If the group check this box If the second of the group of the gr | | | | | | | |
| Form 990-EZ Form 990-EP Form 990-PF O4 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. * The books are in the care of ▶ FOUNDATION SECRETARY Telephone No ▶ 920-458-2121 FAX No. ▶ 920-451-3805 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ■ If this is for the whole group, check this box ■ If this is for part of the group, check this box ■ If this is for the whole group, check this box ■ If the tax year entered in line 5 is for less than 12 months, check reason ■ Initial return ■ Change in accounting period * State in detail wity you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN. **Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits and estimated tax payments made include any prior year overpayment with this form, or, if required, deposit with Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits and estimated tax payments made include any prior year overpayment with this form, or, if | | 1 | | Form 1041-A | | | 08 |
| Form 990-PF Form 990-T (sec 401(a) or 408(a) trust) 05 | | | | | - | | |
| Form 990-T (trust other than above) 05 | | | 1 | | | | |
| STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. 12 The books are in the care of ▶ FOUNDATION SECRETARY Telephone No ▶ 920 - 458 - 2121 FAX No. ▶ 920 - 451 - 3805 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is group and ending 09/30/10 If the lax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN. So If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Signature According to the seamined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is signature According the correct, and complete, and that I am authorized to propaga this form | | | | | | | |
| The books are in the care of ▶ FOUNDATION SECRETARY Telephone No ▶ 920-458-2121 FAX No. ▶ 920-451-3805 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If the same and ElNs of all members the extension is for the group, check this box • If the lax year entered in line 5 is for less than 12 months, check reason Initial return Final return Ghange in accounting period • State in detail why you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. 8a \$ 25,000 or 500 | | | | | | | |
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| | Signature ► | Stuart W. Bush | — т | ute Assident | | Date | ▶ 05/09/11 |
| / ' 'Form 8868 (Rev. 1-20' | | | · | · | | | 8868 (Rev 1-2011 |