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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2010

Ford	aler	idar year 2010, or tax ye	ear beginning		, and ending		t
		all that apply:	Initial return	Initial return of a	former public charity	Final retur	n
			Amended return	Address cha	· -	Name change	
Nar	ne o	foundation				A Employer identification	n number
		THE WISCO	NSIN FOUNDAT	NOI		26-254088	7
Nun	ber a	and street (or P O box number	r if mail is not delivered to stree	t address)	Room/suit	B Telephone number	
		PO BOX 77	00			608.830.6	300
City	or t	own, state, and ZIP code				C If exemption application is	
		MADISON,		-		D 1. Foreign organization	ns, check here
<u> </u>	_	type of organization:	X Section 501(c)(3) e			Foreign organizations or check here and attach or	computation
<u> </u>		ction 4947(a)(1) nonexe		Other taxable private found	Accrual	E If private foundation st	
		arket value of all assets at	· —	ing method: Cash ther (specify)	LA_1 Accruai	under section 507(b)(
(<i>''</i>		Part II, col (c), line 16)		ımn (d) must be on cash	basis)	F If the foundation is in a under section 507(b)(
	rt I	Analysis of Revenue a	and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		The total of amounts in co necessarily equal the amou	lumns (b), (c), and (d) may not	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, gra	nts, etc., received	30,000.		N/A	
	2		tion is not required to attach Sch. B	•			
	3	Interest on savings and tem cash investments	porary				
	4	Dividends and interest f	rom securities				
	5a	Gross rents			<u> </u>		
	b	Net rental income or (loss)					
_ e_		Net gain or (loss) from sale of			<u> </u>		STATEMENT 1
Revenue	_ b	assets on the oa	500.		<u> </u>	<u> </u>	
Вè	7	Capital gain net income (from	·		·	0.	
	8	Net short-term capital g Income modifications	alli				-
	10a	Gross sales less returns			 		
	_	Less Cost of goods sold					
		Gross profit or (loss)	_				
	11	Other income		9,375.	9,37	5.	STATEMENT 2
	12	Total. Add lines 1 throu	igh 11	38,786.	9,37	5.	
	13_	Compensation of officers, d		31,731.	1,58	7.	0.
	14	Other Proprocessalaries	Eand wages				
s	15	Pension plans, employe	ee benefit sQ	3,866		0.	0
Expenses	16a	Begal tees N 1 6 2	011 (81 тмт 3	206.	,	0.	0
É		EAccounting tees	SS SS				
e E	C	Other-professional-fees- Interespan DEM	_ · ·]				
ativ	'' 18	Taxes	STMT 4	2,311.	. 110	6	0
istra	19	Depreciation and deplet		168		0.	0
Ë	20	Occupancy		1,500.		0.	0
Adi	21	Travel, conferences, and	d meetings		-		
pue	22	Printing and publication	is .				
g	23	Other expenses	STMT 5	2,178	, (0.	0.
rati	24	Total operating and ad	ministrative				
Operating and Administrative		expenses Add lines 13	-	41,960		3.	0
0		Contributions, gifts, gra		10,000.			10,000
	26		sbursements.	F1 060	1 70	,	10.000
	<u> </u>	Add lines 24 and 25	40:	51,960.	1,70	5.	10,000
	27			_12 174			
		Excess of revenue over expension Net investment income		-13,174	7,67	2	1
		· Adjusted net income (#			1,07	N/A	-
	<u> </u>	Trajustou net moonie ("			-1		

3501 07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

art II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year			
art II Data Nee Office to column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1 · Cash - non-interest-bearing	11,043.	1,134.	1,134.		
2 Savings and temporary cash investments					
3 Accounts receivable ►					
Less; allowance for doubtful accounts ▶	404.				
4 Pledges receivable ►					
Less: allowance for doubtful accounts	1				
5 Grants receivable					
6 Receivables due from officers, directors, trustees, and other					
disqualified persons					
7 Other notes and loans receivable					
Less: allowance for doubtful accounts	-				
8 Inventories for sale or use	 				
	2,009.				
, .	2,003.				
10a Investments - U.S. and state government obligations					
b Investments - corporate stock					
c Investments - corporate bonds			· ·		
11 Investments - land, buildings, and equipment basis	-				
Less accumulated depreciation					
12 Investments - mortgage loans					
13 Investments - other					
14 Land, buildings, and equipment: basis	_				
Less accumulated depreciation	1,256.	0.	0.		
15 Other assets (describe ►)					
16 Total assets (to be completed by all filers)	14,712.	1,134.	1,134.		
17 Accounts payable and accrued expenses	404.				
18 Grants payable		···-			
19 Deferred revenue					
20 Loans from officers, directors, trustees, and other disqualified persons					
21 Mortgages and other notes payable					
22 Other liabilities (describe >					
, <u> </u>					
23 Total liabilities (add lines 17 through 22)	404.	0.			
Foundations that follow SFAS 117, check here		-			
and complete lines 24 through 26 and lines 30 and 31.					
24 Unrestricted	i l				
25 Temporarily restricted					
26 Permanently restricted					
Foundations that do not follow SFAS 117, check here					
· · · · · · · · · · · · · · · · · · ·					
and complete lines 27 through 31.	0.	0			
27 Capital stock, trust principal, or current funds	0.	0.			
28 Paid-in or capital surplus, or land, bldg., and equipment fund		0.			
29 Retained earnings, accumulated income, endowment, or other funds	14,308.	1,134.			
30 Total net assets or fund balances	14,308.	1,134.			
	1				
31 Total liabilities and net assets/fund balances	14,712.	1,134.			
art III Analysis of Changes in Net Assets or Fund	Balances				
					
Total net assets or fund balances at beginning of year - Part II, column (a), lir	e 30				
(must agree with end-of-year figure reported on prior year's return)		1	14,308.		
Enter amount from Part I, line 27a		2	-13,174.		
Other increases not included in line 2 (itemize)		3	0.		
Other increases not included in line 2 (itemize)					
Add lines 1, 2, and 3		4	1,134.		
			1,134.		

(a) List and des	cribe the ki	nd(s) of property sold (e.g. or common stock, 200 shs	, real estate,		(b)	How ac - Purc - Dona	cquired chase ation	(c) Date (mo., d	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a										
b NO	ONE									
<u>c</u>	- -				-					
d e					-					
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis expense of sale	1		J, <u>.</u>		ain or (loss) s (f) minus (
a										
b										
C	<u> </u>									
<u>d</u>										
Complete only for assets show	ing gain in	column (h) and owned by t	he foundation	on 12/31/69				\ Gaine (C	Col. (h) gaın ı	minue
(i) F.M.V. as of 12/31/69	T	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any				(k), but i	not less than (from col (f	-0-) or
a							<u>-</u>			
b										-
C										
d	<u> </u>									
е										· · · · · · · · · · · · · · · · · · ·
2 Capital gain net income or (net o	capital loss)	If gain, also enter $\left\{\begin{array}{l} \text{If (loss), enter -0-} \end{array}\right.$	ın Part I, line ın Part I, line	7 7	}	2				
3 Net short-term capital gain or (le					٦					
If gain, also enter in Part I, line 8		c)			-					
Part V Qualification	Under S	Section 4940(e) for	Reduced	Tax on Net	lnv	estn	nent Inc	ome		
(For optional use by domestic priva										
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qu	ction 4942 alify under	tax on the distributable am section 4940(e). Do not co	mplete this pa	rt.						Yes X No
1 Enter the appropriate amount in	each colui		octions before	making any entri						(d)
(a) Base period years Calendar year (or tax year begini	าเทg เท)	(b) Adjusted qualifying dist		Net value of no	(c) oncha	ritable			Distrib (col. (b) divi	(d) ution ratio ded by col. (c))
2009			8,947.				6,041			1.358093
2008		4	7,641.		-		6,068	•		.84970
2006								 -		
2005										
2 Total of line 1, column (d)								2		2.20779
3 Average distribution ratio for the the foundation has been in exist			on line 2 by 5,	or by the number	r of ye	ears		3		_1.10389
4 Enter the net value of noncharita	able-use as:	sets for 2010 from Part X, I	ine 5					4		6,271
5 Multiply line 4 by line 3								5		6,923
6 Enter 1% of net investment inco	ome (1% of	Part I line 27h)						6		77
7 Add lines 5 and 6	(. 70 01	· arry more er ey						7		7,000
8 Enter qualifying distributions fro	nm Dart VII	line 4						8		10,000
If line 8 is equal to or greater that	•		1b, and comp	Diete that part usin	ng a 1	% tax	rate.	_ 6	<u> </u>	10,000
See the Part VI instructions.										000 DE 100 10
023521 12-07-10									۲(orm 990-PF (2010

_	1990-PF (2010) THE WISCONSIN FOUNDATION 26-254 ort VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	0887	ıctio	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			77.
_	of Part I, line 27b			, , .
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2	-		77.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			77.
	Credits/Payments:			
	2010 estimated tax payments and 2009 overpayment credited to 2010			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c			
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			<u> </u>
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			77.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			, , .
	Enter the amount of line 10 to be: Credited to 2011 estimated tax			
	irt VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1	Yes	No
	any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	-		
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		•	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	
	If "Yes," complete Part II, col. (c), and Part XV.			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	WI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			!
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			X
10		10		X
	Fc	rm 990	1-PF (2010)

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Form **990-PF** (2010)

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

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Form 990-PF (2010) THE WISCONSIN FOUNDATION			<u> 26-25408</u>	87	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:		-			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	14945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly.		l	1
any voter registration drive?	• • •	· · · · · · · · · · · · · · · · · · ·	s X No	1	}
(3) Provide a grant to an individual for travel, study, or other similar purposes?		s X No		l	
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?	□ v _e	s X No		-	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f		.5 (22) 110		- 1
the prevention of cruelty to children or animals?		s X No			
•	ler the eventions described		IS LALINU		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n regulations	NT / 2	F.	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	-
Organizations relying on a current notice regarding disaster assistance check hi					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		_	<u> </u>		
expenditure responsibility for the grant?		I/A	s L No		
If "Yes," attach the statement required by Regulations section 53 4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	<u> </u>
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s 🗓 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their		T			
(-) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e	e) Expense count, other
(a) Name and address	to position	enter -0-)	and deferred compensation	a	llowances
SEE STATEMENT 6		0.	0.		0.
	•			1	
					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONF."			
	(b) Title, and average	1	(d) Contributions to employee benefit plans	(e	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred	acc	e) Expense count, other llowances
NONE	devoted to position		compensation	a	ilowances
NONE		ļ.			
				₩	
				ـــــ	
	<u> </u>			Щ	
				L	
				L	
Total number of other employees paid over \$50,000					0

Total. Add lines 1 through 3

Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	6,366.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	6,366.
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	0.
3	Subtract line 2 from line 1d	3	6,366.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	95.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,271.
6	Minimum investment return. Enter 5% of line 5	6	314.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certa	ıın
1	Minimum investment return from Part X, line 6	1	314.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	77.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	237.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	237.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	237.
P	art XII Qualifying Distributions (see 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	10,000.
	Program-related investments - total from Part IX-B	1b	0.
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	
	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	10,000.
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	5	77.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	9,923.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifie	s for the section
	4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see instructions)

Destrobutable amount for 2010 from Part XI, line 7 2010 237.		(a)	(b)	(c)	(d)
237. 24 **Modelshard scores** dare, and after emid of 2019 2 **Enter amount for 2019 only 3 **Enter amount for 2019 only 5 **Total for prior years.** 0 . 2 **Excess distributions carryover, 4 any, to 2010; a From 2006 6 **From 2007 6 From 2007 6 From 2007 6 From 2009 4 **7, 14 *5. 1 **Total to lines 3 at through e 4 **Calebring distributions for 2019 from Pest XII, line 4: ► ► ► 10,000. 3 **Applied to 2005, but not more than line 2 4 **Applied to 2005, but not more than line 2 4 **Applied to 2005, but not more than line 2 5 **Applied to 2005, but not more than line 2 5 **Applied to 2005, but not more than line 2 5 **Applied to 2016 but not more than line 2 5 **Applied to 2016 but not more than line 2 5 **Applied to 2016 but not more than line 2 6 **Applied to 2016 distributions on of corpus (Election required - see instructions) 6 **Carrier for the corpus on the corpus (Election required - see instructions) 7 **Applied to 2016 distributions around a see instructions on the corpus of the corpus on	A Basel table assessed to 2010 (as Basel)	Corpus	Years prior to 2009	2009	2010
2. Undestrouch momen, of min, as of the end of 20'0 a firther amount for 20'0 only b Total for prior years: 3. Excess distributions carryover, if any, to 2010; a From 2005 b From 2006 c From 2007 d From 2008 d 45, 752, e From 2009 d 47, 145; retail of fires 3s through a 45, 752, retail of fires	,				227
a Enter amount for 2099 only b Total for prior years: Comparison					237.
\$ Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2007 d From 2009 47, 145. 17 total of line 33 th though e 40 usalyhing distributions for 2010 from Part XII, Ine 4: № \$ 10,000. Applied to undistributed in corne of prov part XII, Ine 4: № \$ 10,000. Applied to undistributed more of prov parts (Fiche to required - see instructions) 4 Applied to undistributed in corne of prov parts (Fiche to required - see instructions) 4 Applied to undistributed in corne of prov parts (Fiche ton required - see instructions) 4 Applied to undistribution of clorpus 5 Excess distributions carryow applied to 2010 4 Applied to 2010 distributable amount 5 Excess distributions carryow applied to 2010 4 Applied to 2010 distributable amount 5 Excess distributions carryow applied to 2010 4 Applied to 2010 distributable amount 5 Excess distributions carryow applied to 2010 4 Applied to 2010 distributable amount 5 Excess distributed income. Subtract line 4 One Applied to 2010 distributable amount 5 Excess distributed income. Subtract line 4 One Applied to 2010 applied to 2010 4 Departs Applied to 2010 applied to 2010 4 Departs (Fiche and total of leads decluma as indicated about	- · · · · ·			0	
3 Excess distributions carryover, if any, to 2010: a From 2006 b From 2007 d From 2008				U •	
3 Excess distributions carryover, if any, to 2010. a From 2005 b From 2006 c From 2009 d 45, 752. e From 2009 d 47, 145. 1 Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: \(\times \) \(B Total for prior years.		0		
a From 2005 b From 2006 c From 2007 d From 2008 d 45, 752. e From 2009 d 47, 145. I Total of lines 3 at through e Outlinying distributions for 2010 from Part XII, line 4: ► S 10, 000. a Applied to 2005, but not more than line 2a Applied to 2005, but not more than line 2a Applied to 2005, but not more than line 2a D. Applied to 2005, but not more than line 2a D. Applied to 2005, but not more than line 2a D. Applied to 2005, but not more than line 2a D. Applied to 2005, but not more than line 2a D. Applied to 2010 distributions out of corpus (Election required - see instructions) D. Applied to 2010 distributions out of corpus (Election required - see instructions) D. Applied to 2010 distributions out of corpus (Election required - see instructions) D. Applied to 2010 distributions out of corpus (Election required - see instructions) D. C Enter the not total of each column as indicated below: a Corpus And time 3! Ac, and 4e Subtract line 3 Drinor years' undistributed income. Subtract line 4 in from line 2b C Enter the amount of prior years' undistributed income. Subtract line 3 thin in 2b C enter the amount of prior years' undistributed income. Subtract line 4 in from line 2b C enter the amount of prior years' undistributed income for 2010. Subtract line 4 a from line 6b. Taxable amount - see instructions Undistributed income for 2010. Subtract line 4a from line 6b. Taxable amount - see instructions Undistributed income for 2000. Subtract line 4a from line 2b. Subtract line 4a from line 5 or line 7 D. Amounts traited as distributions carryover from 2005 not applied on line 5 or line 7 D. Excess form 2008 Applied from line 6a 102,660. 102,660. 102,660. 103,755. 103,7	Evenes distributions carryover if any to 2010:				
5 From 2006 6 From 2007 45, 752. 6 From 2009 45, 752. 6 From 2009 47, 145. 7041 of lines 33 shrough 92, 897. 4					
e From 2007 d from 2008 d from 2008 d from 2008 d from 2009 part XI, line 4: ► \$ 10,000. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) d from 2009 (Election required - see instructions) d Applied to 10 distributable amount e Remaining amount distributed out of corpus (Election required - see instructions) d Applied to 10 distributable amount e Remaining amount distributed out of corpus 5 Excess destributions carryover applied to 20 to must be distributed amount e Remaining amount distributed out of corpus 5 Excess tenthibutions carryover giptied to 20 to must be distributed in column (a) 6 Enter the net total of each column as indicated below. 102,660. 102,660. 102,660. 102,660. 102,660. 103 104,060. 105 106 107 107 108 108 108 108 108 108					
4 From 2008					
From 2009	·				
4 Qualifying distributions to 2010 from Part XII, Inc 4 ► 8 10,000. a Appled to 2009, but not more than line 2a b Appled to undistributed income of pror years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Appled to 2010 distributable amount e Remaining amount distributed und or corpus Election required - see instructions) d Appled to 2010 distributable amount e Remaining amount distributed to 0 corpus Election required - see instructions d Appled to 2010 distributable amount e Remaining amount distributed und or corpus Election required - see instructions 5 Excess distributions carryener applied to 2010 0 - (1 ms amount applied to 2010 1					
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8 Excess distributions carryover from 2005 not applied on line 5 or line 7 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2006 b Excess from 2007 c Excess from 2008 d Excess from 2009 e Excess from 2010 9 , 763.	corpus to satisfy requirements imposed by				
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d Excess from 2009 47,145. e Excess from 2010 9,763.					
e Excess from 2010 9,763.					
	e Excess from 2010 9,763.				

Form **990-PF** (2010

023601 12-07-10

3 Grants and Contributions Paid During the		Payment	<u> </u>	
Recipient	If recipient is an individual,	Ţ	Durage of great or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year UW FOUNDATION-GRAASKAMP CENTER ENDOWMENT FUND 1848 UNIVERSITY AVE MADISON, WI 53726	NONE	PUBLIC	SUPPORT THE WISCONSIN SCHOOL OF BUSINESS REAL ESTATE PROGRAM	10,000.
Total	1	1	▶ 3a	10,000.
b Approved for future payment				
b y pproved for latere payment				
NONE				
Total	<u> </u>		▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Inter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Allibulit	code	Amount	Tunction income
a					
b					
C			\perp		
d			1 1		
e					
1				_	
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					***************************************
5 Net rental income or (loss) from real estate:			\rightarrow		<u>-</u>
a Debt-financed property	—		\rightarrow		
b Not debt-financed property	L	· · · · · · · · · · · · · · · · · · ·			
6 Net rental income or (loss) from personal			- -		
property					
7 Other investment income			01	9,375.	
8 Gain or (loss) from sales of assets other			1 1		
than inventory					-589
9 Net income or (loss) from special events	<u> </u>		\perp		
10 Gross profit or (loss) from sales of inventory					
1 Other revenue.					
a					
b			\perp		
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		().	9,375.	-589
13 Total. Add line 12, columns (b), (d), and (e)				13	8,786
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of	Exempt	t Purposes	
Line No Explain below how each activity for which incor		•		<u> </u>	

Line No ▼						me is reported in col by providing funds f			A contributed importantly	to the accomplishment of
8	LOSS ON SALE OF OFFICE COMPUTER USED FOR FOUNDATION ADMINISTRATION							ADMINISTRATION		
										· · ·
										
										
										
		_						<u> </u>		
	-									
			<u>-</u>							
			<u>-</u>		 -				·	
										
										
				_						
							·			

023621 12-07-10

Exempt Organizations I odi the organization directly or indirectly engage an any of the following with any office organization of the dode (other than section 501(c)) organizations) or in section 527, relating to political organizations? I frankfest from the reporting foundation to a noncharitable exempt organization of: (1) Sash (2) Other sasts 5 Other transactions: (1) Sales of assets to an anorcharitable exempt organization (2) Purchases of assets in an anorcharitable exempt organization (3) Relation of beginning the doctors of the section 501(c) of the doctors of the section 501(c) of the doctors of the section 501(c) of the section 501(c) of the code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section) solicitation in	Part XVII	_		and Transactions a	nd Relationships With Nonc	haritable)	
the Code (other than section 5016(s)3) or ganarations of an assettion 527, relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of. 1 (1) Cash 2 (2) Other assets 3 (3) Rental of scielles, equipment, or other assets 4 (4) Remburscent arrangement or ganization 3 (5) Loans or loan guaranties 4 (6) Performance of services or membership or fundrasing solicitations 5 (6) Performance of services or membership or fundrasing solicitations 5 (6) Performance of services or membership or fundrasing solicitations 5 (6) Performance of services or membership or fundrasing solicitations 5 (6) Performance of services or membership or fundrasing solicitations 5 (7) Sharing of facilities, equipment, making lasts, other assets, or paid employees 5 (6) Performance of services or membership or fundrasing solicitations 5 (7) Sharing of facilities, equipment, making lasts, other assets, or paid employees 6 (8) Performance of services or membership or fundrasing solicitations 7 (8) Sharing of facilities, equipment, making lasts, other assets, or paid employees 8 (8) Performance of services or membership or fundrasing solicitations 9 (8) Performance of services or membership or fundration received less than fair market value in any transaction or sharing arrangement, show in column (4) Blave last of the goods, other assets, or exempt organization (a) Amount envolved (b) Amount envolved (c) Remne of noncharitable exempt organization (d) Cocception of instruction of instruction of which is a section of section of the section	4 Did the e				an described in section 501(a) of	\neg	Voc	No
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(a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (either hard require to reduction is based on all information of which preparer has any knowledge PRESIDENT Title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer Use Only Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP Firm's address ▶ PO BOX 7398 MADISON, WI 53707-7398 Phone no. (608) 249-6622	ın sectior	501(c) of the Code (other	r than section 501(c)(3)) or in s	ection 527?		Yes	X] No
N/A Sign Here Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer has any knowledge PRESIDENT Title	b If "Yes," o	complete the following sch	edule.					
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Paid Preparer Use Only Print/Type preparer's name Preparer's signature of officer or trustee Preparer's signature of officer or trustee Date Date Check ☐ if self- employed Self- employed Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP Firm's address ► PO BOX 7398 MADISON, WI 53707-7398 Phone no. (608) 249-6622						d belief, it is tru	ie, corre	ct,
Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature JASON A. SEDEROUISTUASON A. SEDEROUI 11/02/11 Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP Firm's address ▶ PO BOX 7398 MADISON, WI 53707-7398 Phone no. (608)249-6622	Sign and	complete Declaration of prepa	ner (other than the payer or fronciary)					
Paid Preparer Use Only Print/Type preparer's name	Here	430			(I) PRESIDENT			
Paid Preparer Use Only Self-employed Propage Pro		Signature of officer or tru	ustee 1	Date				
Preparer Use Only Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP Firm's address ► PO BOX 7398 MADISON, WI 53707-7398 Phone no. (608)249-6622		Print/Type preparer's na	ame Preparer's	s signatur e	Date Check if PT	IN		7/1/
Preparer Use Only Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP Firm's address ► PO BOX 7398 MADISON, WI 53707-7398 Phone no. (608)249-6622				a luttiget	self- employed	DANT	79 X	70L
Preparer Use Only Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP Firm's address ► PO BOX 7398 MADISON, WI 53707-7398 Phone no. (608)249-6622	Paid	JASON A. S	EDERQUISTUASON	A. SEDEROUI	11/02/11	1000	< 10	- 4
Use Only Firm's address ► PO BOX 7398 MADISON, WI 53707-7398 Phone no. (608)249-6622	Preparer							
Firm's address ► PO BOX 7398 MADISON, WI 53707-7398 Phone no. (608)249-6622	•		17					
MADISON, WI 53707-7398 Phone no. (608)249-6622	•		BOX 7398 V					
				7-7398	Phone no. (60)8)249	-66	22
					,			

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization

Employer identification number

	THE WISCONSIN FOUNDATION _	26-2540887							
Organization type (chec	ck one)								
Filers of:	Section:								
Form 990 or 990-EZ	501(c)() (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	al Rule See instructions							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (mplete Parts I and II	in money or property) from any one							
Special Rules									
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	· ·							
aggregate con	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one caributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literal of cruelty to children or animals. Complete Parts I, II, and III								
contributions for this box is characteristic purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corruse exclusively for religious, charitable, etc., purposes, but these contributions did not ecked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization becausable, etc., contributions of \$5,000 or more during the year	ot aggregate to more than \$1,000 usively religious, charitable, etc ,							
Caution. An organization	on that is not covered by the General Rule and/or the Special Rules does not file Sched	ule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2010)

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

THE WISCONSIN FOUNDATION

26-2540887

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TERRENCE WALL 57 CAMBRIDGE ROAD MADISON, WI 53704	\$\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II if there is a noncash contribution)

of Part II

Name of organization

Employer identification number

THE WISCONSIN FOUNDATION

26-2540887

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
023453 12-23-	-10	Schedule B (Form 9	 990, 990-EZ, or 990-PF) (2010

Name of organization Employer identification number THE WISCONSIN FOUNDATION 26-2540887 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) > \$ (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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Current Year Ending	Deduction Accumulated Depreciation	168.	168.					
Current	Sec 179 Expense							
Beginning	Accumulated Depreciation	419.	419.					
Basis For		1,675.	1,675.					
Reduction In	Basis							
Section 179	Expense	_		 	 		 	
Bus	Excl							
Unadjusted	Cost Or Basis	1,675.	1,675.					
0 o	Š	HY1 6		 	 -		 -	
4	$\neg \dagger$	5.00		 				
Method		SL 5		 		·	 	
Date		10/14/08						
Asset Decrinition	Describing	(D)COMPUTER	* TOTAL 990-PF PG 1 DEPR					
Asset	و	н			 			

FORM 990-PF GAIN O	R (LOSS) FF	OM SALE OF	ASSETS	STA	ATEMENT	1
(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIREI	DATE SO	OLD
COMPUTER			PURCHASED	10/14/08	3 12/31/	/10
GROSS CO	(C) ST OR R BASIS	(D) EXPENSE OF SALE	(E)	CATI	(F) N OR LOSS	
500.	1,675.	0		. GAII 36.	-58	
NET GAIN OR LOSS FROM SALE O	F ASSETS				-58	39.
CAPITAL GAINS DIVIDENDS FROM	PART IV					0.
TOTAL TO FORM 990-PF, PART I	, LINE 6A				-58	39.
FORM 990-PF	OTHER	INCOME		STA	ATEMENT	2
DESCRIPTION		(A) REVENUE PER BOOKS	(B NET IN MENT II	ÆST-	(C) ADJUSTEI NET INCON	
OTHER INCOME	_	9,3	75.	9,375.		
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	9,3	75.	9,375.		
FORM 990-PF	LEG#	AL FEES		STA	ATEMENT	3
	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO	JUCA -TE	C) JSTED INCOME	(D) CHARITAI PURPOSI	
DESCRIPTION						-
LEGAL FEES	206	5.	0.			0.

FORM 990-PF	TAX	ES	St	FATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	2,311.	116.		0.
TO FORM 990-PF, PG 1, LN 18	2,311.	116.		0.
FORM 990-PF	OTHER E	XPENSES	S'.	ratement 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES INSURANCE	214. 1,598.	0.		0.
MISCELLANEOUS AND		_		_
ADMINISTRATIVE	366.	0.		0.

FORM 990-PF PA		- LIST OF OFFICE S AND FOUNDATION		STATI	EMENT 6
NAME AND ADDRESS		TITLE A AVRG HRS	ND COMPEN- /WK SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TERRENCE WALL 8215 GREENWAY BLVD. MIDDLETON, WI 53562	STE. 50	PRESIDENT 0 2.00		0.	0.
STEPHAN ADDISON 8215 GREENWAY BLVD. MIDDLETON, WI 53562	STE. 50	TREASURER 1.00		0.	0.
HELEN WALL 8215 GREENWAY BLVD. MIDDLETON, WI 53562	STE. 50	SECRETARY 0 1.00		0.	0.
JOHN WALL 8215 GREENWAY BLVD. MIDDLETON, WI 53562	STE. 50	BOARD OF 1	DIRECTOR 0.	0.	0.
WILLIAM GRABEL 8215 GREENWAY BLVD. MIDDLETON, WI 53562	STE. 50	BOARD OF 01.00_	DIRECTOR		— — — -0
RAYMOND SCHAPPE 8215 GREENWAY BLVD. MIDDLETON, WI 53562	STE. 50	BOARD OF 1.00		0.	0.
JIM SORENSON 8215 GREENWAY BLVD. MIDDLETON, WI 53562	STE. 50	BOARD OF 1.00	DIRECTOR 0.	0.	0.
LARRY EHORN 8215 GREENWAY BLVD. MIDDLETON, WI 53562	STE. 50	BOARD OF 1.00		0.	0.
TOTALS INCLUDED ON 9	90-PF, P	AGE 6, PART VIII	0.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 7 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

TERRENCE R. WALL 8215 GREENWAY BLVD. SUITE 500 MIDDLETON, WI 53562

TELEPHONE NUMBER

608.830.6300

FORM AND CONTENT OF APPLICATIONS

TYPED STATEMENT OUTLINING THE REQUEST. IF SELECTED BY THE FOUNDATION FOR FURTHER CONSIDERATION APPLICANT WILL SUBMIT A COMPLETED APPLICATION BETWEEN JANUARY 1 AND MAY 1 FOR CONSIDERATION BY THE BOARD.

ANY SUBMISSION DEADLINES

LETTERS OF INQUIRY ARE ACCEPTED ANY TIME DURING THE YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE ONLY MADE TO 501(C)(3) NONPROFIT ORGANIZATIONS. THE GRANT SHOULD SIGNIFICANTLY IMPROVE THE LIVES OF PEOPLE LIVING IN DANE COUNTY. THE APPLYING ORGANIZATIONS WILL BE REQUIRED TO PROVIDE EVIDENCE OF AN ACTIVE, ENGAGED BOARD OF DIRECTIORS, SOUND FINANCIAL MANAGEMENT AND CAPABILITY TO CARRY OUT THE PROPOSED PROJECTS. THE RECIPIENT MUST USE THE GRANT TO BENEFIT PERSONS UNDER 25 YEARS OF AGE. THE GRANT MUST PROVIDE EDUCATIONAL BENEFIT. THE RECIPIENT SHOULD NOT RECEIVE A LARGE PERCENTAGE OF ITS FUNDING FROM FEDERAL, STATE OR LOCAL GOVERNMENT. THE GRANT SHOULD BE USED TO FURTHER TRADITIONAL VALUES.

Form **8868**

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 $\rightarrow X$ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 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 automatic 3-month extension on a previously 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 (6 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 listed in Part I or Part II with the exception of Form 8870, 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, visit www irs.gov/efile and click on e-file for Charities & Nonprofits 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 All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or Name of exempt organization **Employer identification number** print THE WISCONSIN FOUNDATION 26-2540887 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 7700 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions 53707 MADISON, WI 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is Eor_ -Code-Form 990 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A 80 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 RANDALL J. GUENTHER The books are in the care of ▶ 8215 GREENWAY BLVD. STE. 500 - MIDDLETON, WI 53562 Telephone No ► 608.830.6300 FAX No. 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 | and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 to file the exempt organization return for the organization named above. The extension is for the organization's return for. LX calendar year 2010 or __ tax year beginning , and ending Final return ___ Initial return If the tax year entered in line 1 is for less than 12 months, check reason. 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 За 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 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 payment instructions

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

Form 8868 (Rev. 1-2011)					Page 2				
• If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo	х		X				
Note. Only complete Part II if you have already been granted an a				3868.					
 If you are filing for an Automatic 3-Month Extension, complete 									
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	pies n	eeded)					
Type or Name of exempt organization	Empl	mployer identification number							
print THE WISCONSIN FOUNDATION	6-2540887								
File by the extended due date for filing your									
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4				
Application	Return	Application			Return				
Is For	Code	Is For			Code				
Form 990	01								
Form 990-BL	02	Form 1041-A	<u>.</u>		08				
Form 990-EZ	03	Form 4720			09				
Form 990-PF	04	Form 5227			10				
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)	05 06	Form 6069 Form 8870			11				
STOP! Do not complete Part II if you were not already granted			elv filo	d Form 8868	12				
TERRENCE WALL • The books are in the care of ▶ 8215 GREENWAY I Telephone No ▶ 608.830.6300 • If the organization does not have an office or place of business		FAX No ▶	ON,	WI 53562 ▶					
If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If the	s is fo	the whole group, c	heck this				
box ► If it is for part of the group, check this box ►			memb	ers the extension is	for				
4 I request an additional 3-month extension of time until									
5 For calendar year 2010, or other tax year beginning									
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on Initial return	Final r	eturn					
Change in accounting period State in detail why you need the extension									
	ro ga	THER INFORMATION TO	PRE	PARE A					
COMPLETE AND ACCURATE TAX RETU		211211 2111 0112212 2011 20							
		· · · · · · · · · · · · · · · · · · ·							
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any							
nonrefundable credits See instructions 8a \$									
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 all	lowed as a	a credit and any amount paid	<u> </u>		•				
previously with Form 8868			8b_	\$	0.				
c Balance due. Subtract line 8b from line 8a Include your pa	•	th this form, if required, by using	_		0				
EFTPS (Electronic Federal Tax Payment System) See instru		nd Verification	8c	\$	0.				
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this form.	ling accom		e best o	f my knowledge and b	elief,				
Signature ► Title ►			Date	•					
				Form 8868 (Re	av 1-2011\				