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Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2010

| For | calen | ıdar year 2010, o | r tax year b | eginning | | | , 201 | 0, and | ending | | , 2 | :0 |
|---------------------------------------|----------|---------------------------|-------------------|--------------------------|----------|---|--------------|---------------|---|--|---|---|
| G | Check | call that apply: | ☐ Initial r | | | eturn of a fo | | oublic cl | harity | ☐ Final return | | |
| | | | ☐ Amend | led return | Ad | dress chang | е | ☐ Nar | ne change | | | |
| Na | me of fo | undation | | | | | | | A Employer | dentification number | r | |
| RU | EHLOV | N FAMILY FOUND | ATION, INC. | | | | | | | 20-5677514 | | |
| Nu | mber an | d street (or PO box n | umber if mail is | not delivered to street | address) | | Room | √suite | B Telephone | number (see page 10 c | of the instr | uctions) |
| N6 | 9 W358 | 896 HWY K | | | | | İ | | | 920 474-7690 |) | |
| Cit | y or tow | n, state, and ZIP code | | | | | | | C If exempt | tion application is pendir | ng, check h | ere 🕨 |
| OC | ONOM | OWOC, WI 53066 | | | | | | | · | n organizations, check | - | ▶ [|
| Н | Check | type of organizat | tion: 🗸 S | ection 501(c)(3) ex | cempt p | rivate found | ation | | 2. Foreig | n organizations meeting | g the 85% | |
| | Section | on 4947(a)(1) none | xempt chari | table trust 🔲 O | ther tax | kable private | found | dation | | here and attach compu | | · ·►□ |
| 1 | Fair m | narket value of al | assets at | J Accounting | method | l: 🗸 Cash | □ A | ccrual | • | foundation status was 507(b)(1)(A), check here | terminated | d under |
| | end o | f year <i>(from Par</i> t | II, col. (c), | ☐ Other (sp | pecify) | | | | | indation is in a 60-mont | h terminat | ion |
| | line 16 | 5)▶\$ | _ | (Part I, column (d) | must be | on cash basi | s.) | | | ction 507(b)(1)(B), chec | k here | ``` ▶□ |
| P | art I | Analysis of Rev | enue and E | xpenses (The total of | of | (a) Revenue | and | | | | | rsements |
| | | amounts in columns | (b), (c), and (d) | may not necessanly e | equal | expenses | | | investment come | (c) Adjusted net income | | antable oses |
| | | the amounts in colui | mn (a) (see pag | e 11 of the instruction | s)) | books | | | | | | asis only) |
| | 1 | Contributions, gifts | , grants, etc., | received (attach scho | edule) | | | FR. 4 | · 大型 | STATE OF THE PARTY | | |
| | 2 | Check ▶ ☐ If the | foundation is r | not required to attach 9 | Sch. B | 334 7 77 | 7.7 | 44.00 | - 413 | The state of the s | 4 785 4 | |
| | 3 | Interest on savin | gs and temp | orary cash investr | nents | | 26,293 | | 26,293 | 26,293 | CANAL TO SHAPE | *** |
| | 4 | Dividends and in | terest from | secunties | | | 59,740 | | 59,740 | 59,740 | 7.5 | 100 |
| | 5a | Gross rents | | | | | | | | | G 123 | 7 |
| | b | Net rental incom | e or (loss) | | | 4 | | · | ×4.7 | A CONTRACTOR | 12.12 | 1 |
| e | 6a | Net gain or (loss) |) from sale o | f assets not on lin | e 10 | | 4,018 | 45. | الم وري من الما الما الما الما الما الما الما ا | 177.57.57.5 | 1.77 | 18 A. T. |
| Ĕ | b | Gross sales price fo | or all assets on | line 6a | 202,781 | 7 . 7 , , , , , , , , , , , , , , , , , | .3% | \$ 3. X " (" | | 1. T. | 11 | 17.75 |
| Revenue | 7 | Capital gain net | income (fron | n Part IV, line 2) . | , | 1. [7] | _ | | 4,018 | 到6数10万倍数。 | A James Lands | 多高沙. 图 |
| æ | 8 | Net short-term c | apital gain . | | | زخر و ا | ·~' .5 : | 128 | | 1,222 | 1 4 1 2 2 | 量數學 |
| | 9 | Income modifica | tions | | | 42. ** ** ** ** | y*- ≛ -÷ | 事中社 | - John Shor 4 | | | 1 |
| | 10a | Gross sales less re | turns and allo | wances | | 30,7,3 | ٠ <u>٠</u> . | j "id" , | E MATERIAL OF | 兴新中华 | | 學等性 |
| | b | Less: Cost of go | ods sold . | [| | 4 | ****** | المحر المواد | Taken of | 是指引起为自 | \mathcal{F}_{i} | *************************************** |
| | С | Gross profit or (le | oss) (attach : | schedule) | | | | , v. | | | 1.37 | 经济 |
| | 11 | Other income (at | | - \ | | | | | | | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | .消费数 |
| | 12 | Total. Add lines | | | | | 0,051 | | 90,051 | 87,225 | 行言語 | 1.5 |
| S | 13 | | | rectors trustees, e | etc. | | | <u></u> | | | | |
| Se | 14 | Other employee | | | | | | | | | | |
| ē | 15 | Pension plans, e | | | | | | | | | | |
| 봈 | 16a | Legal fees (attac | h schedule)\ | が、 、 /座 (| | | | | | | | |
| 9 | b | Accounting fees | (attach sche | edule) | | | | | | | L | |
| Š. | С | Other profession | al fees (attai | ch schedule) | | | | | | | | |
| Ľa | 17 | Interest W | COL | ige 14 of the instruc | | | | | | | | |
| ž. | 18 | Taxes (attach sche | gule) (see pa | ge 14 of the instruc | tions) | | | | | | | |
| Operating and Administrative Expenses | 19 | Depreciation (att | ach schedul | e) and depletion . | | <u> </u> | | | | | | · 100 |
| Þ | 20 | | | | | | | | | | | |
| þ | 21 | Travel, conference | | etings | | | | | | | | |
| an | 22 | Printing and pub | | | | | | | | | | |
| g | 23 | Other expenses | | | | | 10,681 | | 10,681 | 10,681 | | 10,681 |
| aţi. | 24 | | | ninistrative expe | nses. | | . i | | | | | |
| er. | | Add lines 13 thro | - | · • • • • • | • | | 10,681 | | 10,681 | 10,681 | | 10,681 |
| Q | 25 | Contributions, gi | | | | | 08,290 | , . T | | 4 - 4 / 4 / 5 / 5 / 4 / 4 / 4 / 4 / 4 / 4 / | | 208,290 |
| _ | 26 | | | ents. Add lines 24 a | nd 25_ | 21 | 8,971 | .7 | 10,681 | 10,681 | | 218,971 |
| | 27 | Subtract line 26 | | | | والمراز المرازية | أستنا | | | . 5/2 (3) 7 | 17: 14 | |
| | а | | | nses and disbursen | | -12 | 28,920 | | · | | 4 9 4. | |
| | b | | | egative, enter -0-) | | | 7- | 75 | 79,370 | | | 7 7 |
| | | Adultered het ind | come iii nea | ative enter -0-1 | | | */ 4 - | | M | 76.574 | - + ' | |

| Part II | | Ralance Sheets | Attached schedules and amounts in the description column | Beginning of year | | End o | of year | | |
|-------------|--------|--|--|--|--|-------------|--|--|--|
| | 111111 | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Val | ue | (c) Fair Market Value | | |
| | 1 | Cash-non-interest- | bearing | 696,646 | 29 | 2,606 | 292,606 | | |
| | 2 | | ary cash investments | | | | | | |
| | 3 | Accounts receivable | > | | | | TO THE TANK OF THE PARTY OF THE | | |
| | | Less: allowance for o | doubtful accounts ▶ | | | | | | |
| | 4 | Pledges receivable | • | | | | | | |
| | ł | Less: allowance for o | doubtful accounts ▶ | | | | | | |
| | 5 | | | | | | | | |
| | 6 | disqualified persons | m officers, directors, trustees, and other (attach schedule) (see page 15 of the | | | | | | |
| | 7 | | eceivable (attach schedule) ▶ | 53.77.20 | Fee Burgh & Street F | ~ 4. 413.4 | LARST HE SECTION | | |
| | • | Less: allowance for do | ubtful accounts | The state of the s | | 7.50 | | | |
| Assets | 8 | Inventories for sale of | ruse | | | | | | |
| SS | 9 | | nd deferred charges | | | | | | |
| Ä | 10a | | state government obligations (attach schedule) | 1,962,390 | 2 16 | 52,420 | 2,305,373 | | |
| | b | | rate stock (attach schedule) | 523.988 | | 9.078 | | | |
| | c | | rate bonds (attach schedule) | 323,360 | 38 | 3,076 | 004,093 | | |
| | 11 | | lings, and equipment basis ► | | 78 - 6 38 - 1 g = 1 g = 1 | 5-45-77 | | | |
| | [| Less: accumulated denre | ciation (attach schedule) ► | Taller Bill to red to | The state of the state of | بأداه أستذك | Samuel Description Table | | |
| | 12 | Investments - morta: | age loans | | | | | | |
| | 13 | _ | attach schedule) | <u> </u> | | | | | |
| | 14 | Land buildings and eq | uipment: basis ► | "海"里流是李俊等 | The state of the s | n total | | | |
| | 1 | Less: accumulated depi | reciation (attach schedule) | Carata San San Color Color | | 2. Galid | a hade take with the district 18 | | |
| | 15 | Other assets (describ | | | | | | | |
| | 16 | | be completed by all filers—see the | <u> </u> | | | | | |
| | | | e page 1, item l) | 3,183,024 | 3.05 | 4,104 | 3,202,072 | | |
| | 17 | | d accrued expenses | 5,105,021 | 5,00 | .,, | | | |
| | 18 | | | | | | | | |
| Liabilities | 19 | | | | | | | | |
| Ħ | 20 | | ectors, trustees, and other disqualified persons | | | | 美女女 | | |
| ap | 21 | | notes payable (attach schedule) | | | | | | |
| | 22 | Other liabilities (descri | | | | | | | |
| | 23 | | ribe ►) lines 17 through 22) | | | | | | |
| တ္ | | Foundations that for | llow SFAS 117, check here ▶ ☐ 24 through 26 and lines 30 and 31. | | | | | | |
| 5 | 24 | Unrestricted | | 3,183,024 | 3,05 | 4,104 | | | |
| Balances | 25 | Temporarily restricted | d | | | | | | |
| Ba | 26 | Permanently restricte | ed | | | | "是是我们是 | | |
| or Fund | | Foundations that do and complete lines | not follow SFAS 117, check here ▶ ☐ 27 through 31. | | | | | | |
| 7 | 27 | Capital stock, trust pi | rincipal, or current funds | | | i | 活动 | | |
| S | 28 | Paid-in or capital sur | plus, or land, bldg., and equipment fund | | | | | | |
| set | 29 | Retained earnings, acco | umulated income, endowment, or other funds | | | | | | |
| Asi | 30 | Total net assets o | r fund balances (see page 17 of the | | <u> </u> | | The state of the s | | |
| Net Assets | ţ | instructions) | | | | | | | |
| ž | 31 | Total liabilities and | net assets/fund balances (see page 17 | | | | | | |
| | | of the instructions) | | 3,183,024 | 3,05 | 4,104 | (1) (1) (1) | | |
| | rt III | | ges in Net Assets or Fund Balances | | | | | | |
| 1 | | | alances at beginning of year-Part II, colu | | | | | | |
| | end- | of-year figure reported | d on prior year's return) | | | 1 | 3,183,024 | | |
| 2 | Enter | r amount from Part I, I | ine 27a | | | 2 | -128,920 | | |
| 3 | Othe | r increases not include | ed in line 2 (itemize) ▶ | | | 3 | | | |
| 4 | Add I | lines 1, 2, and 3 | | | | 4 | 3,054,104 | | |
| 5 | Decr | eases not included in | line 2 (itemize) ▶ | | | 5 | | | |
| 6 | Total | net assets or fund ba | line 2 (itemize) ► lances at end of year (line 4 minus line 5)—l | Part II, column (b), lii | ne 30 | 6 | 3,054,104 | | |

| (e) Gloss sales price (or allowable) plus e a 2,796 b 199,985 c d e | (b) How acquired P—Purchase D—Donation P P P st or other basis expense of sale | (c) Date ac (mo , day VAR 1/29/20 | (mo , day, yr VAR |
|--|--|--|---|
| b BAIRD ST BOND FUND c d e (e) Gross sales pnce 2,796 b 199,985 c d e | st or other basis expense of sale | | |
| c d e (e) Gross sales pnce (f) Depreciation allowed (g) Corplus e a 2,796 b 199,985 c d e | st or other basis expense of sale | 1/29/20 | 010 12/09/10 |
| d e (e) Gross sales price (f) Depreciation allowed (g) Corplus e a 2,796 b 199,985 c d e | expense of sale | | |
| e (e) Gross sales price (f) Depreciation allowed (g) Corplus e a 2,796 b 199,985 c d e | expense of sale | | |
| (e) Gross sales price (f) Depreciation allowed (g) Corplus e a 2,796 b 199,985 c d e | expense of sale | | |
| (e) Gross sales price (or allowable) plus e a 2,796 b 199,985 c d e | expense of sale | | 1 |
| b 199,985 c d e | | | (h) Gain or (loss) (e) plus (f) minus (g) |
| c d e | | | 2 |
| d e | 198,763 | | 1 |
| e | | | |
| | | | |
| | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation | tion on 12/31/69 | n | Sains (Col. (h) gain minus |
| | xcess of col (i) r col (j), if any | col (l | k), but not less than -0-) or Losses (from col. (h)) |
| a | | | |
| b | | | |
| С | | | |
| d | | | |
| e | | | |
| 2 Capital gain net income or (net capital loss) { If gain, also enter in If (loss), enter -0- in | · | 2 | 4 |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of t | I (6): | _ | |
| If (loss), enter -0- in Part I, line 8 | | | |
| Part V Qualification Under Section 4940(e) for Reduced Tax of | | 3 | 1 |
| If section 4940(d)(2) applies, leave this part blank. Was the foundation liable for the section 4942 tax on the distributable amount of the foundation does not qualify under section 4940(e). Do not complete the foundation does not qualify under section 4940(e). | | ease period | 1? |
| Enter the appropriate amount in each column for each year; see page | | s before m | aking any entries |
| | | 3 Delore III | (d) |
| Base period years | (c) ue of nonchantable-use as | sets | Distribution ratio |
| Calendar year (or tax year beginning iii) | 2 20 | 2,587 | (col (b) divided by col (c)) 0.079392 |
| 2009 262,198 2008 289,240 | | 9,228 | 0.064430 |
| | 5,07 | | 0.037536 |
| | | 3,455 | 0.000000 |
| 2006 0 2005 | 4,32 | 5,433 | 0.00000 |
| 2005 | | | |
| Total of line 1, column (d) | | . 2 | 0.181 |
| 3 Average distribution ratio for the 5-year base period—divide the total of number of years the foundation has been in existence if less than 5 years | | . 3 | 0 058 |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, li | ine 5 | . 4 | 3,213 |
| 5_ Multiply line 4 by line 3 | | . 5 | 188 |
| | | . 6 | |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | | | |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 | | . 7 | 189 |
| | | . 7 | 189 |

| Part | Excise Tax Based on Investment Income (Section 4940(a), 4940 | I(D), 494 | 1 U(e), or 49 4 8—s | ee pa | ge 18 | of the in | structi | ions) |
|--------|--|-----------|---|-------------|-----------------|---|--------------------------|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here | | | | ** | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | 7. 3 |
| ь | Date of ruling or determination letter (attach copy of letter if n Domestic foundations that meet the section 4940(e) requirements in Pa | | | s) | -1:2 | أعتلفنا وأعا | 704 | المتعددة ا |
| U | here \triangleright and enter 1% of Part I, line 27b | | TECK | 1 | ۽ حجو ۾ | E 1980, 1984 | 794 | ्राष्ट्र इ.स.च्या |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign Part I, line 12, col. (b). | | ations enter 4% | of) | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found | dations | only. Others enter | -0-) | 2 | | | |
| 3 | Add lines 1 and 2 | | | | 3 | | 794 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable found | | | -0-) | 4 | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero | or less, | enter -0 | | 5 | | 794 | |
| 6 | Credits/Payments: | 1 . 1 | | ,] | 3.5 | 227 | | |
| a | 2010 estimated tax payments and 2009 overpayment credited to 2010 | 6a | 3,461 | \vdash | 4 Table 1 | | 1 | 1. |
| b | Exempt foreign organizations—tax withheld at source | 6b | | <u> </u> | 4 (| | 心質 | |
| C | Tax paid with application for extension of time to file (Form 8868) | 6c 6d | | | ر پر پر مارک | 建 加速 | | |
| d 7 | Backup withholding erroneously withheld | oa | | L | 7 | | 2 461 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | · · · | Nachaetta ai 0000 | | 8 | · | 3,461 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount | | ZZZO IS AMAGNICO | • | 9 | | | - - |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the | | nt overpaid | | 10 | | 2,667 | <u> </u> |
| _11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ | 2,667 | Refunded | > | 11 | - | | |
| Part | VII-A Statements Regarding Activities | | | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national participate or intervene in any political campaign? | onal, sta | ate, or local legis | lation | or di | d it <u>**,*</u> • 1a | | No |
| b | Did it spend more than \$100 during the year (either directly or indirectly of the instructions for definition)? | | political purposes | s (see | page | 19 | | · • |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the | | ies and conies of | fany | mator | 1b | SINE | ∀ |
| | published or distributed by the foundation in connection with the activit | | ies and copies of | any | nater | , · | | |
| C | Did the foundation file Form 1120-POL for this year? | | | | | . <u>1c</u> | | √ |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) (1) On the foundation. ► \$ (2) On foundation may | | • • | r: | | - 17.94v | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year on foundation managers. ▶ \$ | for pol | itical expenditure | tax ın | npose | d Sign | | |
| 2 | Has the foundation engaged in any activities that have not previously be If "Yes," attach a detailed description of the activities. | een rep | orted to the IRS? | ' | | . 2 | 2 3 3 3 | ✓ |
| 3 | Has the foundation made any changes, not previously reported to the IRS incorporation, or bylaws, or other similar instruments? If "Yes," attach a co | | J | | | سقطور وننته ا | | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or | more d | uring the year? . | | | | | 1 |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | | | | . 4b | | 1 |
| 5 | Was there a liquidation, termination, dissolution, or substantial contract | ion dur | ing the year? $$. | | | . 5 | | ✓ |
| | If "Yes," attach the statement required by General Instruction T | | | | | 3.3 | 123° - 133 | 1 |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 throug | h 4945 |) satisfied either: | | | | 17.4 | 201 |
| | By language in the governing instrument, or By state legislation that effectively amends the governing instrument conflict with the state law remain in the governing instrument? | t so tha | at no mandatory | | ions t | hat 6 | ا غمته | 3 |
| 7 | Did the foundation have at least \$5,000 jn assets at any time during the year? If " | Yes." ca | | | i Part . | | + | |
| 8a | Enter the states to which the foundation reports or with which is | | | | | | 3 7 4 4 | |
| | instructions) ► WISCONSIN If the answer is "Yes" to line 7, has the foundation furnished a copy of | Form (| 200 DE to the Att | ornov | Conc | 3 Tal | | |
| b | (or designate) of each state as required by General Instruction G? If "No | | | | | اجتاد | - -√ - | |
| 9 | Is the foundation claiming status as a private operating foundation with | | | | | | ا بر مهدر : امتسطعا ع | |
| | 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 27)? If "Yes," complete Part XIV | | | | | | | 1 |
| 10 | 27)? If "Yes," complete Part XIV | | | | | . 9 | + | |
| 10 | names and addresses | | | | | | | 1 |

| Par | VII-A Statements Regarding Activities (continued) | | | |
|------|--|-----------------|------------------------|-------------------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | 1 |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | 1 |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | 1 | <u> </u> |
| | Website address ► N/A | | | |
| 14 | The books are in care of ▶ PAUL A. PETITJEAN Telephone no. ▶ 41 | 4 534- | 2515 | |
| | Located at ► 805 TALON TRAIL, BROOKFIELD, WI ZIP+4 ► | 5304 | 5 | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here | | | ▶ 🗀 |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority | , | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | 1 |
| | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter | r = - | <u> </u> | -13.7 |
| | the name of the foreign country ▶ | 1 | <u> </u> | * |
| Pari | VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | 7.77 | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | 1 | 145. | 學道 |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 23 | 1.3 | * 4 |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | State of | 200 | 1 |
| | disqualified person? | 1 | | 默爾 |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes | 4 | 2.7 | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No | | 2 | 54 |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | 19.00 | | |
| | | 4 | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | 1 | 2.00 | |
| | foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | 246 | 7 | 10 3 |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations | + 34 | 沙葱 | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? | 1b | 144 | C.2753 |
| | Organizations relying on a current notice regarding disaster assistance check here | 10 | - Sept | 322.34 |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | y 37 | 4 | |
| _ | were not corrected before the first day of the tax year beginning in 2010? | 1c | 20.60¢ | 1 |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | 7.31 | 化物 | 27.43 |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | 20 Mag. 41 | | 差得 |
| а | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and | 1.73 | | 7. |
| | 6e, Part XIII) for tax year(s) beginning before 2010? | , E. | | |
| | If "Yes," list the years ▶ 20 , 20 , 20 , 20 | 2 | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | 200 | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | -40 | |
| | all years listed, answer "No" and attach statement—see page 22 of the instructions.) | 2b | | / |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | , 1× | を対して | |
| | ▶ 20 , 20 , 20 , 20 , 20 , 20 , | | ا آھي۔ اعبيٰ جا | * |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | -17.55 -4.05 | | 50 T |
| | at any time during the year? | 35 | | 轉音 |
| b | If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or | 13. T | بر خ م ^ي | |
| | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the | | | 7,00 |
| | 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 | المنتد | 100 | 16.4 |
| | foundation had excess business holdings in 2010.) | -3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | ्र इत्यर् उच्च |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | ونسطكا | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? | 4b | | |

| Form | 9 90 -PF | (2010) |
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| Pari | VII-B Statements Regarding Activitie | | | 4720 | May Be P | equire | ed (contu | nued) | |
|---------|---|---------------------|--|---------------------|-----------------------------------|-----------------|--|---------------------|--|
| 5a | During the year did the foundation pay or incur (1) Carry on propaganda, or otherwise attempt | to influe | ence legislati | on (sec | tion 4945(e |))? . | ☐ Yes | ☑ No | |
| | (2) Influence the outcome of any specific publi directly or indirectly, any voter registration d | rive? | | | | | , Yes | ☑ No | |
| | (3) Provide a grant to an individual for travel, stu(4) Provide a grant to an organization other that section 509(a)(1), (2), or (3), or section 4940(a) | n a cha | arıtable, etc., | organız | ation desc | ribed ir | _ | Ø No | |
| | (5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to | s, charit | able, scientif | ic, litera | | cationa | ∐ Yes I ∏Yes | ☑ No | 15 T 15 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| b | If any answer is "Yes" to 5a(1)-(5), did any of th Regulations section 53.4945 or in a current notice | e transa regardi | actions fail to ing disaster a | qualify ssistand | under the | except 22 of | ons descr the instruc | nbed in | |
| c | Organizations relying on a current notice regard If the answer is "Yes" to question 5a(4), does because it maintained expenditure responsibility | the four | ndation clain grant? . | n exem | ption from | the tax | | ▶ □ No | · · · · · · · · · · · · · · · · · · · |
| 6a | If "Yes," attach the statement required by Regulation, during the year, receive any on a personal benefit contract? | funds, | | directly | , to pay pre | emiums | ; | √ No | |
| b | Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870. | ms, dire | ectly or indire | ctly, on | a personal | benefi | | | 6b / |
| 7a b | At any time during the tax year, was the foundation If "Yes," did the foundation receive any proceed | s or hav | ve any net in | come a | ttributable | to the t | | 1? | 7b |
| Part | Information About Officers, Direct and Contractors | | | | | | | | |
| | List all officers, directors, trustees, foundation | | | | | | | | structions). |
| | (a) Name and address | hou | e, and average irs per week ed to position | (c) Co (If not | mpensation paid, enter -0-) | emplo | Contributions byee benefit erred compe | plans | (e) Expense account, other allowances |
| N69 W | LEEN M. RUEHLOW 35896 HWY K, OCONOMOWOC, WI 53066 | PRES | 8 HOURS | | 0 | | | 0 | 0 |
| | A. PETITJEAN ALON TRAIL, BROOKFIELD, WI 53045 | VP/TRI HOUR | _ | ļ | 0 | | | 0 | 0 |
| | | | | | | | | | |
| | Compensation of five highest-paid employee | 104h | an Ab an Ab a | - l l | alada aa Ra | - 4 | | 00 -4 | th - to - 4 |
| 2 | If none, enter "NONE." | | er man mos | e inclu | | e i – s | ee page | 23 01 | ine instructions). |
| (| (a) Name and address of each employee paid more than \$50,00 | 00 | (b) Title, and a hours per v devoted to pe | veek - | (c) Comper | nsation | (d) Contribution employee I plans and discompens | benefit leferred | (e) Expense account, other allowances |
| NONE | | | | | | | | | |
| | | · | | | | | | | |
| | | · - | | | | | | | ! |
| | | | | | | | | | |
| | | | | <u></u> | | | | | |
| Total | number of other employees paid over \$50,000 . | <u> </u> | · · · · · | · · · | | <u> </u> | <u> </u> | . ▶ | Form 990-PF (2010) |

| 3 | Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no | ne, enter "NONE. |
|------|---|------------------|
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NON | E | |
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| | | İ |
| otal | number of others receiving over \$50,000 for professional services | |
| Par | IX-A Summary of Direct Charitable Activities | |
| | the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
| 1 | NONE | |
| | | 1 |
| _ | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| _ | | <u> </u> |
| | IX-B Summary of Program-Related Investments (see page 24 of the instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| | NONE | Amount |
| , | HOULE | |
| | | |
| 2 | | |
| | | • |
| | | |
| | other program-related investments. See page 24 of the instructions | |
| | | |
| 3 | | |
| 3 | · | |

| Part | Minimum Investment Return (All domestic foundations must complete this part. Foreisee page 24 of the instructions.) | gn found | lations, |
|------|---|--------------------|----------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | 737 | |
| | purposes: | * | |
| а | Average monthly fair market value of securities | 1a | 3,027,200 |
| ь | Average of monthly cash balances | 1b | 234,809 |
| С | Fair market value of all other assets (see page 25 of the instructions) | 1c | |
| ď | Total (add lines 1a, b, and c) | 1d | 3,262,009 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 3,262,009 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of | - - | 0,232,000 |
| | the instructions) | 4 | 48,930 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 3,213,079 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 160,654 |
| Part | | | |
| | foundations and certain foreign organizations check here ▶ □ and do not complete this part.) | | • |
| 1 | Minimum investment return from Part X, line 6 | 1 | 160,654 |
| 2a | Tax on investment income for 2010 from Part VI, line 5 2a 794 | | |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | | |
| c | Add lines 2a and 2b | 2c | 794 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 159,860 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 159,860 |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, | - - | |
| | line 1 | 7 | 159,860 |
| | | | |
| Part | Qualifying Distributions (see page 25 of the instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | 17.5 | |
| а | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26 | 1a | 218,971 |
| 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: | -2 | |
| 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 | 218,971 |
| 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 | 794 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 218,177 |
| | 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. | - | |

| | oc-PF (2010) XIII Undistributed Income (see page 26 | of the instructions | ,, | | Page 9 |
|--------|--|--|---|--|--|
| Part | Undistributed income (see page 26 | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2010 from Part XI, line 7 | Corpus | Years prior to 2009 | 2009 | 2010 |
| 2 | Undistributed income, if any, as of the end of 2010: | The second of th | | ESSE STATE LA SEST | 159,860 |
| a | Enter amount for 2009 only | | 1 Jan 2 1 To 1 1 1 2 1 2 2 1 | 0 | |
| b | Total for prior years: 20,20,20 | [4] [4] [4] [4] [4] [4] [4] [4] [4] [4] | 0 | 是此為 | 对是心理"", |
| 3 | Excess distributions carryover, if any, to 2010: | | 1 this | | |
| а | From 2005 | | | | |
| b | From 2006 | | | | |
| c d | From 2007 | | | | |
| e | From 2009 97,630 | | المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ا | | |
| f | Total of lines 3a through e | 97,630 | | | |
| 4 | Qualifying distributions for 2010 from Part XII, | 300000000000000000000000000000000000000 | 1 m 11 m | 2.7 | 7. |
| | line 4: ► \$218,971 | | | | |
| а | Applied to 2009, but not more than line 2a. | ا الله الله الله الله الله الله الله ال | 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0 | A Section of the second section in the second section is a second section of the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the sect |
| b | Applied to undistributed income of prior years (Election required—see page 26 of the instructions) | | | | |
| c | Treated as distributions out of corpus (Election | 21. 22. 1. 2.11. 2.41 | 1 | A STORY WAS A STORY OF THE STORY | |
| • | required—see page 26 of the instructions) . | o | | Section 1 | |
| d | Applied to 2010 distributable amount | \$25 BALL | · · · · · · · · · · · · · · · · · · · | NET THE BELLIAM | 159,860 |
| e | Remaining amount distributed out of corpus | 59,111 | | The same | |
| 5 | Excess distributions carryover applied to 2010 | 0 | Y * | # 1 | 0 |
| | (If an amount appears in column (d), the same | | · 通知。 | | |
| 6 | amount must be shown in column (a).) Enter the net total of each column as | | | The state of the s | |
| 0 | indicated below: | | | 443 44 | |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 59,111 | | 李章子以此上 多數 | 4 3 3 |
| b | Prior years' undistributed income. Subtract | THE STATE OF THE S | *************************************** | 1 2 2 3 4 3 6 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | line 4b from line 2b | | 0 | 1 3 min 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1. 大分子中海 1. 1 |
| C | Enter the amount of prior years' undistributed | | | 1. 经的类价 | |
| | income for which a notice of deficiency has been issued, or on which the section 4942(a) | | | | |
| | tax has been previously assessed | | o | | |
| d | Subtract line 6c from line 6b. Taxable | 0.22 | <u>-</u> | 1 18 18 18 18 18 18 18 | |
| | amount—see page 27 of the instructions . | | 0 | 13.50 | |
| е | Undistributed income for 2009. Subtract line | | | | |
| | 4a from line 2a. Taxable amount—see page 27 of the instructions | 3.34 | | | (公共) 。 |
| 4 | Undistributed income for 2010. Subtract lines | -13- M | 2 2 2 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | ABOUT THE SHIPPEN TO |
| f | 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2011 | 1. 2. 45, 56. | 1.41 心能情化 | | 0 |
| 7 | Amounts treated as distributions out of corpus | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 第一次 "宝宝" |
| | to satisfy requirements imposed by section | 0 | | | |
| | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the | ľ | | | |
| • | instructions) | | 3 3 3 | و معلو له دکر از ان ان ان ان ان ان ان ان ان ان ان ان ان | |
| 8 | applied on line 5 or line 7 (see page 27 of the | 1 | | | |
| | instructions) | 0 | | the second secon | Super ordinates the officer of |
| 9 | Excess distributions carryover to 2011. | | | , , | |
| | Subtract lines 7 and 8 from line 6a | 156,741 | , , , , , , | 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 10 | Analysis of line 9: | | | | 100 |
| а | Excess from 2006 | | | | |
| b | Excess from 2007 Excess from 2008 | | | | 33 |
| c d | Excess from 2009 97,630 | 1 1 1700 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1. | | |
| e | Excess from 2010 | | | | |
| | | | | | Form 990-PF (2010) |

| | XIV Private Operating Founda | | | | II-A, question 9) | |
|-----|---|----------------------|--------------------|----------------------|----------------------|---|
| 1a | If the foundation has received a ruling | | | private operating | N/ | |
| | foundation, and the ruling is effective fo | | • | ▶ [| | |
| b | Check box to indicate whether the four Enter the lesser of the adjusted net | | operating tounda | _ | ction | 3) or 🔲 4942(j)(|
| 2a | income from Part I or the minimum | Tax year (a) 2010 | (b) 0000 | Prior 3 years | 4.0.007 | (e) Total |
| | investment return from Part X for each year listed | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | |
| | 85% of line 2a | | | ļ <u>.</u> | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| ď | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| а | "Assets" alternative test - enter | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under | | | | | |
| _ | section 4942(j)(3)(B)(i) | <u> </u> | | | | |
| b | of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| С | "Support" alternative test-enter | | | l | | |
| | (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 | | | | | |
| art | | | | | id \$5,000 or mo | re in assets a |
| | any time during the year- | | tne instruction | is.) | | |
| 1_ | Information Regarding Foundation | | stad mare than 00 | / _f ibo ioi | | 41 6 |
| а | List any managers of the foundation was before the close of any tax year (but o | | | | | y the loundant |
| ΔТЫ | EEN M. RUEHLOW | ing it they have of | ommoded more th | ian 40,000). (Gee se | Clion 507 (d)(2).) | |
| _ | List any managers of the foundation | who own 10% o | r more of the stor | ck of a corporation | (or an equally large | ne portion of the |
| _ | ownership of a partnership or other er | | | • | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Α | | | | · · | | |
| 2 | Information Regarding Contribution Check here ▶ ☐ if the foundation | only makes cont | ributions to prese | lected charitable o | rganizations and (| |

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

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

ANY

NONE

NONE

factors:

c Any submission deadlines:

Form **990-PF** (2010)

| Part XV Supplementary Information (cc 3 Grants and Contributions Paid Durin | g the Year or Approv | ed for Futur | re Payment | |
|--|---|----------------------|---------------------|------------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or | |
| Name and address (home or business) | | recipient | contribution | Amount |
| a Paid dunng the year | | | | |
| SEE STATEMENT ATTACHED | | | | 208,290 |
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| Total | · <u>·</u> · · <u>·</u> · · · · | | | 3a 208,290 |
| b Approved for future payment | | | | |
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| Total | | | | 35 |

| _ | rt XVI-/ | A Analysis of Income-Producing Ac | | | | | |
|--------------------|--------------|---|--|--|-----------------------|----------------------|--|
| Ente | r gross | amounts unless otherwise indicated. | Unrelated bu | usiness income | Excluded by sect | ion 512, 513, or 514 | (e) Related or exempt |
| 1 | _ | m service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See page 28 of the instructions.) |
| | a | | ļ | | | | |
| | b | , | <u> </u> | <u></u> | | | |
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| | d | | | | | | |
| | e f | | ļ | ļ | | | |
| | - | a and a anti-at-frame control to | | | | | |
| _ | | es and contracts from government agencies | <u> </u> | | <u> </u> | | |
| _ | | ership dues and assessments | | | | | |
| 3 4 | | on savings and temporary cash investments and interest from securities | | - | | | |
| 5 | | ital income or (loss) from real estate: | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | ६ ^{११} १४ - ८७०७७ ३४४ र ३ ४४५ | 河西州省中央市民省公司 | | er serre en en en en en en |
| 9 | | • | (A. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18 | The Control of the Co | 不通用 明白 位于学 | E THE PROPERTY. | 产的报题计算基础 |
| | | ot-financed property | | | | | |
| 6 | | ital income or (loss) from personal property | <u> </u> | | | | |
| 7 | | nvestment income | | | | | |
| 8 | | (loss) from sales of assets other than inventory | | | | | |
| 9 | | ome or (loss) from special events | <u> </u> | | | | |
| 10 | | profit or (loss) from sales of inventory | | | | · | |
| | | evenue: a | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| 12 | Subtota | al. Add columns (b), (d), and (e) | - C. N. 1984 | | EFFERE | | |
| | | | | | | 13 | |
| 13 | i otal. / | Add line 12, columns (b), (d), and (e) | | | | 10 | |
| See | worksh | eet in line 13 instructions on page 29 to verify | / calculations.) | | | | |
| See Par | worksh | eet in line 13 instructions on page 29 to verify Relationship of Activities to the A | calculations.) | ent of Exemp | t Purposes | | |
| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | nportantly to the page 29 of the |
| See Par Line | workship No. | eet in line 13 instructions on page 29 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt; | calculations.) | ent of Exemp | t Purposes | | portantly to the page 29 of the |
| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | nportantly to the page 29 of the |
| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | portantly to the page 29 of the |
| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | portantly to the page 29 of the |
| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | portantly to the page 29 of the |
| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | nportantly to the page 29 of the |
| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | portantly to the page 29 of the |
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| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | portantly to the page 29 of the |
| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | pportantly to the page 29 of the |
| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | portantly to the page 29 of the |
| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | portantly to the page 29 of the |
| See Par Line | workship No. | Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pushing the complexity of the foundation. | calculations.) | ent of Exemp | t Purposes | | portantly to the page 29 of the |
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| Part | XVII | - | n Regarding Trai | nsfers To and Tran | sactions and | Relationships With Noncha | aritable |
|----------|--------------|---|---|--|-------------------------------------|---|--------------------------|
| 1 | in se | he organization oction 501(c) of the nizations? | lirectly or indirectly e Code (other than | engage in any of the f section 501(c)(3) orga | ollowing with an nizations) or in s | by other organization described section 527, relating to political | Yes No |
| а | | sfers from the rep Cash | | o a noncharitable exer | mpt organization | of: | 1a(1) / |
| | (2) | Other assets . | | | | | 1a(2) 🗸 |
| ь | Othe | r transactions: | | | | | 11 15 13 |
| | | | a noncharitable ex | | | | 1b(1) 🗸 |
| | | | | able exempt organizat | | | 1b(2) |
| | | | | er assets | | | 1b(3) 🗸 |
| | | | | | | | 1b(4) ✓ |
| | | | | | | | 1b(5) ✓ |
| _ | | | | hip or fundraising solid | | | 1b(6) / |
| | | | | ists, other assets, or pa | | | 1c / |
| d | IT THE | answer to any | of the above is "Ye | es," complete the follo | wing schedule. | Column (b) should always sho | w the fair market |
| | | | | | | If the foundation received less of the goods, other assets, or se | |
| (a) Line | | (b) Amount involved | | hantable exempt organization | | inption of transfers, transactions, and sh | |
| N/A | | (O) / Unicarit involved | (c) rano or none | maritable exempt organizatio | (d) Desc | aption of transfers, transactions, and site | aring arangements |
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| | _ | | | | | | |
| | desc | ribed in section 5 | | other than section 501 | | re tax-exempt organizations on 527? [| ☐ Yes ☑ No |
| | | (a) Name of organi | zation | (b) Type of orga | nization | (c) Description of relation | nship |
| | | | | | | | |
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| 0: | | | | | | edules and statements, and to the best | |
| Sign | Į. | r, it is true, correct, and | 1 complete Declaration | oi preparer (other than taxpa | | ised on all information of which preparer | nas any knowledge |
| Here | _ | Kotelin | Kenklens | | 10/5/11 | resideNT | |
| | / S | gnature of officer or tr | | Proparer's autotive | Date | F little | DTIN |
| Paid- | | Print/Type preparer | | Preparer's signature | T | Check [if] | PTIN |
| Prepa | | PAUL A. PETITJE | | 17-111-100 | 7 | | P00636676 |
| Use C | Only | | PAUL A. PETITJEAN | BROOKFIELD, WI 53045 | <u></u> | Firm's EIN ► | 14 534-2515 |
| | _ | Firm's address ▶ | DOS TALON TRAIL, E | JACONI ILLD, 191 53045 | | 1.19116 112 | orm 990-PF (2010) |

RUEHLOW FAMILY FOUNDATION, INC Year Ended December 31, 2010 Form 990-PF

Part XV. Supplemental Information

| Line 3(a), Grants and Contributions Paid During the Year | Paid During the Year | |
|--|----------------------|-----------|
| Recipient Name | Purpose of Grant | Amount |
| Westbrook Church | General Operations | \$5,000 |
| Dr. Martin Luther Church | General Operations | \$10,000 |
| Milwaukee Rescue Mission | General Operations | \$8,000 |
| American Heart Association | General Operations | \$20,000 |
| No Time for Poverty - Haiti | General Operations | \$5,000 |
| Lukemia & Lymphoma Society | General Operations | \$2,100 |
| Lake Country Young Life | General Operations | \$5,000 |
| Missions of Aftica | General Operations | \$3,000 |
| Hope Center | General Operations | \$3,000 |
| Oconomowoc Food Pantry | General Operations | \$3,000 |
| Figureheads, Inc. | General Operations | \$5,000 |
| Operation Dream | General Operations | \$5,000 |
| Waukesha Memorial Hospital - | General Operations | \$15,000 |
| Angels Grace Hospice | ı | |
| Lake Area Free Clinic | General Operations | \$10,000 |
| Mission Possible Ministries | General Operations | \$3,000 |
| Juvenile Diabetes Association | General Operations | \$5,000 |
| Milwaukee School of Engineering | Scholarship Fund | \$101,190 |
| | | |

Total Grants

RUEHLOW FAMILY FOUNDATION, INC Form 990-PF Year Ended December 31, 2010

Part I, Supplemental Information

Line 23, Other Expenses

Other Expenses:

Investment Fees

Total Other Expenses

Amount

\$10,681 \$10,681

RUEHLOW FAMILY FOUNDATION, INC Year Ended December 31, 2010 Form 990-PF

Part II, Supplemental Information

Line 10b, Corporate Stock

| Market Cost Value | 599,078 604,093 | 599,078 604,093 | | | Cost | 100,420 109,950 | 75,015 76,311 | 50,304 50,245 | 24,401 25,155 | 86,462 97,990 | 1,729,576 1,836,671 | 96,241 | |
|----------------------|---------------------------|-----------------|---|------|--------|------------------------------------|---------------|---------------|--------------------------------|-----------------------------------|---------------------------------|---------------------------|--|
| Shares | 57,021 | | | 7 | Solida | 1,000 | 750 | 200 | 250 | 1,000 | 189,739 | 1,000 | |
| Name | KBS REAL ESTATE INV TRUST | | Line 10a, U.S. and State Government Obligations | Name | _ | LEROY OSTRANDER MIN INDPT SCH DIST | | | TOMS KIVER NJ BRD ED REDG-REGL | GENERAL ELEC CAP CORP MEDIUM TERM | BAIKU SHOKT TEKM BOND FUND INST | GENERAL ELEC CAP CORP MTN | |

8868

(Rev January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

| A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time on file income tax returns. Type or Name of exempt organization RUEHLOW FAMILY FOUNDAITON, INC. Number, street, and room or suite no. If a P.O box, see instructions. Na9 W35896 HWY K City, town or post office, state, and ZIP code. For a foreign address, see instructions. Na9 W35896 HWY K City, town or post office, state, and ZIP code. For a foreign address, see instructions. Na9 W35896 HWY K City, town or post office, state, and ZIP code. For a foreign address, see instructions. OCONOMOWOC, WI 53056 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is Form 990-B. Application Sorm 990-B. Borm 990-T (corporation) Application Sorm 990-T (corporation) Application is for sorm 990-T (corporation) Application is for sorm 990-T (corporation) Application is for sorm 990-T (corporation) Application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and assimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract hine 3b from line 3a, include your payment with this form, if required, by using EFTPS | | | | | | | |
|--|---|--|---|--|--------------|------------|----------------|
| ## If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automate 3-month extension on a proviously filed Form 8868. Electronic filing (e-file), You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (in months for a corporation required to file Form 990-T) or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms 8868 at you need a 3-month automatic extension of time to file (in months for a corporation required to file Form 990-T) or an additional for a file of the forms 1868 to request an extension of time to file any of the forms stated in Part I or Part II with the exception of Form 870-file forms 1868 for requested and severable of Form 890-file forms 1869 forms 1869 forms 1869 for forms 1869 forms | • If you are | filing for an Automatic 3-Month Extension, | complete | only Part I and check this box | | | ▶ □ |
| Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 to request an electronically file Form 890 T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 898 T) or the form site and in Form 200 T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time You can electronically file Form 8861 to request an extension of time. You can electronically file Form 890 T formatices associated With Certain Personal Benefit Contracts, which must be sent to the 'IRS in paper format (see the properties) of Form 890 T formatices and the electronic lining of this form, west wave regulation and the electronic lining of this form, west wave regulation and concepts. Name of exempt organization Part | • If you are | filing for an Additional (Not Automatic) 3-Mo | onth Exter | ision, complete only Part II (on pac | e 2 of this | form). | |
| a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time, You can electronically file Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (sensitivitions). For more details on the electronic litting of this form, wast www respondent and click on e-file for Charlies & Nonprofits. Part Automatic 3-Month Extension of Time. Only submit original (no copies needed). | Do not co | mplete Part II unless you have already been o | granted an | automatic 3-month extension on a p | reviously 1 | iled For | m 8868. |
| a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time, You can electronically file Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (sensitivitions). For more details on the electronic litting of this form, wast www respondent and click on e-file for Charlies & Nonprofits. Part Automatic 3-Month Extension of Time. Only submit original (no copies needed). | Electronic | filing (e-file). You can electronically file Form | 8868 if yo | u need a 3-month automatic extens | ion of time | to file | 6 months for |
| 3868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 3870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, vist www insignoided and click on e-file for Charlies & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time file income tax returns. Type or Name of exempt organization RUEHLOW FAMILY FOUNDATION, INC. Now Myssel HWY K White Tourne or suit on. Or 1 a P.O. box, see instructions. Now Myssels HWY K Cooke Condowow, W sades Condowow, W sades Condowow, W sades Enter the Return code for the return that this application is for (file a separate application for each return) Promm 990-Time or 1 and the promman of the promman of the promman or suit or the promman or suit or the promman or t | a corporati | ion required to file Form 990-T), or an addition | al (not auto | omatic) 3-month extension of time. | You can ele | ectronic | ally file Form |
| Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the iRS in paper format (senstructions). For more details on the electronic hilling of this form, wast www is goverhele and click on e-the for Charlies & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of like income tax returns. Name of exempt organization Name of exempt organization Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, street, and room or suite no. If a P.O box, see instructions. Number, s | 8868 to re- | quest an extension of time to file any of the | forms liste | d in Part I or Part II with the excep- | tion of For | m 8870 |), Information |
| Part Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of file income tax returns. Print inely the make of exempt organization RUEHLOW FAMILY FOUNDATION, INC. Employer identification number 10 file income tax returns. Now W35895 HWY K City, town or post office, state, and ZIP code. For a foreign address, see instructions. Now W35895 HWY K City, town or post office, state, and ZIP code. For a foreign address, see instructions. OCONOMOWOC, W 33066 Enter the Return code for the return that this application is for (file a separate application for each return) 0 4 Application Form 990 | Return for | Transfers Associated With Certain Persona | I Benefit (| Contracts, which must be sent to | the IRS in | n paper | format (see |
| Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time on file income tax returns. Type or Name of exempt organization print I will be by the Name of exempt organization print Site by the Name of exempt organization print Name of exempt organization print Name of exempt organization print Name of exempt organization or or suite no. If a P.O box, see instructions. Name of exempt organization or or suite no. If a P.O box, see instructions. Name of exempt organization number organization for (file a separate application for each return) O | instruction | s). For more details on the electronic filing of the | nis form, vi | sit www.irs.gov/efile and click on e-f | ile for Chai | rities & I | Vonprofits. |
| Part I only . | Part I | Automatic 3-Month Extension of Time | . Only sul | bmit original (no copies needed). | | | |
| Application Return code for the return that this application is for (file a separate application for each return). Application Return code for the return that this application is for (file a separate application for each return). Application Return code for the return that this application is for (file a separate application for each return). Application Return code for the return that this application is for (file a separate application for each return). Application Return code for the return that this application is for (file a separate application for each return). Application Return code for the return that this application is for (file a separate application for each return). Application Return code for the return that this application is for (file a separate application for each return). Application Return code for the return that this application is for (file a separate application for each return). Application Return code for the return that this application is for (file a separate application for each return). Application Return code for the return that this application is for (file a separate application for each return). Application Return code for the return that this application is for (file a separate application for each return). Application Return code for the return that this separate application for each return). Application Return code for the return that this separate application for each return). Application Return code for the return that this application for each return Return code for form 990-T (corporation). Application Return code form 990-T (code form 990-T | A corporat | tion required to file Form 990-T and reque | sting an a | utomatic 6-month extension—che | ck this bo | x and | complete |
| The print Name of exempt organization Purple or print Print | _ | | | | | | |
| Print is by the base date of the street, and room or suite no. If a P.O box, see instructions. NBW W35896 HWY K City, town or post office, state, and ZIP code. For a foreign address, see instructions. CONOMOWOC, WI 53866 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Form 990-T (corporation) Form 990 | | | ips, REMIC | Cs, and trusts must use Form 7004 | to request | an exte | nsion of time |
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| teum size City, town or post office, state, and ZIP code. For a foreign address, see instructions. CICNOMOWOC, WI 53066 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Return Retu | print | RUEHLOW FAMILY FOUNDAITON, INC. | | } | 2 | 0-56775 | 14 |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. CITY town or post office, state, and ZIP code. For a foreign address, see instructions. CONOMOWOC, WI 53066 Enter the Return code for the return that this application is for (file a separate application for each return) Return Sep | File by the | Number, street, and room or suite no. If a P.O be | ox, see instr | uctions. | | | |
| Enter the Return code for the return that this application is for (file a separate application for each return) Application Return September S | due date for | N69 W35896 HWY K | | | | | |
| Application Is For Code Return Code Return (File a separate application for each return) | return See | City, town or post office, state, and ZIP code. Fo | r a foreign a | ddress, see instructions. | | | |
| Application Is For Code Return Code S For Code S For Code S For Code S For Code S For Code S For Code S For Code S For Code S For S CODE S Form 990-T (corporation) O7 Form 990-BL | instructions | OCONOMOWOC, WI 53066 | | | | | |
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| Is For Code Is For Code Is For Code Form 990 Form 990 OT OT Form 990 OT OT OT OT OT OT OT O | | | | | <u> </u> | | |
| Form 990-BL | | on | Return | | | | |
| Form 990-BL | Is For | | Code | ls For | | | Code |
| Form 990-EZ Form 990-FF O4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) 06 Form 8870 11 Form 990-T (trust other than above) 06 Form 8870 12 Phe books are in the care of ▶ PAUL A. PETITJEAN, Jb, CPA Telephone No. ▶ 414 534-2515 FAX No. ▶ 262 792-1335 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 or the whole group, check this box . ▶ □ If it is for part of the group, check this box . ▶ □ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15 20 11, to file the exempt organization return for the organization named above. The extension is for the draw year 20 10 or □ calendar year 20 10 or □ tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period 2a 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. a \$ 2,000 b 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. b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3a \$ NONE Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for | Form 990 | | 01 | Form 990-T (corporation) | | 07 | |
| Form 990-PF 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 Telephone No. PAUL A. PETITJEAN, JD, CPA Telephone No. PAUL A. PETITJEAN, | Form 990- | -BL | 02 | Form 1041-A | | | 08 |
| Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 12 The books are in the care of PAUL A. PETITJEAN, JD, CPA Telephone No. A14 534-2515 FAX No. A262 792-1335 If the organization does not have an office or place of business in the United States, check this box A14 is in 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 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 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 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 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 this is for a Group Return, enter the organization's four of the group, check this box If this is for a Group Return, enter the organization of time until MadGast 1, to file the exempt organization required to file Form 990-T) extension of time until MadGast 1, to file the exempt organization return for the organization named above. The extension is for the organization's return for: If the axis year entered in line 1 is for less than 12 months, check reason: Initial return Final return for the organization and entered in line 1 is for less than 12 months, check reason: Initial return for the organization return for the organization return for the organization return for the organization return for the organization return for the organization return for the organization return | Form 990- | -EZ | 03 | Form 4720 | | | 09_ |
| Form 990-T (trust other than above) The books are in the care of PAUL A. PETITJEAN, JD, CPA | Form 990- | -PF | 04 | Form 5227 | | | 10 |
| Telephone No. A14 534-2515 | Form 990- | -T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Telephone No. ► 414 534-2515 FAX No. ► 262 792-1335 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) | Form 990- | -T (trust other than above) | 06 | Form 8870 | | _ | 12 |
| I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15 , 20 11 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ ☑ calendar year 20 10 or ▶ ☐ tax year beginning 20 , and ending 20 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period 3a 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. 3a \$ 2,000 b 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. 3b \$ 3,461 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ NONE | Telephon If the orga If this is for the who | te No. ► 414 534-2515 anization does not have an office or place of bor a Group Return, enter the organization's foundle group, check this box ► □ . If | Fusiness in the digit Groot it is for par | the United States, check this box . up Exemption Number (GEN) | | If t | his is |
| until AUGUST 15 , 20 11 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ | | | | | | | _ |
| for the organization's return for: Calendar year 20 10 or Lax year beginning | | | | | | TL | |
| ▶ ☑ calendar year 2010 or ▶ ☐ tax year beginning | | | npi organiz | cation return for the organization har | neu above | . ine ex | TENSION IS |
| tax year beginning , 20 , and ending , 20 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period 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. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for | | • | | | | | |
| 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a 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. 3a \$ 2,000 b 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. 3b \$ 3,461 c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c NONE Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for | | | 22 | and as the | | | |
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| b 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. b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. c Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for | | | . , | , | I . | \$ | 2,000 |
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| | (Elec | ctronic Federal Tax Payment System). See instruc- | tions. | | 3c | | NONE |
| | | | vithdrawal | with this Form 8868, see Form 84 | 53-EU and | rom | 58/9-EU for |

Signature and Verification

c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► A. Putt

(Electronic Federal Tax Payment System). See instructions.

amount paid previously with Form 8868.

Date > 8/2/11

8b

8c |\$

Form 8868 (Rev 1-2011)

3,461

NONE