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#### Form **990-PF**

Department of the Treasury

#### **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.

2010

OMB No 1545-0052

Internal Revenue Service For calendar year 2010, or tax year beginning , and ending Initial return Initial return of a former public charity Final return G Check all that apply: X Address change Amended return Name change Name of foundation A Employer identification number R. A. STEVENS FAMILY FOUNDATION 39-6711913 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 815 LAKEVIEW DRIVE 201 (414) - 313 - 9310City or town, state, and ZIP code C If exemption application is pending, check here BROOKFIELD WI 53005 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test check here and attach computation X | Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: | X | Cash Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col (c), line 16) If the foundation is in a 60-month termination 4,516,098 (Part I, column (d) must be on cash-basis.) runder section 507(b)(1)(B), check here ▶\$--Part | Analysis of Revenue and Expenses (c) Adjusted net (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books псоте income (cash basis only) N/A Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 150,945 150,945. STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) RECEIVED 38,299 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 419,745. 38,299 7 Capital gain net income (from Part IV, line 2) NOVI 1 5 2011 8 Net short-term capital gain Income modifications 10a and allowances OGDEN b Less Cost of goods sold SCANNED c Gross profit or (loss) ,327 1,327 STATEMENT 11 Other income 190.571 190.571 Total. Add lines 1 through 11 0. 0. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 2,440. 2,440. 0. STMT 3 **b** Accounting fees 6,710. 6,710. c Other professional fees STMT 0. 17 Interest 4,153. 4,153. 0. STMT 5 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 13,303 expenses Add lines 13 through 23 13,<u>303</u>, 351,000 351,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 364,303 13,303 351,000. Add lines 24 and 25 27 Subtract line 26 from line 12: -173,732 8 Excess of revenue over expenses and disbursements 177,268 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) Form 990-PF (2010)

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

orm 990-PF (2010) R. A. STEVENS FAMILY FOUNDATION 39-6711913 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instru		age 4
1a 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   and enter 1%	3,54	<u>45.</u>
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).		_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		<u>0.</u>
	3,54	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  4	2 E	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	3,54	<u>45.</u>
6 Credits/Payments: a 2010 estimated tax payments and 2009 overpayment credited to 2010  6a 2,463.		
a 2010 estimated tax payments and 2009 overpayment credited to 2010  b Exempt foreign organizations - tax withheld at source  6a 2,463.		
c Tax paid with application for extension of time to file (Form 8868)		
d Backup withholding erroneously withheld  6d		
7 Total credits and payments. Add lines 6a through 6d	2,46	63.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8		17.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 7 > 9	1,09	
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
11 Enter the amount of line 10 to be; Credited to 2011 estimated tax		
Part 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		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?		<u>X</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .	. !	
e 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?		<u>X</u>
If "Yes," attach a detailed description of the activities.	ļ ļ	
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  4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  4a	X	X
**/*		
b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A  4b  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?	x	
7 Did the foundation have at least \$5,000 in assets at any time during the year?	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	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		
		٠,,
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10		X

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orm 990-PF (2010) R. A. STEVENS FAMILY FOU			<u>39-67119:</u>	<u>13 Page 6</u>
Part VII-B   Statements Regarding Activities for Which I	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	1 4945(e))?	Ye	s X No	
(2) .influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	☐ Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A 5	ь
Organizations relying on a current notice regarding disaster assistance check h	•			-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		nod		
expenditure responsibility for the grant?			s No	
		i/A 16	:8 NO	1
If "Yes," attach the statement required by Regulations section 53.4945	• •			1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u> </u>	<b>₩</b>	
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?			3b X
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		Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		<del></del>		'b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/	
Paid Employees, and Contractors	· · · · · · · · · · · · · · · · · · ·			
List all officers, directors, trustees, foundation managers and their		17.10	[[analian   analian   analian   analian   analian   analian   analian   analian   analian   analian   analian	<del></del>
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
RITA A. STEVENS	TRUSTEE			
16930B LAKE ROAD				
BROOKFIELD, WI 53005	1.00	0.	0.	0.
JOHN FLECKENSTEIN	CO-TRUSTEE			
P.O. BOX 310		1		
GENESEE DEPOT, WI 53127-0310	0.00	0.	0.	0.
	CO-TRUSTEE			
P.O. BOX 310				
GENESEE DEPOT, WI 53127-0310	2.50	0.	0.	0.
311111111 211 01	2.30		J	
· · · · · · · · · · · · · · · · · · ·				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		<del></del>
	(b) Title and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
NOND	devoted to position		compensation	allowances
NONE				
	-		]	
a	-		[	
		<del> </del>	<u></u>	
	]			
Total number of other employees paid over \$50,000			▶	0

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	4,262,989.
b	Average of monthly cash balances	1b	75,763.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,338,752.
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	1 2	0.
3	Subtract line 2 from line 1d	3	4,338,752.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	65,081.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,273,671.
6	Minimum investment return Enter 5% of line 5	6	213,684.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	nd certai	n
1	Minimum investment return from Part X, line 6	1	213,684.
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.)		
C	Add lines 2a and 2b .	2c	3,545.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	210,139.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	210,139.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	210,139.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	351,000.
b	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	
þ	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	351,000.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	351,000.
	Note: The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundation	autiferia	tor the coction

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see			<del>- , ; </del>	
•	(a) Corpus	(b) Years prior to 2009	(c) 2009	( <b>d</b> ) 2010
1 Distributable amount for 2010 from Part XI, line 7				210,139.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2010:				
<b>a</b> From 2005				
<b>b</b> From 2006				
c From 2007	,			
d From 2008				
e From 2009 69,917.	60 017	*		
f Total of lines 3a through e	69,917.			
4 Qualifying distributions for 2010 from	,			
Part XII, line 4: ► \$ 351,000.			0.	
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2010 distributable amount				210,139.
e Remaining amount distributed out of corpus	140,861.			
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount				
must be shown in column (a) )  6 Enter the net total of each column as	, `			
indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	210,778.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2011				<u> </u>
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	<u> </u>			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7	0.			
	0.			
9 Excess distributions carryover to 2011.  Subtract lines 7 and 8 from line 6a	210,778.			
10 Analysis of line 9:		-		·
a Excess from 2006		j		
b Excess from 2007				
c Excess from 2008				

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d Excess from 2009

e Excess from 2010

69,917.

140,861

Part XIV Private Operating F	CURDICIONS FAMI				11913 Page 10
<u> </u>	<del></del>		II-A, question 9)	N/A	<del> </del>
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	-	<b>▶</b> <u></u>	7 40404400	10(1)(5)
b Check box to indicate whether the found	Tax year	ng roundation described	Prior 3 years	4942(j)(3) or49	942(j)(5)
2 a Enter the lesser of the adjusted net	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
income from Part I or the minimum	(4) 2010	(8) 2000	(6) 2000	(4) 2007	(e) iotai
investment return from Part X for	1				
each year listed					· · · · · · · · · · · · · · · · · · ·
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				<u> </u>	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				·	
e Qualifying distributions made directly					
for active conduct of exempt activities.  Subtract line 2d from line 2c	-				
-3 — Complete 3a, b, or c for the					
alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
• •	<del></del>		+		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter	-		†	<del></del>	
2/3 of minimum investment return			:		
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:				·   · · · · · · · · · · · · · · · · · ·	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public			<del>                                     </del>		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			<u> </u>	<del>-  </del>	<del> </del>
an exempt organization					1
(4) Gross investment income		-			
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	on had \$5,000 or m	ore in assets
at any time during			ii iiio ioaiiaati	, , , , , , , , , , , , , , , , , , ,	0.0 000010
1 Information Regarding Foundation			<del></del>		
a List any managers of the foundation wi	•	than 2% of the total cor	itributions received by	the foundation before the clo	see of any tay
year (but only if they have contributed i			inibutions received by	the loundation before the ore	out of any tax
RITA A. STEVENS	, ,	, , , , ,			
b List any managers of the foundation who ther entity) of which the foundation ha			(or an equally large po	ortion of the ownership of a p	partnership or
• •	is a 1070 or greater littere				
NONE	O O'M I	Oakalaakia aka F	· · · · · · · · · · · · · · · · · · ·		· · · · · ·
2 Information Regarding Contribut		• • • • • • • • • • • • • • • • • • • •	_		
the foundation makes gifts, grants, etc.	-	·	-	es not accept unsolicited req	
	<del></del>			, complete items za, u, c, an	u u.
a The name, address, and telephone num		m applications snould b	e addressed:		
R.A. STEVENS FAMILY		DOOMETET D	TAT E200E		
815 LAKEVIEW DRIVE,					<del></del>
b The form in which applications should					
WRITE TO THE ABOVE A	ADDRESS FOR	AN APPLICA	rion.		<del></del>
c Any submission deadlines:					
NONE	In analysis to the second		n lundo et :+		
d Any restrictions or limitations on award	is, such as by geographic	ai areas, charitable field:	s, kinas of institutions,	or other factors:	
NONE					
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UZQUU I 12*V(* IU					

Grants and Contributions Paid During the	rear or Approved for Future	ayment	· · · · · ·	
Recipient  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
	Of Substantial Contributor	recipient		
a Paid during the year				
				i
SEE STATEMENT 10		<u> </u>		4-4
Total		<del></del>	<b>▶</b> 3a	351,00
Approved for future payment				
NONE				
	1	1	1	I

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#### Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.				oy section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	ļ				
b					
c		<del></del>			
d					
e			$\perp$		
f					
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	<del></del>		14	150,945.	
5 Net rental income or (loss) from real estate:			1 4	130,943.	<del></del>
a Debt-financed property	<u> </u>				
b Not debt-financed property					
6 Net rental income or (loss) from personal	<del> </del>				
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	38,299.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a TAX REFUND					1,327
b					
c					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		(	).	189,244.	1,327
3 Total. Add line 12, columns (b), (d), and (e)			<u> </u>	13	190,571
(See worksheet in line 13 instructions to verify calculations.)					

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the act the foundation's exempt purposes (other than by providing funds for such purposes).	complishment of
	NOT APPLICABLE	•
	,	
		<del></del>
		<del></del>
		<del></del>
		<del></del>
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-orr	n 990 <u>-PF (2010)</u>	R.	<u> </u>	STEVENS	r AMILI	FOUNDATION		3 T O 1	Page
Pa	art XVII Info	rmatio	n Re	garding Trai	nsfers To a	nd Transactions a	and Relationships With Nonchari	table	
	·Exe	mpt O	rgani	zations					
1	Did the organization	directly o	or indir	ectly engage in any	of the following	g with any other organization	on described in section 501(c) of	Yes	s N

i					g with any other organization		tion 501(c) of		Yes	No
					7, relating to political organi	zations?				
a		from the reporting founda	ition to a noncharitabl	le exempt org	anization of:					
	(1) Cash							1a(1)		<u>X</u>
	(2) Other							1a(2)		<u>X</u>
b	Other tran		_							
		of assets to a noncharitat						1b(1)		<u>X</u>
		hases of assets from a non		ganization				1b(2)		X
		al of facilities, equipment, o	or other assets					1b(3)		<u>X</u>
	` '	bursement arrangements						1b(4)		X
		s or loan guarantees						1b(5)		X
	` '	ormance of services or mer						1b(6)		X
	_	of facilities, equipment, mai						10		
đ							market value of the goods, of		sets,	
		• •			u iess than iair market valu	e ili any transactio	n or sharing arrangement, sh	ow in		
٠١.	<del></del>	(b) Amount involved			exempt organization	(d) December				
d)L	ine no	(b) Amount involved	(c) Name of			(u) Descriptio	n of transfers, transactions, and s	naring ar	rangeme	nus
				N/A	·	-				
						-				
						<del></del>	<del></del>			
				<del></del>						····
	<u> </u>									
	-		-							
	<del></del>									
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		-		<u>.</u>			·			
				<u>.</u>			<del></del>			
	<del></del>					-				
_	<del>-   -</del>									
22	Is the fou	indation directly or indirect	tly affiliated with or re	elated to one	or more tax-exempt organi	zations described				
2.0		n 501(c) of the Code (other	-					Yes	X	No
ь		complete the following sch	• •	(5), 5: 5551			_			•
	11 1001 0	(a) Name of org			(b) Type of organization		(c) Description of relationsh	iip		<del></del>
		N/A	·		1, 2,					
		,								
										***************************************
				-						
							the best of my knowledge and bel	ef, it is t	rue, corr	ect,
S	ign   and	complete Declaration of prepa	arer (other than taxpayer o	or fiduciary) is ba	ased on all information of which	preparer has any knov	<b>4</b> .			
	ere 📐	CATEOLYU	JJ. SCOT	T	11.4.	II <b>\</b> _	11.4.11			
		Signature of officer or tru	ustee		Date		Title			
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check If PTIN			
							self- employed			
Pa	aid	JAMES A. H	OLMES	Sa. 7	Johnes	113/11				
	reparer			/s.c.			Firm's EIN ▶			
	se Only			<u> </u>						
	_	Firm's address ▶ 44	5 SOUTH M	OORLAN	ID RD., STE.	400				
			ROOKFIELD,				Phone no. 262-			
			-				Fo	rm <b>99</b>	0-PF	(2010)

023622

STATEMENT

8

FORM 990-PF	XAT	ES		STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM			
FOREIGN TAXES FEDERAL TAXES	1,153. 3,000.	1,153. 3,000.				0.	
TO FORM 990-PF, PG 1, LN 18	4,153.	4,1	153.			0.	
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	(	
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	Т	
SEE ATTACHED STATEMENT		_	4	1,543,104.	4,412,5	92.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	=	4	1,543,104.	4,412,5	92.	
	TEREST AND P	ENALTIES			STATEMENT		

LATE PAYMENT PENALTY

FORM 990-PF

			<u>/</u>			
S AND	INTER	EST FF	OM SEC	URITIES	STATEMENT	
	GROSS	AMOUN			COLUMN (A)	)
-	1	170,47	3.	19,528.	150,9	15.
N 4	1	170,47	73.	19,528.	150,9	15.
O'	THER II	NCOME		•	STATEMENT	2
		REVE	WE			
			1,327.	1,327	•	
LINE	11		1,327.	1,327	•	
AC	COUNTI	NG FEI	es		STATEMENT	3
EXPE	NSES	NET 3	NVEST-			
	2,440.		2,440	•		0.
	2,440.		2,440	•		0.
THER	PROFES	SIONA	L FEES	·	STATEMENT	4
				<del></del>		
( EXPE	A) NSES BOOKS	NET :	(B) INVEST- INCOME			
( EXPE	A) NSES	NET :	INVEST-	ADJUSTED NET INCOM	CHARITA	
	LINE AC	GROSS OTHER II	GROSS AMOUN  170,47  N 4 170,47  OTHER INCOME  (A)  REVEN PER BO  LINE 11  ACCOUNTING FEE  (A)  EXPENSES NET 1 PER BOOKS MENT  2,440.	GROSS AMOUNT  170,473.  N 4 170,473.  OTHER INCOME  (A) REVENUE PER BOOKS  1,327.  LINE 11 1,327.  ACCOUNTING FEES  (A) EXPENSES NET INVEST- PER BOOKS MENT INCOME  2,440. 2,440	170,473. 19,528.  N 4 170,473. 19,528.  OTHER INCOME  (A) (B) REVENUE NET INVEST- PER BOOKS MENT INCOME  1,327. 1,327  LINE 11 1,327. 1,327  ACCOUNTING FEES  (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME NET INCOME  2,440. 2,440.	GROSS AMOUNT DIVIDENDS AMOUNT  170,473. 19,528. 150,94  N 4 170,473. 19,528. 150,94  OTHER INCOME STATEMENT  (A) (B) (C) REVENUE NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME  1,327. 1,327.  LINE 11 1,327. 1,327.  ACCOUNTING FEES STATEMENT  (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITAL PER BOOKS MENT INCOME NET INCOME PURPOSE 2,440. 2,440. 2,440.

FORM 990-PF

STATEMENT

10

		<del></del>
FORM 990-PF	LATE PAYMENT INTEREST	STATEMENT 9

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

			-
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ADVOCATES OF OZAUKEE P.O. BOX 80166 SAUKVILLE, WI 53080	N/A OPERATING EXPENSE	501(C)(3)	14,000.
BIG BROTHERS BIG SISTERS OF METRO MILWAUKEE 788 N. JEFFERSON ST., SUITE 600 MILWAUKEE, WI 53202	N/A OPERATING EXPENSE	501(C)(3)	10,000.
BOYS & GIRLS CLUB 1588 N. 6TH ST. MILWAUKEE, WI 53212	N/A OPERATING EXPENSE	501(C)(3)	10,000.
CENTER FOR BLIND & VISUALLY IMPAIRED CHILDREN 5600 W. BROWN DEER ROAD MILWAUKEE, WI 53223	N/A OPERATING EXPENSE	501(C)(3)	5,000.
CENTER FOR DEAF BLIND PERSONS, INC. 3195 S. SUPERIOR ST MILWAUKEE, WI 53207	N/A OPERATING EXPENSE	501(C)(3)	10,000.
FRIENDS OF ABUSED FAMILIES, INC. P.O. BOX 117 WEST BEND, WI 53095		501(C)(3)	10,000.

R. A. STEVENS FAMILY FOUNDATION			39-6711913
GIRL SCOUTS - GREAT BLUE HERON COUNCIL, INC P.O. BOX 1510 WAUKESHA, WI 53187	N/A OPERATING EXPENSE	501(C)(3)	3,000.
LITERACY SERVICES OF WISCONSIN, INC. 2724 W WELLS ST. MILWAUKEE, WI 53208	N/A OPERATING EXPENSE	501(C)(3)	65,000.
MESSMER CATHOLIC SCHOOLS 742 W. CAPITOL DRIVE MILWAUKEE, WI 53206	N/A STUDENT SCHOLARSHIPS	501(C)(3)	10,000.
MILWAUKEE PUBLIC MUSEUM 800 W. WELLS ST. MILWAUKEE, WI 53233	N/A EDUCATIONAL EXPENSE	501(C)(3)	15,000.
MILWAUKEE SYMPHONY ORCHESTRA 700 N. WATER ST., SUITE 700 MILWAUKEE, WI 53202	N/A STUDENT SCHOLARSHIPS	501(C)(3)	20,000.
NOTRE DAME ACADEMY 1709 BULL STREET SAVANNAH, GA 31401	N/A SCHOLARSHIPS	501(C)(3)	9,000.
RAWHIDE, INC. E7475 RAWHIDE RD NEW LONDON, WI 54961	N/A OPERATING EXPENSE	501(C)(3)	7,500.
ST. JAMES CATHOLIC CHURCH 8412 WHITEFIELD AVE SAVANNAH, GA 31406	N/A OPERATING EXPENSE	501(C)(3)	3,000.
ST. JOSEPH CONGREGATION 12130 W. CENTER ST. WAUWATOSA, WI 53222	N/A OPERATING EXPENSE	501(C)(3)	3,000.
ST. JOSEPH REGIONAL MEDICAL FOUNDATION 5000 W. CHAMBERS ST. MILWAUKEE, WI 53210	N/A OPERATING EXPENSE	501(C)(3)	10,000.

R. A. STEVENS FAMILY FOUNDATION			39-6711913
ST. MARCUS SCHOOL 2215 N. PALMER ST. MILWAUKEE, WI 53212		501(C)(3)	30,000.
TEN CHIMNEYS FOUNDATION P.O. BOX 225 GENESEE DEPOT, WI 53187	N/A OPERATING EXPENSE	501(C)(3)	10,000.
THE NATURE CONSERVANCY 633 W. MAIN STREET MADISON, WI 53703	N/A OPERATING EXPENSE	501(C)(3)	15,000.
URBAN ECOLOGY CENTER, INC. 1500 E. PARK PLACE MILWAUKEE, WI 53212	N/A OPERATING EXPENSE	501(C)(3)	30,000.
WI 55212			
UWM FOUNDATION - SCHOLARSHIP FUND 3271 NORTH LAKE DRIVE MILWAUKEE, WI 53211	N/A EDUCATIONAL EXPENSE	501(C)(3)	8,000.
WILSON CENTER FOR THE ARTS 19805 W. CAPITOL DR. BROOKFIELD, WI 53202	N/A OPERATING EXPENSE	501(C)(3)	10,000.
WISCONSIN BADGER CAMP P.O. BOX 723 PLATTEVILLE, WI 53818		501(C)(3)	5,000.
YMCA OF METRO MILWAUKEE 2420 N 124TH ST WAUWATOSA, WI 53226	N/A OPERATING EXPENSE	501(C)(3)	10,000.
ADULT LEARNING CENTER 1916 N FOURTH STREET MILWAUKEE, WI 53212	N/A OPERATING EXPENSE	501(C)(3)	10,000.
DAYSTAR INC. P.O. BOX 2130 MILWAUKEE, WI 53201	N/A OPERATING EXPENSE	501(C)(3)	15,000.

R. A. STEVENS FAMILY FOUNDATION			39-6711913
ABCD 6737 W. WASHINGTON STREET, SUITE 3265. WEST ALLIS, WI 53214	N/A OPERATING EXPENSE	501(C)(3)	3,500.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

351,000.

### R A STEVENS FAMILY FOUNDATION 39-6711913

PART II LINE 10b COLUMNS (b)&(c)
INVESTMENTS - CORPORATE STOCK

PAR/ SHARES	DESCRIPTION	COST	FMV						
DIMEO SCHNEIDE	DIMEO SCHNEIDER & ASSOCIATES, L.L.C CHARLES SCHWAB ACCT # 3092-5121								
Large Cap Value 17,196 645	JOHN HANCOCK CLASSIC VALUE	375,510	286,840						
Large Cap Growth 28,864.685	TOUCHSTONE SANDS CAP INST GROWTH	275,959	405,260						
Domestic Small/M 32,835 509	iid Cap FRONTEGRA IRONBRIDGE SMALL CAP	526,634	570,024						
Intermediate Fixed 90,732 939	d Income PIMCO TOTAL RETURN INSTL	982,294	984,452						
High Yield Bond 50,558 380	NEUBERGER BERMAN HIGH INC BD IVT	457,000	471,710						
Long Governmen 20,459 338	t PIMCO REAL RETURN INSTL	220,784	232,418						
Int'I/Global Equity 23,278 214	ARTIO INTL EQTY I	814,443	701,605						
Emerging Markets 14,937 850	S DELAWARE EMERGING MARKETS A	227,386	239,155						
•	NUVEEN REAL ESTATE SEC Y COHEN & STEERS INTERNATIONAL REALTY CL I	169,007 117,629	137,807 72,390						
MLP 4,829 978	KAYNE ANDERSON MLP	153,581	151,999						
Specialty - Natura 17,107 890	al Resources PIMCO COMMODITY REAL RETURN STRATEGY INSTL	222,877	158,932						
	TOTAL	4,543,104	4,412,592						

#### APPOINTMENT OF SUCCESSOR TRUSTEE

#### and

#### DELEGATION OF TRUSTEE AUTHORITY

#### R. A. STEVENS FAMILY FOUNDATION

#### **DATED July 13, 2011**

Whereas, pursuant to agreement originally dated May 17, 1999 by and among RITA A STEVENS (F/K/A RITA A. FLECKENSTEIN) ("Settlor") and RITA A STEVENS, JOHN L. FLECKENSTEIN, and PAUL A. FLECKENSTEIN ("Trustees") there was created the R. A. STEVENS FAMILY FOUNDATION (hereinafter sometimes referred to as the "Trust").

Whereas, pursuant to Article VII(A) of the Trust, RITA A STEVENS, JOHN L. FLECKENSTEIN, AND PAUL A. FLECKENSTEIN were designated as the initial Trustees of said Trust;

Whereas, JOHN L. FLECKENSTEIN AND PAUL A. FLECKENSTEIN have ceased serving as Trustees of said Trust leaving RITA A. STEVENS as the sole Trustee of the Trust;

Whereas, pursuant to Article VII.A of the Trust, RITA A. STEVENS is permitted to make a revocable, anticipatory assignment of successor Trustee designating a person to serve in the capacity of Trustee in the event that she ceases to act as Trustee; and

Whereas, pursuant to Article Article VII.F, of the Trust, a Trustee may delegate all or any part of his or her powers to others for such periods of time as the delegating Trustee may determine;

Now therefore,

1. Pursuant to the authority set forth in Article VII.A, RITA A. STEVENS hereby

appoints CAROLYN J. FLECKENSTEIN SCOTT to succeed her as sole Trustee in the event

that she ceases to act as Trustee without having revoked this appointment. In the event that

CAROLYN is unable to act or declines to accept this appointment and RITA A. STEVENS has

not appointed any other successor Trustee, JOHN L. FLECKENSTEIN is hereby appointed as

alternate successor Trustee.

Pursuant to the authority set forth in Article VII.F of the Trust, RITA A.

STEVENS hereby delegates to CAROLYN J. FLECKENSTEIN SCOTT all powers held by

RITA A STEVENS in her capacity as Trustee of the Trust. Such delegation of power may be

revoked at any time in writing by RITA A. STEVENS. For purposes of administrative

convenience, CAROLYN J. FLECKENSTEIN SCOTT may be referred to as the Executive

Director of the R. A. Stevens Family Foundation.

RITA A. STEVENS continues to reserve the right to appoint a successor Trustee in the

manner and subject to the terms set forth in Article VII.A of the trust agreement originally dated

May 17, 1999 and the right to delegate her authority as Trustee as permitted by Article VII. F

thereof.

In witness whereof, this Appointment of Successor Trustee and Delegation of Trustee

Authority is executed this 13<sup>th</sup> day of July, 2011.

Rita a. Stevens

STATE OF WISCONSIN	)
	) ss
COUNTY OF WAUKESHA	)

Personally came before me this 13<sup>th</sup> day of July, 2011, the above-named RITA A. STEVENS, to me known to be the person who executed the foregoing instrument and acknowledged the same.

No. M

Notary Public, State of Wisconsin My commission is permanent

#### DiMeo Schneider & Associates, L.L.C. **REALIZED GAINS AND LOSSES**

#### Rita Stevens

## Family Foundation (3092-5121) From 01-01-10 Through 12-31-10

						Gain C	Dr Loss
Open Date	Close Date	Quantity	Security	Cost Basis	Proceeds	Short Term	Long Term
03-02-05	08-09-10	2,155 172	DELAWARE EMERGING MARKETS A	34,116 37	30,000 00		-4,116 37
03-02-05	08-09-10	679 012	FRONTEGRA IRONBRIDGE SMALL CAP	10,885 22	10,000 00		-885 22
03-02-05	08-09-10	3,278 689	NEUBERGER BERMAN HIGH INC BD IVT	31,147 55	30,000 00		-1,147.55
11-30-05	08-09-10	300-631	PIMCO REAL RETURN INSTL	3,343-02	3,390 85		-47 83
12-14-05	08-09-10	538 045	PIMCO REAL RETURN INSTL	5,923 88	6,068 66		144 78
12-14-05	08-09-10	483 696	PIMCO REAL RETURN INSTL	5,325 49	5,455 65		130 16
12-30-05	08-09-10	253 148	PIMCO REAL RETURN INSTL	2,804.88	2,855 28		50 40
01-31-06	08-09-10	72 693	PIMCO REAL RETURN INSTL	806 16	819 91		13 75
02-28-06	08-09-10	69 980	PIMCO REAL RETURN INSTL	775 38	789 31		13 93
03-31-06	08-09-10	84 091	PIMCO REAL RETURN INSTL	909 87	948 47		38 60
04-28-06	08-09-10	95 749	PIMCO REAL RETURN INSTL	1,036 00	1,079 96		43 96
05-31-06	08-09-10	441 732	PIMCO REAL RETURN INSTL	4,766 29	4,982 35		216 06
06-30-06	08-09-10	320 022	PIMCO REAL RETURN INSTL	3,430 64	3,609 56		178 92
02-27-06	10-12-10	4,259 128	PIMCO TOTAL RETURN INSTL	44,553 66	49,822 17		5,268 51
02-28-06	10-12-10	3 979	PIMCO TOTAL RETURN INSTL	41 70	46 55		4 85
03-31-06	10-12-10	141 179	PIMCO TOTAL RETURN INSTL	1,458 38	1,651 47		193 09
04-28-06	10-12-10	119 421	PIMCO TOTAL RETURN INSTL	1,230 04	1,396 96		166 92
05-31-06	10-12-10	132 457	PIMCO TOTAL RETURN INSTL	1,355 04	1,549 45		194 41
06-30-06	10-12-10	145 337	PIMCO TOTAL RETURN INSTL	1,479 53	1,700 11		220 58
07-31-06	10-12-10	128 006	PIMCO TOTAL RETURN INSTL	1,318 46	1,497 38		178 92
08-31-06	10-12-10	137 241	PIMCO TOTAL RETURN INSTL	1,428 68	1,605 41		176 73
09-29-06	10-12-10	142 032	PIMCO TOTAL RETURN INSTL	1,484 23	1,661 45		177 22
10-31-06	10-12-10	137 067	PIMCO TOTAL RETURN INSTL	1,435 09	1,603 37		168 28
11-30-06	10-12-10	139 572	PIMCO TOTAL RETURN INSTL	1,472 48	1,632 68		160 20
12-13-06	10-12-10	124 948	PIMCO TOTAL RETURN INSTL	1,306 96	1,461 61		154 65
12-29-06	10-12-10	150 821	PIMCO TOTAL RETURN INSTL	1,565 52	1,764 26		198 74

#### DiMeo Schneider & Associates, L.L.C.

#### **REALIZED GAINS AND LOSSES**

#### Rita Stevens

### Family Foundation (3092-5121) From 01-01-10 Through 12-31-10

						Gain O	r Loss
Open Date	Close Date	Quantity	Security	Cost Basis	Proceeds	Short Term	Long Term
01-31-07	10-12-10	132 596	PIMCO TOTAL RETURN	1,368 39	1,551 07		182 68
02-28-07	10-12-10	137 221	PIMCO TOTAL RETURN INSTL	1,433 96	1,605 18		171 22
03-30-07	10-12-10	6,791 986	PIMCO TOTAL RETURN INSTL	70,868 10	79,450 88		8,582 78
03-22-05	_11 <del>-</del> 19-10_	3,684 021	TOUCHSTONE SANDS  CAP INST GROWTH	35,811-98	50,000 00		14,188 02
03-02-05	11-19-10	1,631 854	DELAWARE EMERGING MARKETS A	25,832 25	25,000 00		-832 25
03-02-05	11-19-10	3,099 690	FRONTEGRA IRONBRIDGE SMALL CAP	49,691 03	50,000 00		308 97
03-30-07	11-19-10	100 000	KAYNE ANDERSON MLP INVESTMEN	3,472 23	2,795 15		-677 08
03-30-07	11-19-10	100 000	KAYNE ANDERSON MLP INVESTMEN	3,475 23	2,795 15		-680 08
03-30-07	11-19-10	100 000	KAYNE ANDERSON MLP INVESTMEN	3,473 23	2,795 15		-678 08
03-30-07	11-19-10	200 000	KAYNE ANDERSON MLP INVESTMEN	6,960 46	5,590 31		-1,370 15
03-30-07	11-19-10	288 000	KAYNE ANDERSON MLP INVESTMEN	9,982 75	8,050 04		-1,932 71
03-30-07	11-19-10	106 000	KAYNE ANDERSON MLP INVESTMEN	3,676 33	2,962 86		-713 47
TOTAL G						0 00	31,575 16 -13,032 95
TOTALL		220 1/1/1 62	10.540.01	381,446.45	399,988.66	0.00	18,542.21
		220 DMAIN	18 5/17 7 f				

#### `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

If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	ert I and check this box		•	<b>■</b> X
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
o not	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previously fil	ed For	m 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time to	file (6	months for a cor	poration
equirec	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically file Fe	orm 88	68 to request an	extension
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tran	sfers A	ssociated With C	ertaın
ersona	I Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on th	ne elec	tronic filing of this	form,
ısıt ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits		,		J	
Part			bmit original (no copies needed).			
corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete		
art I or	•				•	▶ □
VI othe	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to request an	extens	sion of time	
o file in	come tax returns					
ype or	Name of exempt organization			Empl	oyer identificatio	n number
rint <sup>—</sup>	_					
ile by the	R. A. STEVENS FAMILY FOUND	NOITA		3	<u>9-6711913</u>	
lue date f	$_{\text{or}}$ Number, street, and room or suite no If a PO box, s	ee instruct	tions.			
lıng your eturn See						
struction		_	ress, see instructions.			
	GENESEE DEPOT, WI 53127-03	310				
inter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4
		<b>.</b>	I		· · · ·	T
Applica	tion	Return	Application			Return
s For	200	Code	Is For			Code
orm 99		01	Form 990-T (corporation)			07
orm 99		02	Form 1041-A			08
Form 99		03	Form 4720			09
Form 99		04	Form 5227			10
	90-T (sec 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870		<del></del>	11 12
-01111 93	90-T (trust other than above)  VRAKAS/BLUM, S		F0111 6670		····	
Tho	books are in the care of > 445 SOUTH MOOR		RD STE 400 - BROO	KET.	FI.D WT 5	3005
	phone No ► 262-797-0400	DEMINE.	FAX No. ►	ILL I.	BDD, WI J	3003
	organization does not have an office or place of business	e in the Lir	•			
	s is for a Group Return, enter the organization's four digit		•	e ie for	the whole group,	chack this
oox ►	If it is for part of the group, check this box	7			• • •	
	request an automatic 3-month (6 months for a corporation				CIS THE EXICHSION	13 101
	·	•	ition return for the organization named a		The extension	
- 15	for the organization's return for:		mon rotani for the organization hamou s		1110 0711011011	
	X calendar year 2010 or					
	tax year beginning	. an	nd endina			
•					<del></del>	
2 If	the tax year entered in line 1 is for less than 12 months, of	heck reas	on. Initial return Fina	al retur	n	
[	Change in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
n	onrefundable credits. See instructions.			За	\$	3,791.
b ii	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
<u>e</u>	stimated tax payments made Include any prior year over	oayment a	allowed as a credit	3b	\$	3,791.
c E	salance due. Subtract line 3b from line 3a Include your pa	ayment wi	th this form, if required,			
	y using EFTPS (Electronic Federal Tax Payment System)	See instru	uctions	3c	\$	0.
Cautio	n. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment in	structions
LHA	For Paperwork Reduction Act Notice, see Instructions	s.			Form <b>8868</b> (	(Rev. 1-2011)

023841 01-03-11

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month I	Extension, o	complete only Part II and check this bo	х.		ightharpoons
Note. Only complete Part II If you have already been granted ar			Form 8	868.	
If you are filing for an Automatic 3-Month Extension, comp					
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no co	<del></del>	<del></del>	
Type or			Emplo	yer identi	fication number
print R. A. STEVENS FAMILY FOUND	አጥ <b>ፐ</b> ርእፕ		39-6711913		
ile by the		tions		0111	<u> </u>
ve date for 815 LAKEVIEW DRIVE, NO. 201		iioris.			
ling your eturn See City, town or post office, state, and ZIP code. For a		ress, see instructions.			
BROOKFIELD, WI 53005	o. o. g u.u.				
Enter the Return code for the return that this application is for (	file a separa	te application for each return)			04
		,			
Application	Return	Application			Return
s For	Code	Is For			Code
Form 990	01	的杂音、"我们的主义。"	<u> </u>	<u> </u>	<u> </u>
orm 990:BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			
form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) STOPI Do not complete Part II if you were not already grant	06	Form 8870			12
Telephone No. ► 414-313-9310  If the organization does not have an office or place of busine  If this is for a Group Return, enter the organization's four dig  ox ► If it is for part of the group, check this box ►  I request an additional 3-month extension of time until  For calendar year 2010, or other tax year beginning  if the tax year entered in line 5 is for less than 12 months  Change in accounting period  State in detail why you need the extension  ADDITIONAL TIME IS REQUIRED	and atta NOVEM s, check reas	emption Number (GEN) If the ach a list with the names and EINs of all BER 15, 2011.	is is for member	the whole ers the ext	group, check this ension is for.
A COMPLETE AND ACCURATE RETU		HER THE INFORMATION	NEC	EDDMK.	r to king
A COMMINETE AND ACCURATE RETU	T/TA •				
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	0 or 6069 e	enter the tentative tax less any	T -		· · · · · · · · · · · · · · · · · · ·
nonrefundable credits. See instructions.	0, 0. 0000, 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8a	\$	3,791.
b If this application is for Form 990-PF, 990-T, 4720, or 606	69, enter any	refundable credits and estimated	, ,		
tax payments made. Include any prior year overpayment	•				
previously with Form 8868.			8b	\$	3,791
c Balance due, Subtract line 8b from line 8a. Include your	payment wi	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See ins			8c	\$	0.
	•	nd Verification			
Under penalties of perjury, I declare that I have examined this form, inc it is true, correct, and complete, and that I am authorized to prepare thi	luding accom	panying schedules and statements, and to th	ne best c	f my knowle	edge and belief,
	_	$\wedge$		_ a	12/11
Signature Mary Ellew Michael Son Fittle	<u> </u>	<u> </u>	Date		2/11
( )				Form	n <b>8868</b> (Rev. 1-2011