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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

| ror | aren | idar year 2010, or tax year deginning | | , and ending | | | | | | |
|------------------------------|---|--|--|--|---------------|--|--|--|--|--|
| G C | G Check all that apply: Initial return Initial return of a former public charity Final return | | | | | | | | | |
| | | Amended return | L Address chan | ge | Name change | | | | | |
| Nar | ne of | foundation | | | | A Employer identification number | | | | |
| | | | | | | | | | | |
| | | BAYCARE CLINIC FOUNDA | TION, LTD. | | | 39-2000503 | | | | |
| Nun | ber a | nd street (or P O. box number if mail is not delivered to street | address) | Room | n/suite | B Telephone number | | | | |
| | | 164 NORTH BROADWAY | | | | 920-490-90 | 46 | | | |
| City | or to | own, state, and ZIP code | _ | | | C If exemption application is p | | | | |
| L | | GREEN BAY, WI 54303 | | | | D 1. Foreign organizations | , check here | | | |
| H C | heck | type of organization: X Section 501(c)(3) ex | | | | Foreign organizations me check here and attach co | eting the 85% test, pulling the mputation | | | |
| <u> </u> | | | Other taxable private found | | | E If private foundation stat | us was terminated | | | |
| 1 Fa | ır ma | rket value of all assets at end of year J Accounti | - | Accrual | | under section 507(b)(1) | | | | |
| | | | her (specify) | | | F If the foundation is in a f | | | | |
| _ | | 177 , 488 . (Part I, colu | mn (d) must be on cash i | basis.) | | under section 507(b)(1) | | | | |
| Pa | rt I | (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and expenses per books | (b) Net investm | nent | (c) Adjusted net | (d) Disbursements for chantable purposes | | | |
| | | necessanly equal the amounts in column (a).) | | income | | income | (cash basis only) | | | |
| | 1 | Contributions, gifts, grants, etc., received | 284,043. | ** · · · · · · · · · · · · · · · · · · | | in the state of th | | | | |
| | 2 | Check from from from from the foundation is not required to attach Sch. B. Interest on savings and temporary | | His Guardine Mich | ax diixoeli | Marie Company | " AND BE TO BE A !! | | | |
| | 3 | cash investments | 0.20 | | 220 | | 今~今次ペッタッキャンジン(4) CDA (((ロ) (((() () () () () () () () () () () () | | | |
| | 4 | Dividends and interest from securities | 829. | | 329. | | STATEMENT 1 | | | |
| | | Gross rents | , v | COUNTY TO LOW A | N. 286. 11 | SANTAN WAY SALVE TOWNS | CONTROL CONTRO | | | |
| | _ | Net rental income or (loss) | · · · · · · · · · · · · · · · · · · · | a way by say. | | | | | | |
| e | oa | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all | · · · · · · · · · · · · · · · · · · · | | | P | ECENED | | | |
| Revenue | 7 | assets on line 6a Capital gain net income (from Part IV, line 2) | | . > | 0. | 33138 | | | | |
| æ | 8 | Net short-term capital gain | 1957 | to him i him i to the service | <u> </u> | | N 0 1 2011 3 | | | |
| | ٥ | Income modifications | | | 20 (1) | | | | | |
| | 102 | Gross sales less returns and allowances | 7 ** * * * * * * * * * * * * * * * * * | | Ø 4. € | | | | | |
| | ١. | Less Cost of goods sold | | | in the second | 00 | DENTIFIE | | | |
| | | Gross profit or (loss) | 5 72 1.5 MG / 1 1 5 MM 1 MG / | | | 1,21 - 11 . 11 . 11 | | | | |
| | 11 | Other income | | | | | | | | |
| | 12 | Total. Add lines 1 through 11 | 284,872. | 8 | 329. | 0. | 200 00 8 8 18 18 | | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0. | | 0. | 0. | 0. | | | |
| | 14 | Other employee salaries and wages | | | | | | | | |
| | 15 | Pension plans, employee benefits | | | | | | | | |
| Se | 16a | Legal fees | | | | | | | | |
| Expenses | | Accounting fees | | | | | | | | |
| _ | C | Other professional fees | | ļ | | | | | | |
| tive | 17 | Interest | | | | | | | | |
| trai | 18 | Taxes | | | | | ., | | | |
| inis | 19 | Depreciation and depletion | | | | | , , 1 | | | |
| 퉏 | 20 | Occupancy | | | | | | | | |
| ΥÞ | 21 | Travel, conferences, and meetings | | | | | | | | |
| a | 22 | Printing and publications | 2000 | | 006 | ^ | 2.062 | | | |
| Operating and Administrative | 23 | Other expenses STMT 2 | 2,968. | | 906. | 0. | 2,062. | | | |
| eral | 24 | Total operating and administrative | 2 060 | ١ . | 906. | 0. | 2 062 | | | |
| ŏ | 25 | expenses. Add lines 13 through 23 | 2,968. 246,905. | | 900. | 0. | 2,062. 246,905. | | | |
| | | Total expenses and disbursements. | 240,303. | - | | | 440,303. | | | |
| | 20 | Add lines 24 and 25 | 249,873. | | 906. | 0. | 248,967. | | | |
| | 27 | Subtract line 26 from line 12: | 245,075 | | -00. | · | 240,307 | | | |
| | | Excess of revenue over expenses and disbursements | 34,999. | | | | | | | |
| | | Net investment income (if negative, enter -0-) | | | 0. | <u> </u> | | | | |
| | | Adjusted net income (if negative, enter -0-) | | | | 0. | | | | |
| 0235 | <u> </u> | LHA For Paperwork Reduction Act Notice, see | the instructions | 1 | | | Form 990-PF (2010) | | | |

| ГР | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | f year | |
|-----------------------|-------|--|--|--|---|
| 느 | aı ı | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | Cash - non-interest-bearing | 112,982. | 136,952. | 136,052. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | , , , , | / / / / Y | 1 1 4 4 |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ▶ | 1 | 4 | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | 40 40 kg 15 7 10 3 | * * * * * | |
| | | Less: allowance for doubtful accounts | | | |
| 2 | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ğ | | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock STMT 3 | 28,626. | 39,655. | 41,436. |
| | | Investments - corporate bonds | | | , |
| | | Investments - land, buildings, and equipment basis | Precision of the | 4 · · · · · · · · · · · · · · · · · · · | 1 18 - 18 18 3 W. Wart Care & Cal |
| | | Less accumulated deprecation | * | | |
| | 12 | Investments - mortgage loans | | | |
| | | Investments - other | | <u> </u> | |
| | i | Land, buildings, and equipment basis | | | |
| | l'' | Less accumulated deprecation | Marie Caracine Site - Marie Marie Caracine - Militaria | the season to th | |
| | 15 | Other assets (describe > | | | - |
| | '' |) | | | |
| | 16 | Total assets (to be completed by all filers) | 141,608. | 176,607. | 177,488. |
| _ | 17 | Accounts payable and accrued expenses | 111,000 | 270,0073 | 277,1200 |
| | 18 | Grants payable | | | |
| 10 | 19 | Deferred revenue | | | |
| Liabilities | 20 | • | | | |
| Ē | 21 | Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable | | | |
| Ë | | Other liabilities (describe | | | |
| | | Other nationales (describe | | | |
| | 22 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| _ | 23 | Foundations that follow SFAS 117, check here | 0. | · · | |
| | | and complete lines 24 through 26 and lines 30 and 31. | ļ | | |
| S | 24 | Unrestricted | | | |
| ances | | Temporarily restricted | | | |
| | | • | | | |
| P | 20 | Permanently restricted Foundations that do not follow SFAS 117, check here | | | |
| Net Assets or Fund Ba | | • | | | |
| ŏ | | and complete lines 27 through 31. | 0. | 0. | ** * * * * * * * * * * * * * * * * * * |
| ets | | Capital stock, trust principal, or current funds | 0. | 0. | 23 449 . ** |
| 188 | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 141,608. | 176,607. | { |
| at A | 29 | Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances | 141,608. | 176,607. | , , |
| Ž | 30 | Total net assets of lund darances | 141,000. | 1/0,00/. | |
| | 24 | Total lightilities and not essets flund heleness | 141,608. | 176,607. | |
| _ | 131 | Total liabilities and net assets/fund balances | • | 170,007. | |
| P | art | Analysis of Changes in Net Assets or Fund B | Balances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| • | | it agree with end-of-year figure reported on prior year's return) | | 1 | 141,608. |
| , | | amount from Part I, line 27a | 1 2 | 34,999. | |
| | | r increases not included in line 2 (itemize) | | 2 | 34,333. |
| | | ines 1, 2, and 3 | | 4 | 176,607. |
| | | eases not included in line 2 (itemize) | | 4 5 | 0. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | olumn (h) line 30 | | 176,607. |
| ÷ | 1010 | The course of fund bulaness at end of year (line 4 minus line 3) - Fall II, C | omini (u), mic su | | Form 990-PF (2010) |
| | | | | | (|

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | P | How ac - Purcl - Dona | | | te acquired , day, yr.) | (d) Date sold (mo., day, yr.) | |
|--|--|--|--------------------------------------|--|----------|-----------|----------------------------|-----------------------------------|------------------------------------|
| 1a | | | | | | 1 | | | |
| b NON | E | | | | | | | | |
| C | | | | | | j | | | |
| d | | | | | | | | | |
| е | | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | | Gain or (loss lus (f) minus | |
| a | | | | _ | | | | | |
| b | | ļ | | | ļ., | | | | |
| C | | | | - | | | | | |
| d | | | | _ | | | _ | | |
| Complete only for assets showing | dain in column (h) and owned by | the foundation | on 12/31/60 | - | | | II) Coupo | /Col (b) goin | minua |
| Complete only for assets showing | | 1 | | \dashv | | CO | ii) Gains II. (k), bu | (Col. (h) gain ut not less tha | n -0-) or |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (ı) col. (ı), ıf any | | | | | es (from col. (| |
| a | | + | , | \dashv | | | | | |
| <u>b</u> | · · · | | | | | | | | |
| C | | | | $\neg \neg$ | | | | | |
| d | | <u> </u> | | | | | | | |
| e | · - | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | ∫ If gain, also ente | er in Part I line | 7 | ٦ | | | | | |
| Capital gain net income or (net capi | | | | - } | 2 | | | | |
| Net short-term capital gain or (loss) | | | | | | | | | |
| If gain, also enter in Part I, line 8, co | | a (0). | | J | | | | | |
| If (loss), enter -0- in Part I, line 8 | | | | J | 3 | | | | |
| Part V Qualification Un | der Section 4940(e) fo | r Reduced | Tax on Net | Inv | estn | nent In | come | • | |
| Vas the foundation liable for the section "Yes," the foundation does not qualify Enter the appropriate amount in ea | under section 4940(e). Do not c | omplete this pa | ırt. | | | | | | Yes X No |
| (a) | (b) | | <u> </u> | (c) | <u> </u> | | T | D'-1-1 | (d) bution ratio |
| Base period years Calendar year (or tax year beginning | بالمراشية المراجعة المحمد والمراجعة الأسام | stributions | Net value of no | | | use asset | s | (col. (b) dr | oution ratio vided by col. (c)) |
| 2009 | | 24,539. | | | 9 | 1,33 | 8. | | 2.458331 |
| 2008 | 19 | 6,190. | - | | 8 | 0,41 | 3. | | 2.439780 |
| 2007 | | 18,319. | | | | 2,92 | | | 2.356926 |
| 2006 | | 19,611. | | | 6 | 5,09 | 2. | | 1.837568 |
| 2005 | (| 57,394. | | | 5 | 7,900 | 6. | | 1.163852 |
| | | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | - | _ 2 | | 10.256457 |
| 3 Average distribution ratio for the 5- | | on line 2 by 5, | or by the number | of ye | ars | | | ,_, | |
| the foundation has been in existence | e if less than 5 years | | | | | | 3 | | 2.051291 |
| Enter the net value of noncharitable | -use assets for 2010 from Part X | , line 5 | | | | | 4 | | 120,583. |
| | | · ··· | | • • • | • • • | | · - | <u> </u> | |
| Multiply line 4 by line 3 | | | | | | | 5 | | 247,351. |
| Enter 1% of net investment income | (1% of Part I, line 27b) | | | | | | 6 | | 0. |
| 7 Add lines 5 and 6 | | | | | | | 7 | | 247,351. |
| | | | | | • | | | 1 | |
| B Enter qualifying distributions from I | Part XII, line 4 | | | | | | 8 | | 248,967. |
| If line 8 is equal to or greater than I | ine 7, check the box in Part VI, lin | e 1b, and comp | olete that part usin | ıg a 1 | % tax ı | rate. | | | |
| See the Part VI instructions. | | | | | | | | | |
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| orm | | | 2000 | | | Page 4 |
|-----|---|----------|---------|-------------------|---------------------------|-----------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 | - see i | nstru | ctio | าร) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | 3 | | | \neg |
| | 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 🕨 🔀 and enter 1% | 1 | | | _ | 0. |
| | of Part I, line 27b | | , | , | 3 | - 1 |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | . 4 % | <i>j</i> | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | 0. |
| 3 | Add ines 1 and 2 | 3 | | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | | 0. |
| 6 | Credits/Payments: | , | , | . , , | \$ 4 | |
| а | 2010 estimated tax payments and 2009 overpayment credited to 2010 | | | 4 . | 8 . | 1 |
| b | Exempt foreign organizations - tax withheld at source 6b | , | | | 3 | 44 |
| C | Tax paid with application for extension of time to file (Form 8868) 6c | *, | | / _* */ | | ~ * |
| d | Backup withholding erroneously withheld 6d 6d | <u> </u> | p. | 1 4 4 | έ | ** |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | | | 36. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | 36. |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 36 • Refunded ▶ | 11 | | | | 0. |
| Pa | rt VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | in | | | Yes | No |
| | any political campaign? | | | 1a | | X |
| 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 | d or | | | | |
| | distributed by the foundation in connection with the activities. | | | 200. 50 | انت | انگ |
| C | Did the foundation file Form 1120-POL for this year? | | | 10 | | X |
| đ | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | E | % | ##\$ \$ } |
| | (1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 . | | | | | |
| е | Enter the reimbursement (If any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | 1. 1. 1. | 30.0 | |
| | managers. ▶ \$ | | | المراجعة المراجعة | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | | | 18.0 |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o | r | | 2 37 | انمور ^ا في وهد | |
| | 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 | | Х |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | Ņ | /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. | | | 14 | Si, | 3 . 4 |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | 1 | . f. s | × 🕸 🤞 |
| | By language in the governing instrument, or | | | | ~ /· | , 25% · |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | law | | ** / | <u>ŵ</u> ` | |
| | remain in the governing instrument? | | | 6 | X | L |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | 7 | X | <u></u> |
| | If "Yes," complete Part II, col. (c), and Part XV. | | | | | 1 |
| 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 | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale | ndar | | | | |
| | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | | 10 | | <u> </u> |
| | | | For | m 990 | -PF (| 2010) |

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| _ | 990-PF (2010) BAYCARE CLINIC FOUNDATION, LTD. 39-200 |)50 <u>3</u> | | Page 5 |
|----|--|--------------|--|----------|
| _ | art 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 instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | <u> </u> |
| | Website address ► WWW.BAYCARE.NET/WEBSITE/ABOUT/500FOUNDATION/IND | | | |
| 14 | The books are in care of ► MR. JEFF MASON Telephone no. ► 920-49 | | | |
| | Located at ► 164 NORTH BROADWAY, GREEN BAY, WI ZIP+4 ►5 | <u> 1303</u> | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | . <u>,</u> . 🕨 | ـــا |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | 1 |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of | 3 % | , zj- | ۶, |
| | the foreign country | 3 14 | ·~ * | <u>ئ</u> |
| Pa | art 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. | \$ 1 | Yes | No |
| 18 | a During the year did the foundation (either directly or indirectly): | * • | · • | 1 1 |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 2800 | · //. | 3. a. |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 1/10/2 | \$ % | |
| | a disqualified person? Yes X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | Jan 1944 | 3 % | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | \$ | 8 2 | |
| | (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)? | 108 | ************************************** | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | 40000 | i say | 18. |
| | termination of government service, if terminating within 90 days.) | | | |
| t | o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 30. | . 12 | 250 |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A Organizations relying on a current notice regarding disaster assistance check here. | 1b | L | |
| | Organizations relying on a current notice regarding disaster assistance check here | 200 | * | |
| • | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | <u> </u> | |
| | before the first day of the tax year beginning in 2010? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | \$ W |
| | defined in section 4942(j)(3) or 4942(j)(5)): | 7,70 | 5,499 | 1 43 |
| í | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | \$ ~\$ | |
| | before 2010? | 377.38 | | |
| | If "Yes," list the years | | K T | |
| ı | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | 2 | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) | 2b | <u></u> | <u> </u> |
| • | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. |] . | į, | 1 |
| | - | ٠ « | 90 P | 4 . |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | \ | ž , | \$ 55 |
| | during the year? Yes X No | | | 3 % |
| ı | b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after | | [| |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | l | |
| | of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2010.) | 3b | L | |
| | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | L | Х |
| I | 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 jegnardy before the first day of the tax year beginning in 20102 | l Ah | ı | l x |

Total. Add lines 1 through 3

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, se | e instructions.) |
|----|---|------------------|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | 0.50 | |
| а | Average monthly fair market value of securities | 1a | 33,026. |
| b | Average of monthly cash balances | 1b | 33,026. 89,393. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 122,419. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 • | 7 70x | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 122,419. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,836. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 120,583. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 6,029. |
| .P | 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.) | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 6,029. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | 3 32 | |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | 700 | |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 6,029. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 6,029. |
| 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 | 6,029. |
| P | Qualifying Distributions (see Instructions) | T-M Tp | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | 77.75 | 240 067 |
| a | , | 1a | 248,967. |
| D | Program-related investments - total from Part IX-B | 1b | <u> </u> |
| 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: | لگنت | |
| _ | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b 4 | 248,967. |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | - | 440,30/. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | Λ |
| | Income. Enter 1% of Part I, line 27b | 6 | 248,967. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years. | qualilles for ti | ie secutii |

Part XIII Undistributed Income (see instructions)

| 1 Distributable amount for 2010 from Part XI, line 7 | 29. |
|---|--------------|
| 2 Undistributed income, if any, as of the end of 2010- a Enter amount for 2009 only b Total for prior years: 7. Excess distributions carryover, if any, to 2010: a From 2005 64,499. | |
| a Enter amount for 2009 only b Total for prior years: Consider a From 2005 64,499. | |
| b Total for prior years: 3 Excess distributions carryover, if any, to 2010: a From 2005 64,499. | |
| 3 Excess distributions carryover, if any, to 2010: a From 2005 64,499. | |
| a From 2005 64, 499. | |
| | |
| NFrom 2006 116 613 | ,* |
| 9110H 2000 TTO, 0TO | |
| cFrom 2007 145,331. | , |
| dFrom 2008 192, 397. | |
| eFrom 2009 219,972. | |
| f Total of lines 3a through e 738,812. | Ę |
| 4 Qualifying distributions for 2010 from | |
| Part XII, line 4: ►\$ 248,967. | \$ |
| a Applied to 2009, but not more than line 2a O . | |
| b Applied to undistributed income of prior | - |
| years (Election required - see instructions) | * |
| c Treated as distributions out of corpus | *, |
| (Election required - see instructions) | ٥., |
| d Applied to 2010 distributable amount | 29. |
| e Remaining amount distributed out of corpus 242,938. | ~ (50 A |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount | 0. |
| must be shown in column (a), the same amount | 4.303 |
| 6 Enter the net total of each column as indicated below: | n-49 7 |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | A on |
| b Prior years' undistributed income. Subtract | 19 19 10 |
| line 4b from line 2b | 家 (人) |
| c Enter the amount of prior years' | ~~. |
| undistributed income for which a notice of deficiency has been issued, or on which | \$ S |
| the section 4942(a) tax has been previously | |
| assessed 0. Est & est | ٠. |
| d Subtract line 6c from line 6b. Taxable | Ś |
| amount seemstudents. | ., |
| e Undistributed income for 2009. Subtract line | ь |
| 48 HOM INTO Za. Taxable altrount - See Hist. | |
| f Undistributed income for 2010. Subtract | |
| lines 4d and 5 from line 1. This amount must | ^ |
| be distributed in 2011 | 0. |
| 7 Amounts treated as distributions out of | |
| corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) 0 • | |
| | |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 64,499. | |
| | |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a 917, 251. | |
| 10 Analysis of line 9: | |
| a Excess from 2006 116,613. | |
| b Excess from 2007 145, 331. | |
| c Excess from 2008 192,397. | |
| d Excess from 2009 219, 972. | |
| e Excess from 2010 242, 938. | |
| Form 990-PF | (2010) |

| | | NDATION, LT | | 39-20 | 00503 Page 10 |
|--|------------------------------|------------------------------|--------------------------|------------------------------|---------------|
| PartXIV Private Operating F | oundations (see in | structions and Part VII | -A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | r determination letter that | t it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2010, enter the date of t | the ruling | ▶ | | |
| b Check box to indicate whether the found | dation is a private operatii | ng foundation described i | n section | 4942(j)(3) or 49 |)42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | <u> </u> | | | |
| - - | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | ļ | ļ. | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: | <u> </u> | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year | | | | | |
| listed | | | | | |
| | | | | | |
| (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 | <u> </u> | 1 | | | <u> </u> |
| Supplementary Info | | | if the foundatio | n had \$5,000 or m | ore in assets |
| Information Regarding Foundation List any managers of the foundation whyear (but only if they have contributed in the | no have contributed more | | ributions received by th | e foundation before the clo | se of any tax |
| SEE STATEMENT 5 | | | | | |
| b List any managers of the foundation who other entity) of which the foundation has | | | (or an equally large por | tion of the ownership of a p | artnership or |
| NONE | | | | | |
| 2 Information Regarding Contribut Check here ▶ ☐ if the foundation | only makes contributions | to preselected charitable | organizations and does | | |
| the foundation makes gifts, grants, etc. | <u> </u> | | | complete items za, o, c, and | <u> </u> |
| a The name, address, and telephone num | iber of the person to who | m applications should be | addressed: | | |
| SEE STATEMENT 6 | | | | | |
| b The form in which applications should | be submitted and informa | ition and materials they sl | hould include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on award | ls, such as by geographic | al areas, charitable fields. | kinds of institutions, o | r other factors: | |
| | 2 3 7 7 7 7 | • | • | | |

10958__1

| 3 Grants and Contributions Paid During the | | | • | |
|--|--|--------------------------------------|----------------------------------|-------------|
| Recipient | If recipient is an individual, | | <u> </u> | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | or substantial contributor | | | |
| SEE ATTACHMENT | | | | |
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| | | | | |
| Total | | | > 3a | 246,905 |
| b Approved for future payment | | | | |
| | | | | |
| | | | | |
| NONE | | | | |
| | | | | |
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| | | L | | |
| Total | | _: | ▶ 3b | 0 |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelate | ed business income | | ded by section 512, 513, or 514 | (e) | | |
|---|-----------------------------|--------------------|---------------|---------------------------------|---------------------------------------|--|--|
| | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt | | |
| 1 Program service revenue: | code | Amount | sion | Amount | function income | | |
| a | | | | | | | |
| b | | | | | · · · · · · · · · · · · · · · · · · · | | |
| C | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | <u> </u> | | | | | |
| g Fees and contracts from government agencies | | | | | | | |
| 2 Membership dues and assessments | | | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | | | |
| 4 Dividends and interest from securities | | | 14 | 829. | | | |
| 5 Net rental income or (loss) from real estate: | ₹ 3 v 2 . ² > | ALL LANGE | 1 | ATTAK ATTAK | | | |
| a Debt-financed property | | | 1 | | | | |
| b Not debt-financed property | | | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | | | |
| 7 Other investment income | | | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | | | |
| 9 Net income or (loss) from special events | | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | | |
| 11 Other revenue: | | | | | - | | |
| a | | | } | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | 227 | 829. | 0. | | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | . 13 | 829. | | |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment the foundation's exempt purposes (other than by providing funds for such purposes). | of |
|--------------------|--|---------------|
| | NOT APPLICABLE | |
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| 023621 12-07-10 | Form | 990-PF (2010) |

| | | Exempt Organ | nizations | | | | | | | |
|----------|------------------|--|---------------------------------|------------|---|----------------------|---------------------------------------|--------------------|-------------|--------|
| 1 | Did the o | rganization directly or indi | rectly engage in any of the | followin | g with any other organization | on described in sect | on 501(c) of | * | Yes | No |
| | the Code | (other than section 501(c) |)(3) organizations) or in se | ction 52 | 7, relating to political organ | nzations? | | <i>7</i> 01 | , , , , , , | 2 / |
| а | | • | ation to a noncharitable ex | | | | | / / | 14 | 1 |
| | (1) Cast | | | | • | | | 1a(1) | | X |
| | (2) Othe | | | | | | | 1a(2) | | X |
| b | | nsactions: | | • | | | ••• | ¥ % | 復. | |
| • | | s of assets to a noncharita | hle exempt organization | | | | | 1b(1) | | X |
| | • • | | ncharitable exempt organiz | zation | | | •• •• •• •• | 1b(2) | | X |
| | | al of facilities, equipment, | • • | | | •• | | 1b(3) | | X |
| | | nbursement arrangements | | | • • | | | 1b(4) | <u> </u> | X |
| | | ns or loan guarantees | | | | • | | 1b(5) | | X |
| | | | embership or fundraising s | olicitatio | ns | | | 1b(6) | | X |
| C | • • | | uling lists, other assets, or | | | | | 1c | | X |
| | - | | • | • | dule. Column (b) should al | wavs show the fair r | narket value of the goo | | sets. | |
| | | | | | ed less than fair market valu | | | | , | |
| | | | other assets, or services re | | | , | 3 3 | , | | |
| (a)L | | (b) Amount involved | <u> </u> | | exempt organization | (d) Description | of transfers, transactions, | and shanng ar | rangeme | ents |
| <u>`</u> | | (,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | | I/A | | (-, | | | | |
| | | | <u>-</u> | •,, | | | | | | |
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| | | | | | | 1 | | | | |
| 2a | Is the fou | indation directly or indirec | tly affiliated with, or related | to, one | or more tax-exempt organi | zations described | | | | |
| | ın sectioi | 1 501(c) of the Code (other | r than section 501(c)(3)) o | r in sect | tion 527? | | | Yes | X |] No |
| b | If "Yes," o | complete the following sch | edule. | | | | | | | |
| | | (a) Name of org | ganization | | (b) Type of organization | | (c) Description of relati | onship | | _ |
| | | N/A | | | | | | | | |
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| | | | A | | | | | | | |
| | | | | | ing accompanying schedules an ased on all information of which | | | d belief, it is tr | ue, corre | ct, |
| | gn | Tur | mull | | / . | | | | | |
| He | ere 📐 | / / / | | | | | RECTOR | | | |
| | | Signature of officer or tru | | | Date | <u> </u> | Title | | | |
| | | Print/Type preparer's na | ame Prep | oarer's s | ignature | Date | | ΓIN | | |
| _ | | | m | | | | self- employed | | | |
| Pa | | DANIEL J. | <u></u> | MIEL | J. YOUNG | 05/12/11 | | | | |
| | eparer | Firm's name ► SCH | • | _ | | | Firm's EIN | | | |
| Us | e Only | | O. BOX 2381 | | | . <u> </u> | ļ | | | |
| | | Firm's address ► GR | REEN BAY, WI | 543 | 05-3819 | | Phone no. (92 | 20) 43 | 6-7 | 800 |
| | | <u>L</u> | | | | | <u> </u> | | | |
| | | | | | | | | Form 990 | 1_PF | (2010) |

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

39-2000503 BAYCARE CLINIC FOUNDATION, LTD. Organization type (check one): Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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).

Employer identification number

BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

| Part I | Contributors (see instructions) | | |
|------------|---|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | BAYCARE HEALTH SYSTEMS, LLC 164 NORTH BROADWAY GREEN BAY, WI 54303 | \$ <u>11,008.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | DR. AHMET DERVISH 778 STONEWOOD LANE ONEIDA, WI 54155 | \$ <u>14,646.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 3 | DR. ALEX ROITSTEIN 2411 WANDERING SPRINGS GREEN BAY, WI 54311 | \$6,050. | Person X Payroll |
| (a) No. | (b) Name, address, and ZiP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 4 | DR. AND MRS. KEVIN WIENKERS 2863 CIRCLE SHORE DR. GREEN BAY, WI 54302 | \$32,172. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 5 | DR. BRUCE NEAL 1515 BRADBURY COURT GREEN BAY, WI 54313 | \$10,913. | Person X 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 |
| 6 | DR. JOHN LEE 3036 WARM SPRINGS DRIVE GREEN BAY, WI 54311 | \$ <u>10,350.</u> | Person X Payroll |

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

| Part I | Contributors (see instructions) | | |
|------------|---|--------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 7 | DR. JOSEPH HODGSON 1809 S. SUNKIST CIRCLE DEPERE, WI 54115 | \$7,653. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 8 | DR. PER ANDERAS 2824 MT. CAROL DRIVE GREEN BAY, WI 54311 | \$13,465. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 9 | DR. RICHARD HARRISON 984 HIGHLAND SPRINGS ONEIDA, WI 54155 | \$5,777. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 10 | DR. ROBERT LIMONI 3072 BAY SETTLEMENT COURT GREEN BAY, WI 54311 | \$\$,158. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 11 | DR. SCOTT GAGE 3071 GOTHIC COURT GREEN BAY, WI 54313 | \$ 80,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 12 | DR. STEVEN STROMAN 2452 WILDWOOD DRIVE | \$ 7,200. | Person X Payroll Noncash |
| | GREEN BAY, WI 54302 | | (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

| Partl | Contributors (see instructions) | | |
|-------------|---|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 13 | DR. DIANNA DORDEWICK 2599 SAGE DRIVE GREEN BAY, WI 54302-5267 | | Person X 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 |
| 14 | DR. ROBERT GRIESSER 2598 OLD PLANK RD DE PERE, WI 54115-8661 | | 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 |
| 023452 12-2 | 2.10 | \$Schedule B (Form | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010) |

of Part II

Name of organization

Employer identification number

BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

| Pantu | 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 |
| | | \$ | · · · · · · · · · · · · · · · · · · · |
| (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 |
| | -10 | \$ | 990, 990-EZ, or 990-PF) (2010 |

2010.03050 BAYCARE CLINIC FOUNDATION, 10958__1

Name of organization

of Part III Employer identification number

| | RE CLINIC FOUNDATION, L | TD. | 39-2000503 |
|---------------------------|---|--|---|
| 1.em/IIII | Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religion \$1,000 or less for the year. (Enter this info | e columns (a) through (e) and the ous, charitable, etc., contribution | tion 501(c)(7), (8), or (10) organizations aggregating he following line entry. For organizations completing ons of |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | (e) Transfer of gi | ift |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | | |
| | | (e) Transfer of gi | lift |
| | Transferee's name, address, al | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gi | jift |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| i | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gi | sitt |
| | Transferee's name, address, a | | Relationship of transferor to transferee |
| | | | |
| | | | |

BayCare Clinic Foundation EIN 39-2000503

Part XV – Supplementary Information Grants and Contributions Paid During the Year

| | Grants and Contributions Paid During the Year | Recipient | Foundation | Purpose of | |
|--|---|--------------|----------------------------------|----------------------------------|------------------------|
| Recipient | Recipient Address | Relationship | Status | Contribution | Amount |
| Bellin College of Nursing | Attn Financial Aid Office, 725 S Webster Avenue, PO Box 23400, Green Bay WI 54305 | None | Public Charity | | \$ 1,000 00 |
| Faith Lutheran Church | 2335 S Webster Avenue, Green Bay WI 54301 | None | Public Charity | Gen Operations | \$ 5,000 00 |
| Marquette University | Office of Student Financial Aid, 707 Building 503, PO Box 1881, Milwaukee WI 53201-1881 | None | Public Charity | Education | \$ 500 00 |
| NWTC Green Bay | Financial Aid Office, 2740 W Mason Street, PO Box 19042, Green Bay WI 54307-9042 | None | | Gen Operations | |
| Pilgrim Congregational Church | Attn. Treasurer, 991 Pilgrim Way, Green Bay, WI 54304 | None | | Gen Operations | |
| Saint Francis University | 117 Evergreen Drive, Loretto PA 15940 | None | | Gen Operations | |
| St Mark Evangelical Church | 2066 Lawrence Drive, De Pere WI 54115 | None | | Gen Operations | |
| Brown County United Way | PO Box 1593, Green Bay WI 54305-1593 | None | | Gen Operations | |
| University of Wisconsin-Eau Claire University of Wisconsin-Green Bay | Attn Financial Aid Office, 105 Garfield Avenue, Schofield 115, Eau Claire Wi 54702-4004 Attn Financial Aid Office, 2420 Nicolet Drive, Green Bay WI 54311-7001 | None None | Public Charity Public Charity | | \$ 500 00 \$ 500 00 |
| University of Wisconsin-Madison | Bursars Office, 333 E Campus Mall, Ste 10501, Madison WI 53715 | None | Public Charity | | \$ 1,000 00 |
| University of Wisconsin-La Crosse | Financial Aid Office, 1725 State Street, La Crosse WI 54601 | None | Public Charity | | \$ 500 00 |
| University of Wisconsin-Madison | Office of Student Financial Aid, 333 East Campus Mall, #9701, Madison WI 53715-1382 | None | Public Charity | | \$ 1,000 00 |
| University of Wisconsin-Milwaukee | Department of Financial Aid, PO Box 469, Milwaukee WI 53201-0469 | None | Public Charity | | \$ 500 00 |
| Wheaton College | Financial Aid Office, 501 College Avenue, Wheaton IL 60187 | None | Public Charity | | s 500 00 |
| Friends of Haiti | PO Box 1174, Green Bay, WI 54305-1174 | None | Public Charity | Gen Operations | \$ 1,200 00 |
| UW Foundation | Office of Univ Advancement, 2420 Nicolet Drive, Green Bay, WI 54311-7001 | None | Public Charity | Gen Operations | \$ 20,000 00 |
| Friends of Haiti | PO Box 1174, Green Bay, WI 54305-1174 | None | | Gen Operations | |
| Christ of the Rock Community Church Inc | Attn Linda Radtke/Haiti Mission, N1547 Clayhill Road, Weyauwega WI 54983 | None | | Gen Operations | |
| Arbor Day Foundation | Member Services, 211 N 12th Street, Lincoln NE 68508-1497 | None | | Gen Operations | |
| Boys Town | 200 Flanagan Blvd, Boys Town NE 68010-9988 | None | | Gen Operations | |
| National Parks Conservation Association Neville Public Museum Foundation | PO Box 97202, Washington DC 20077-7435 PO Box 325, Green Bay WI 54305-0325 | None None | | Gen Operations Gen Operations | |
| The Salvation Army | PO Box 11243, Green Bay WI 54307-1243 | None | | Gen Operations | |
| Juvenile Diabetes Research Foundation | 1800 Appleton Road, Ste 2, Menasha WI 54952 | None | | Gen Operations | |
| Literacy Green Bay | 424 S Monroe Avenue, Green Bay WI 54301 | None | | Gen Operations | |
| Camp Awesum | 1410 Birchwood Drive, St Germain WI 54558 | None | | Gen Operations | |
| Catholic Relief Services | Haiti Earthquake Relief, PO Box 23001, Green Bay WI 54305-0300 | None | | Gen Operations | |
| American Red Cross-Lakeland Chapter | Haiti Mission, 2131 Deckner Avenue, PO Box 8295, Green Bay WI 54308-8295 | None | Public Charity | Gen Operations | |
| The Heritage Foundation | 214 Massachusetts Ave NE, Washington DC 20002-4999 | None | | Gen Operations | |
| Faith Lutheran Church | 2335 S Webster Avenue, Green Bay WI 54301 | None | | Gen Operations | |
| Pilgrim Congregational Church | Attn. Treasurer, 991 Pilgrim Way, Green Bay, WI 54304 | None | | Gen Operations | |
| St Mark Evangelical Church | 2066 Lawrence Drive, De Pere WI 54115 | None | | Gen Operations | |
| Families of Children with Cancer | 1202 Ridge Way Blvd , De Pere WI 54115 | None | | Gen Operations Gen Operations | |
| Holy Cross Catholic School | 3002 Bay Settlement Road, Green Bay WI 54311 Attn. Christine Vandenhoogen, 2555 Northern Road, Appleton WI 54914 | None None | | Gen Operations | |
| Boy Scouts of America American Cancer Society | Attn Lisa Valenta, RFL-De Pere, 3311 S Packerland Drive, De Pere Wi 54115 | None | | Gen Operations | |
| Cerebral Palsy, Inc | PO Box 1326, Green Bay WI 54305-1326 | None | | Gen Operations | |
| De Pere High School Cross Country Team | 1700 Chicago Street, De Pere WI 54115 | None | | Gen Operations | |
| MADD | National Processing Center, PO Box 758521, Topeka KS 66675-8521 | None | | Gen Operations | |
| Friends of Haiti | Attn. Jackie Kucera, PO Box 1174, Green Bay WI \$4305-1174 | None | | Gen Operations | |
| Cerebral Palsy, Inc | PO Box 1326, Green Bay WI 54305-1326 | None | Public Charity | Gen Operations | \$ 50 00 |
| Special Olympics | 2140 Holmgren Way, Green Bay WI 54304 | None | | Gen Operations | |
| Bay Area Humane Society & Animal Shelter, Inc | 1830 Radisson Street, Green Bay WI 54302 | None | | Gen Operations | |
| Friends of the Bay Beach Wildlife Sanctuary Inc | 1660 E Shore Drive, Green Bay WI 54302-1285 | None | | Gen Operations | |
| Wisconsin Public Radio | 821 University Avenue, Madison WI 53706 | None | | Gen Operations | |
| Faith Lutheran Church Pilgrim Congregational Church | 2335 S Webster Avenue, Green Bay WI 54301 Attn Treasurer, 991 Pilgnm Way, Green Bay, WI 54304 | None None | | Gen Operations Gen Operations | |
| St Mark Evangelical Church | 2066 Lawrence Drive, De Pere WI 54115 | None | | Gen Operations | |
| Boy Scouts of America | Friends of Scouting Program, 2555 Northern Road, PO Box 267, Appleton WI 54912-0267 | None | | Gen Operations | |
| De Pere Track & Cross Country Booster Club | % Laurie Kraus, 2087 N Rock River Circle, De Pere WI 54115 | None | | Gen Operations | |
| De Pere High School Parents Club | 1700 Chicago Street, De Pere WI 54115 | None | | Gen Operations | |
| St Francis Xavier Parish of De Pere | 220 S Michigan, De Pere WI 54115 | None | Public Charity | Gen Operations | \$ 1,200 00 |
| Cerebral Palsy, Inc | PO Box 1326, Green Bay WI 54305-1326 | None | | Gen Operations | |
| Christian Foundation for Children and Aging | One Elmwood Avenue, Kansas City KS 66103 | None | | Gen Operations | |
| Faith Lutheran Church | 2335 S Webster Avenue, Green Bay WI 54301 | None | | Gen Operations | |
| Golden House | PO Box 727, Green Bay WI 54305-0727 | None | | Gen Operations Gen Operations | |
| Faith Lutheran Church Pilgrim Congregational Church | 2335 S Webster Avenue, Green Bay WI 54301 Attn Treasurer, 991 Pilgrim Way, Green Bay, WI 54304 | None None | | Gen Operations | |
| St Mark Evangelical Church | 2066 Lawrence Drive, De Pere WI 54115 | None | | Gen Operations | |
| Assemblees de Dieu/Mission Suedoise | BP 922, Bobo-Dioulasso Burkina Faso | None | | Gen Operations | |
| United Soccer of Allouez | Allouez Avalanche, c/o Nikki Mauthe, W3424 Sievert Road, Seymour WI 54165 | None | | Gen Operations | |
| UW Foundation | University Advancement Office, 2420 Nicolet Drive, Green Bay WI 54311 | None | | Gen Operations | |
| All Saints Parish | PO Box 787, Denmark WI 54208 | None | | Gen Operations | |
| American Cancer Society | Strut for A Cure, 790 Marvell Lane, Green Bay WI 54304 | None | | Gen Operations | |
| Arthritis Foundation | Attn Laura Libert, 2920 S Webster Avenue, Ste A, Green Bay WI 54301-1500 | None | | Gen Operations | |
| De Pere Track & Cross Country Booster Club | Attn Laurie Kraus, 2087 North Rock River Circle, De Pere WI 54115 | None | | Gen Operations | |
| De Pere Basketball Booster Club Faith Lutheran Church | PO Box 175, De Pere WI 54115 2335 S Webster Avenue, Green Bay WI 54301 | None None | | Gen Operations Gen Operations | |
| Faith Lutheran Church Green Lake Conservancy Foundation Inc | PO Box 52, Green Lake, WI 54941 | None None | | Gen Operations | |
| Pilgrim Congregational Church | Attn Treasurer, 991 Pilgrim Way, Green Bay, WI 54304 | None | | Gen Operations | |
| St Mark Evangelical Church | 2066 Lawrence Drive, De Pere WI 54115 | None | | Gen Operations | |
| Greater Green Bay YMCA | Office of Financial Development, 235 N Jefferson Street, Green Bay WI 54301 | None | | Gen Operations | |
| Riah's Rainbow - Miles for Smiles | PO Box 253, Suamico WI 54173 | None | Public Charity | Gen Operations | |
| SEE International, Inc | 7200 Holister Avenue, Unit A. Goleta CA 93117 | None | | Gen Operations | |
| Wisconsin Public Television | PO 80x 7929, Madison WI 53707-7929 | None | | Gen Operations | |
| De Pere High School – Christy's Race | 151 Brule Road, De Pere WI 54115 | None | | Gen Operations | |
| Faith Lutheran Church | 2335 S Webster Avenue, Green Bay WI 54301 | None | | Gen Operations | |
| Pilgrim Congregational Church | Attn. Treasurer, 991 Pilgrim Way, Green Bay, WI 54304 | None | | Gen Operations | |
| St Mark Evangelical Church | 2066 Lawrence Drive, De Pere WI 54115 | None | | Gen Operations | |
| American Cancer Society | 3311 S Packerland Drive, De Pere WI 54115 PO Box 10792, Green Bay WI 54307-0792 | None | | Gen Operations Gen Operations | |
| Beer Belly Two National Multiple Sclerosis Society | PO Box 10792, Green Bay WI 54307-0792 PO Box 845945, Boston MA 02284-5945 | None None | | Gen Operations | |
| National Multiple Scienosis Society National Multiple Scienosis Society | PO Box 845945, Boston MA 02284-5945 | None | | Gen Operations | |
| National Multiple Scienosis Society National Multiple Scienosis Society | PO Box 845945, Boston MA 02284-5945 | None | | Gen Operations | |
| Beer Belly Two | PO Box 10792, Green Bay WI 54307-0792 | None | | Gen Operations | |
| Hand-N-Hand of Northeastern WI | 2950 Yonder Ct., Green Bay WI 54313 | None | | Gen Operations | |
| Beer Belly Two | PO Box 10792, Green Bay WI 54307-0792 | None | Public Charity | Gen Operations | \$ 40 00 |
| David Duranceau Memorial Fund | 825 Ontonagon Ct , Green Bay WI 54301 | None | | Gen Operations | |
| N E W Zoological Society, Inc | 4418 Reforestation Road, Green Bay WI 54313 | None | | Gen Operations | |
| Beer Belly Two | PO Box 10792, Green Bay WI 54307-0792 | None | Public Charity | Gen Operations | \$ 20 00 |
| | | | | | |

BayCare Clinic Foundation EIN 39-2000503

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Part XV - Supplementary Information Grants and Contributions Paid During the Year

| | Grants and Contributions Paid During the Year | | | | |
|---|--|----------------------|----------------------------------|----------------------------------|------------------------|
| Post-land | | Recipient | Foundation | Purpose of | |
| Recipient Faith Lutheran Church | Recipient Address 2335 S Webster Avenue, Green Bay WI 54301 | Relationship None | Status Public Charity | Gen Operations | Amount 5 5,000 00 |
| Pilgrim Congregational Church | Attn Treasurer, 991 Pilgrim Way, Green Bay, WI 54304 | None | | Gen Operations | |
| St Mark Evangelical Church | 2066 Lawrence Drive, De Pere WI 54115 | None | | Gen Operations | |
| N E W Zoological Society, Inc | New Zoo - Zoo Run Run, 4418 Reforestation Road, Green Bay WI 54313 | None | | Gen Operations | |
| Hand-N-Hand of Northeastern WI | 2950 Yonder Ct , Green Bay WI 54313 | None | | Gen Operations | |
| Families of Children with Cancer | Rainbow Classic, 1202 Ridgeway Blvd, De Pere WI 54115 | None | | Gen Operations | |
| St Matthews | 130 St Matthew Street, Green Bay WI 54301 | None | | Gen Operations | |
| St Matthews | 130 St Matthew Street, Green Bay WI 54301 | None | | Gen Operations | |
| National Multiple Sclerosis Society National Multiple Sclerosis Society | PO Box 845945, Boston MA 02284-5945 PO Box 845945, Boston MA 02284-5945 | None None | | Gen Operations Gen Operations | |
| National Multiple Scienosis Society | PO Box 845945, Boston MA 02284-5945 | None | | Gen Operations | |
| National Multiple Sclerosis Society | PO Box 845945, Boston MA 02284-5945 | None | | Gen Operations | |
| Christ of the Rock Community Church Inc | Attn Linda Radtke/Haiti Mission, N1547 Clayhill Road, Weyauwega WI 54983 | None | | Gen Operations | |
| Faith Lutheran Church | 2335 S Webster Avenue, Green Bay WI 54301 | None | | Gen Operations | |
| Pilgrim Congregational Church | Attn Treasurer, 991 Pilgrim Way, Green Bay, WI 54304 | None | | Gen Operations | |
| St Mark Evangelical Church | 2066 Lawrence Drive, De Pere WI 54115 | None | | Gen Operations | |
| Bellin College of Nursing | 3201 Eaton Road, Green Bay WI 54311 | None | Public Charity | | \$ 500 00 |
| Carroll College Fox Valley Technical College | 100 N East Avenue, Waukesha WI 53186 Attn Financial Aid Office, 1825 N Bluemound Drive, PO Box 2277, Appleton WI 54912-2277 | None None | Public Charity Public Charity | | \$ 500 00 \$ 500 00 |
| Johns Hopkins University | 3400 N Charles Street, 146 Garland Hall, Baltimore MD 21218 | None | Public Charity | | \$ 500 00 |
| Marquette University | Attn. Scholarship Assistant, PO Box 1881, Milwaukee WI 53201-1881 | None | Public Charity | | \$ 500 00 |
| NWTC Green Bay | Attn Sandra Kraft, Foundation Director, PO Box 19042, Green Bay WI 54307-9042 | None | Public Charity | | \$ 1,000 00 |
| St Norbert College | Financial Aid Office, 100 Grant Street, De Pere WI 54115 | None | Public Charity | | \$ 500 00 |
| University of St Thomas | Attn Undergraduate Financial Aid Office, Mail AQU 328, 2115 Summit Ave, St Paul MN 55105 | None | Public Charity | | \$ 500 00 |
| University of Wisconsin-Madison | Student of Financial Aid Office, 333 East Campus Mall, #9701, Madison WI 53715~1382 | None | Public Charity | Education | \$ 2,000 00 |
| University of WI Stevens Point | Financial Aid Office, 106 Student Services Center, Stevens Point WI 54481 | None | Public Charity | Education | \$ 500 00 |
| University of Wisconsin - LaCrosse | Financial Aid Office, 121 Graff Main Hall, 1725 State Street, LaCrosse WI 54601 | None | Public Charity | | \$ 1,000 00 |
| University of Wisconsin-Madison | Office of Student Financial Ald, 333 East Campus Mall, #10501, Madison WI 53715-1382 | None | Public Charity | | \$ 500 00 |
| University of Wisconsin-Milwaukee | ID Number 991071344, PO Box 500, Milwaukee WI 53201 | None | Public Charity | | \$ 500 00 |
| Aurora Health Foundation | Attn Lynn Wilkerson, 5000 Memorial Drive, Two Rivers WI 54241 Attn Lisa Vanden Elzen, W3912 Cty Rd KK Suite 6, Appleton WI 54915 | None | | Gen Operations | |
| Tri County Gymnastics Booster Club Faith Lutheran Church | 2335 S Webster Avenue, Green Bay WI 54301 | None None | | Gen Operations Gen Operations | |
| Pilgrim Congregational Church | Attn Treasurer, 991 Pilgrim Way, Green Bay, WI 54304 | None | | Gen Operations | |
| St Mark Evangelical Church | 2066 Lawrence Drive, De Pere WI 54115 | None | | Gen Operations | |
| Family Services | PO Box 22308, Green Bay WI 54305-2308 | None | | Gen Operations | |
| Holy Cross School | 3002 Bay Settlement Road, Green Bay WI 5431 I | None | | Gen Operations | |
| N E W Curative Rehabiliation Inc | PO Box 8027, Green Bay WI 54308-8027 | None | | Gen Operations | |
| De Pere High School Cross Country Team | Attn Dan Baker, 706 Desplaine Road, De Pere WI 54115 | None | Public Charity | Gen Operations | \$ 500 00 |
| Donald Driver Foundation | Attn Barb, 2071 Autumn Leaves Circle, Green Bay WI 54313 | None | | Gen Operations | |
| March of Dimes | 790 Parkview Road, Green Bay WI 54304 | None | | Gen Operations | |
| Research to Prevent Blindness | 645 Madison Avenue, New York NY 10022 | None | | Gen Operations | |
| Baird Creek Preservation Foundation | PO Box 824, Green Bay WI 54305-0824 | None | | Gen Operations | |
| Faith Lutheran Church Freedom House | 2335 S Webster Avenue, Green Bay WI 54301 | None | | Gen Operations | |
| Golden House | 2997 St Anthony Drive, Green Bay WI 54311 Attn. Amy Helgren, 1120 University Ave, Green Bay WI 54302 | None None | | Gen Operations Gen Operations | |
| Green Bay Botanical Garden | 2600 Larson Road, PO Box 12644, Green Bay WI 54307-9896 | None | | Gen Operations | |
| New Community Shelter Inc | 301 Mather Street, Green Bay WI 54303 | None | | Gen Operations | |
| Pilgrim Congregational Church | Attn Treasurer, 991 Pilgrim Way, Green Bay, WI 54304 | None | | Gen Operations | |
| St Mark Evangelical Church | 2066 Lawrence Drive, De Pere WI 54115 | None | | Gen Operations | |
| YWCA of Green Bay-De Pere | 230 South Madison Street, Green Bay WI 54301 | None | | Gen Operations | |
| Ashwaubenon High School | Attn Kevin Phillips, 2391 S Ridge Road, Green Bay WI 54304 | None | | Gen Operations | |
| Einstein Project Inc | Attn Julie Paavola, 1255 Einstein Way, Green Bay WI 54311 | None | | Gen Operations | |
| St Francis Xavier Parish of De Pere | 220 S Michigan, De Pere WI 54115 | None | | Gen Operations | |
| Faith Lutheran Church Pilgrim Congregational Church | 2335 S Webster Avenue, Green Bay WI 54301 | None | | Gen Operations | |
| St Mark Evangelical Church | Attn Treasurer, 991 Pilgrim Way, Green Bay, WI 54304 2066 Lawrence Drive, De Pere WI 54115 | None None | | Gen Operations Gen Operations | |
| Golden House | 1120 University Ave , Green Bay Wi 54302 | None | | Gen Operations | |
| Pauline Ridgley | Freedom House Toys/Books | None | | Gen Operations | |
| Brown County United Way | PO Box 1593, Green Bay WI 54305-1593 | None | Public Charity | Gen Operations | \$ 7,500 00 |
| Happily Ever After Animal Sanctuary | % Amanda Reitz, E5714 Bork Road, Marion WI 54950 | None | | Gen Operations | |
| Brown County Medical Society Alliance | Doctors in Recital, PO Box 363, Green Bay WI 54305 | None | | Gen Operations | |
| Brown County Medical Society Alliance | Adopt-A-Family, PO Box 363, Green Bay Wi 54305 | None | | Gen Operations | |
| Einstein Project Inc | 1255 Einstein Way, Green Bay WI 54311-8330 | None | | Gen Operations | |
| Golden House | 1120 University Ave , Green Bay WI 54302 | None | | Gen Operations | |
| Faith Lutheran Church | 2335 S Webster Avenue, Green Bay WI 54301 | None | | Gen Operations | |
| Pilgrim Congregational Church SEE International, Inc | Attn Treasurer, 991 Pilgrim Way, Green Bay, WI 54304 7200 Holliser Avenue, Unit A, Goleta CA 93117 | None None | | Gen Operations | |
| St Mark Evangelical Church | 2066 Lawrence Drive, De Pere WI 54115 | None None | | Gen Operations Gen Operations | |
| Associated Bank | Walk fees for the Turkey Trot 200 N Adams, Green Bay WI 54301 | None | | Gen Operations | |
| American Red Cross-Lakeland Chapter | 2131 Deckner Avenue, Green Bay WI 54302 | None | | Gen Operations | |
| Peninsula Players Theatre Foundation Inc | W 4351 Peninsula Players Road, Fish Creek, WI 54212-9725 | None | | Gen Operations | |
| Golden House | 1120 University Ave , Green Bay WI 54302 | None | | Gen Operations | |
| Bay Area Humane Society & Animal Shelter, Inc | 1830 Radisson Street, Green Bay WI 54302 | None | Public Charity | Gen Operations | \$ 100 00 |
| Freedom House | 2997 St Anthony Drive, Green Bay WI 54311 | None | Public Charity | Gen Operations | \$ 750 00 |
| Golden House | 1120 University Ave , Green Bay WI 54302 | None | | Gen Operations | |
| Paul's Pantry Fund Drive | 1529 Leo Frigo Way, Green Bay WI 54302 | None | | Gen Operations | |
| Rails-To-Trails Conservancy | 2121 Ward Court, NW 5th Floor, PO Box 96014 | None | | | \$ 50 00 |
| Bay City Baptist School | 1840 Bond Street, Green Bay WI 54303 | None | Public Charity | Gen Operations | \$ 4,000 00 |
| Friends of Haiti St. Bernard Congregation | PO Box 1174, Green Bay, WI 54305-1174 | None | | Gen Operations | |
| Assemblees de Dieu/Mission Suedoise | 2040 Hillside Lane, Green Bay WI 54302-4098 BP 922, Bobo-Dioulasso Burkina Faso | None | | Gen Operations Gen Operations | |
| DePauw University | Annual Fund Office, PO Box 37, Greencastle IN 46135-0037 | None None | | Gen Operations | |
| MedEvac Foundation International | 526 King Street, Ste 415, Alexandria VA 22314-3143 | None | | Gen Operations | |
| Special Olympics | Rachael Vernon, 2134 Emerald Drive, Green Bay WI 54311 | None | | Gen Operations | |
| | | | | | |

Total \$ 246,905 13

| FORM 990-PF DIVIDEND | S AND | INTER | EST FRO | M SECUI | RITIES | STATE | MENT | 1 |
|---|-------|--------------------------|------------------------|--------------------|---------------------------------|----------------|---------------------------|-------------------|
| SOURCE | | GROSS | AMOUNT | - | ITAL GAINS IVID EN DS | | MN (A IOUNT |) |
| PERSHING | • | | 829 | • | 0. | | 8: | 29. |
| TOTAL TO FM 990-PF, PART I, I | .N 4 | | 829 | | 0. | | 8: | 29. — |
| FORM 990-PF | 0 | THER E | XPENSES | | | STATE | MENT | 2 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (E NET IN MENT I | VEST- | (C) ADJUSTEI NET INCOM | | (D) IARITAI PURPOSI | |
| ADMINISTRATIVE EXPENSES BANK CHARGES FUNDRAISING EXPENSES | | 1,571. 240. 1,157. | | 786. 120. 0. | | 0. 0. 0. | | 85. 20. 57. |
| TO FORM 990-PF, PG 1, LN 23 | | 2,968. | | 906. | | 0. | 2,0 | 62. |
| FORM 990-PF | CO | RPORAT | E STOCK | : | | STATE | MENT | 3 |
| DESCRIPTION | | | | ВО | OK VALUE | | MARKE' | т |
| VANGUARD BALANCED INDEX FD | | | | | 39,655. | | 41,4 | 36. |
| TOTAL TO FORM 990-PF, PART II | , LIN | E 10B | | | 39,655. | | 41,4 | 36. |

| | r of officers, d FOUNDATION MANA | | STAT | EMENT 4 |
|---|-------------------------------------|--------------------|---------------------------------|---------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | EXPENSE |
| JOSEPH HODGSON, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303 | DIRECTOR/PRESI | DENT 0. | 0. | 0. |
| PAUL SUMMERSIDE, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303 | DIRECTOR/SECRE 0.50 | TARY/TREASUE 0. | 0. | 0. |
| DIANNA BORDEWICK, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303 | DIRECTOR 0.50 | 0. | 0. | 0. |
| JOHN LEE 164 NORTH BROADWAY GREEN BAY, WI 54303 | DIRECTOR 0.50 | 0. | 0. | 0. |
| BRUCE NEAL, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303 | DIRECTOR/VICE 0.50 | PRESIDENT 0. | 0. | 0. |
| CHRISTOPHER SORRELLS, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303 | DIRECTOR 0.50 | 0. | 0. | 0. |
| ANN SEIDL 164 NORTH BROADWAY GREEN BAY, WI 54303 | DIRECTOR OF MA 0.50 | ARKETING/PR 0. | 0. | 0. |
| PAULINE RIDGLEY 164 NORTH BROADWAY GREEN BAY, WI 54303 | DIRECTOR/EMPLO 0.50 | OYEE REP | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6 | , PART VIII | 0. | 0. | 0. |

5

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

JOSEPH HODGSON, M.D. PAUL SUMMERSIDE, M.D. BRUCE NEAL, M.D.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

6

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANN SEIDL 164 N BROADWAY GREEN BAY, WI 54303

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

920-405-5382

GENERAL GRANTS FOR COMMUNITY-BASED PROGRAMS, PROJECTS

AND SERVICES

FORM AND CONTENT OF APPLICATIONS

THE FORM FOR COMMUNITY-BASED PROGRAMS, PROJECTS AND SERVICES CAN BE DOWNLOADED AT

HTTP://WWW.BAYCARE.NET/WEBSITE/ABOUT/500--FOUNDATION/INDEX.ASP

ANY SUBMISSION DEADLINES

DEADLINES FOR GRANT REQUESTS ARE JANUARY 14, APRIL 14, JULY 14 AND OCTOBER 13.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GENERAL FINANCIAL SUPPORT GRANTS MUST RELATE TO THE OVERALL FOUNDATION MISSION OF PROMOTING THE HEALTH AND WELL-BEING OF NORTHEAST WISCONSIN RESIDENTS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANN SEIDL 164 N BROADWAY GREEN BAY, WI 54303

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

920-405-5382

HEALTHCARE SCHOLARSHIP PROGRAM

FORM AND CONTENT OF APPLICATIONS

THE FORM FOR SCHOLARSHIPS CAN BE DOWNLOADED AT HTTP://WWW.BAYCARE.NET/WEBSITE/ABOUT/500--FOUNDATION/INDEX.ASP

ANY SUBMISSION DEADLINES

THE DEADLINE FOR SCHOLARSHIP APPLICATIONS IS APRIL OF EVERY YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS ARE AWARDED TO PRE-SELECTED REGIONAL HIGH SCHOOLS AND COLLEGES AND TO SCHOLARS PURSUING ADVANCED EDUCATION IN THE HEALTHCARE FIELD.