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

OMB No 1545-0052

2010

t	nternal R	Revenue Service   Note. The foundation may	be abi	e to use a copy of	this return to s	satisfy state r	ероп	ling requirements		
Ī	For ca	llendar year 2010, or tax year beginning			, 2010,	and endin	ıg		, 20	
_		eck all that apply Initial return		Initial return	of a former p	ublic char	ty		Final return	
		Amended return		Addres	ss change		N	ame change		
ī	Vame o	of foundation						A Employer identification number		
	STEV	EN R. MICHELS CHARITABLE FOU	JNDA	TION				72-	1528213	
		er and street (or P O box number if mail is not delivere				Room/suit	e	B Telephone number (	see page 10 of the instructions)	
	C/0	KATHLEEN A. LOPPNOW								
	P.O.	BOX 128						(92	0) 583-3132	
ō	City or	town, state, and ZIP code				·		C If exemption applicat	ion is	
	•								<b>▶</b>	
	BROW	NSVILLE, WI 53006						2 Foreign organizat	ons meeting the	
Ī	H Che	eck type of organization: X Section 501(	(c)(3)	exempt private f	oundation					
	$\overline{}$	Section 4947(a)(1) nonexempt charitable trust	$\overline{}$	Other taxable pr		tion		·		
Ī		market value of all assets at end J Acco	unting	g method: X Ca	ash 💹 Acc	rual			<b>.</b>	
	of y	ear (from Part II, col. (c), line	ther (	specify)	<del>-</del> -			F If the foundation is	n a 60-month termination	
_	16)	▶ \$ 398,579. (Part I,	colun	nn (d) must be on	cash basis.)			under section 507(b)	1)(B), check here	
	Part	Analysis of Revenue and Expenses (The	(a	) Revenue and	(b) Net inve	stment	(c	) Adjusted net	(d) Disbursements	
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		expenses per	incom		,,	income	purposes	
2011		column (a) (see page 11 of the instructions).)	<u> </u>	books	·				(cash basis only)	
	1	Contributions, gifts grants, etc., received (attach schedule)		5,000.					- <u>-</u>	
<b>20</b>	2	Check Lift the foundation is not required to attach Sch B								
0	3	Interest on savings and temporary cash investments	ļ	2.		2.				
AUG	4	Dividends and interest from securities		18,350.		8,350.			ATCH 2	
Ø	5 a	Gross rents							Final return change ployer identification number  72-1528213 phone number (see page 10 of the instructions)  (920) 583-3132 temption application is ding, check here oreign organizations check here oreign organizations meeting the 5% test, check here and attach omputation  rivate foundation status was terminated er section 507(b)(1)(A), check here ef section 507(b)(1)(B), check here ore section 507(b)(1)(B), check here  ATCH 1  ATCH 2  ATCH 3	
	ь	Net rental income or (loss)	<u> </u>	26 202						
₩:	6 a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	ļ	-26,392.						
SCANNED	6a b	assets on line 6a								
	7	Capital gain net income (from Part IV, line 2).	<u> </u>	·						
<u></u>	8	Net short-term capital gath [CFVF]						· · · · · · · · · · · · · · · · · · ·		
	9 10 a	Income modifications	700	<u></u>				<del></del>		
	1	and allowances · · · · · · · · · · · · · · · · · · ·	9							
			SS.		<b></b>				<del></del>	
		Gross profit or (loss) (attach schedule) Other income (attach schedule)	<del>                                     </del>	750.					ATCH 3	
	11	Total. Add lines 1 through 11 E		-2,290.	1	8,352.				
•	13	Compensation of officers, directors, trustees, etc		0.						
	14	Other employee salaries and wages							-	
9	15	Pension plans, employee benefits								
Ž	16a									
\$ !	i b									
9	c	Other professional fees (attach schedule)		1,622.		811.			811	
Ę	17	Interest ATTACHMENT 4		81.		81.				
<u>.</u>	18	Taxes (attach schedule) (see page 14 of the instructions)							· · · · · · · · · · · · · · · · · · ·	
	19	Depreciation (attach schedule) and depletion							·	
1	20	Occupancy							<del></del>	
7	21	Travel, conferences, and meetings								
2	22	Printing and publications	<u> </u>	<u>-</u> -						
Onerating and Administrative Evenese	23	Other expenses (attach schedule)							·	
<u>.</u>	24	Total operating and administrative expenses.							<u>.</u> .	
ģ	킨	Add lines 13 through 23		1,703		892.			811	
C	25	Contributions, gifts, grants paid		20,000						
	26	Total expenses and disbursements Add lines 24 and 25	<u> </u>	21,703		892.			20,811	
	27	Subtract line 26 from line 12		00 00=						
	a	Excess of revenue over expenses and disbursements	<u> </u>	-23,993		7 460				
	ь	Net investment income (if negative, enter -0-)	<u></u>		<del>-</del>	7,460.				
	l c	Adjusted net income (if negative, enter -0-)	1		I	1		_		

Ŀ	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
	GIL II	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	3,511.	7,639.	
	2	Savings and temporary cash investments	12,295.	22,176.	22,176.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
	1	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	l	disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
s	8	Inventones for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass	10 a	Investments - U.S. and state government obligations (attach schedule).			
•		Investments - corporate stock (attach schedule) ATCH 5	388,227.	350,225.	368,764.
	ı	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)	404,033.	380,040.	398,579.
	17	Accounts payable and accrued expenses			
	18	Grants payable		<u> </u>	
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	1		
jab	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)		0.	
_	23	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
S		-			
Š	24 25 26 27 28 29 30	Unrestricted			
ala	25	Temporarily restricted			
D B	20	Permanently restricted			
Ë		check here and complete lines 27 through 31.			
7	27	Capital stock, trust principal, or current funds		ı	
ts	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
se	29	Retained earnings, accumulated income, endowment, or other funds	404,033.	380,040.	
Ä	30	Total net assets or fund balances (see page 17 of the			
é		instructions)	404,033.	380,040.	
_		Total liabilities and net assets/fund balances (see page 17			
	i	of the instructions)	404,033.	380,040.	
E	art II	Analysis of Changes in Net Assets or Fund	Balances	<u> </u>	
		net assets or fund balances at beginning of year - Part		must agree with	
		of-year figure reported on prior year's return)		1 1	404,033.
2		amount from Part I, line 27a			-23,993.
3	Othe				
		ines 1, 2, and 3			380,040.
5	Decr	eases not included in line 2 (itemize) ▶		5	
		net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b	), line 30 6	380,040.
					Far. 900 PE (2010)

Part IV C	apital Gains	and Losses for Tax on Inve	estment Income			
•		d describe the kind(s) of property sold (orrick warehouse; or common stock, 200		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr )
1a SEE PAI	RT IV SCH			D-DOMBION		
b						
С						
d						
<u>e</u>					<u> </u>	L
(e) Gross s	ales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>						
_ b	<del></del>			<del> </del>		
<u>c</u>				<del>                                     </del>		
<u>d</u>				ļ		
Complete	only for accets	showing gain in column (h) and owned	t by the foundation on 12/31/69		0	
(i) F M.V. as		(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any		Gains (Col. (h) g (k), but not less t Losses (from co	than -0-) or
						· · · · · · · · · · · · · · · · · · ·
b			<del></del>			<del></del>
c				<del> </del>		
d						<del></del>
e						
	net income or	(not conital lace)	gain, also enter in Part I, line 7 } (loss), enter -0- in Part I, line 7	2		-26,392.
3 Net short-ter	m capital gair	or (loss) as defined in sections 12				
		, line 8, column (c) (see pages 13 a				
		line 8		3		-34,956.
Part V Qu	ualification l	Under Section 4940(e) for Rec	fuced Tax on Net Investment i	ncome		
Was the founda	ation liable for	leave this part blank.  the section 4942 tax on the distrib not qualify under section 4940(e)		ase period	i? [	Yes X No
		ount in each column for each year,		efore mak	ing any entries	
(a)	)	(b)	(c)		(d)	
Base perk Calendar year (or ta		Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
200	)9	28,501.	222,627.			0.128021
200	08	32,250.	183,302.			0.175939
200	)7	30,750.	219,478.			0.140105
200	06	24,000.	222,236.			0.107993
200	)5	20,483.	183,730.		<del></del>	0.111484
2 Total of line	: 1, column (d)			2		0.663542
•		for the 5-year base period - divide dation has been in existence if less		3		0.132708
4 Enter the ne	et value of nor	ncharitable-use assets for 2010 from	m Part X, line 5	4		350,352.
5 Multiply line	e 4 by line 3			5		46,495.
6 Enter 1% of	f net investme	nt income (1% of Part I, line 27b)		6		175.
7 Add lines 5	and 6			7		46,670.
	ying distribution equal to or groups actions on page	ons from Part XII, line 4	n Part VI, line 1b, and complete t	8 hat part	using a 1% ta	20,811. x rate See the

Pai	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	tructi	ons)
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 ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3	349.
	here  and enter 1% of Part I, line 27b	-		
С	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-) 2			
3	Add lines 1 and 2		3	349.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		3	349.
6	Credits/Payments:			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 148.			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
c	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		1	148.
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		2	201.
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 ▶ 0 . Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1 a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			U
	Did the foundation file Form 1120-POL for this year?	_1 c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			ĺ
	(1) On the foundation >\$ (2) On foundation managers >\$			l
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. > \$			U
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			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			l .
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	_4b_		х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_ 5		
	If "Yes," attach the statement required by General Instruction T			ĺ
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		х	
_	conflict with the state law remain in the governing instrument?	_6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	_7		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	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		х	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	<u>8b</u>		<del> </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			x
	27)? If "Yes," complete Part XIV	9		<del>                                     </del>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			x
	names and addresses	_10		

Par	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	.11	<u> </u>	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			1
	August 17, 2008?	12	$\overline{}$	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	x	<u></u>
	Website address ►N/A			
14	The books are in care of ► KATHLEEN A. LOPPNOW Telephone no. ► (920)  Located at ► POST OFFICE BOX 128 BROWNSVILLE, WI ZIP+4 ► 53006	583-	3132	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here · · · · · · · · · · · · · · · · · ·			<b>▶</b> ∐
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authorit		- 1	No V
	over a bank, securities, or other financial account in a foreign country?		<u>-</u>	<u> </u>
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter	r		
Dor	the name of the foreign country   VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Far			\\\-	T <sub>N</sub>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Ye	No_
	During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No		i	
	(1) Engage in the sale of exchange, of leasing of property with a disquarties person.			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			İ
	the benefit or use of a disqualified person)?	ł		
	(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	}	ļ	
	termination of government service, if terminating within 90 days )	1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	. 1	,	<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			1
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	-	1	
	were not corrected before the first day of the tax year beginning in 2010?	. 19	<u>:</u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
	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?			
	If "Yes," list the years	ł	İ	
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	١,,		x
	all years listed, answer "No" and attach statement - see page 22 of the instructions.)	. 21	<del>'</del>	+
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1		
<b>3</b> -				
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
	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			1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2010.)	31		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?.			<u> </u>
		Form 5	990-PI	(2010)

Pa	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
	During the year did the foundation pay or incur any amou	int to				
-,-	(1) Carry on propaganda, or otherwise attempt to influe		4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public election	-				
	directly or indirectly, any voter registration drive?	,		Yes X No	, ] ]	
	(3) Provide a grant to an individual for travel, study, or other					
	(4) Provide a grant to an individual for date, study, or determined to the study, or determined to the study, or determined to the study, or determined to the study, or determined to the study, or determined to the study, or determined to the study, or determined to the study, or determined to the study, or determined to the study of the stu	• •				
	•			Yes X No		- 1
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			res No	'	
	(5) Provide for any purpose other than religious, charita	•		Yes X No		
	purposes, or for the prevention of cruelty to children of			. — —	'	
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans					
	Regulations section 53 4945 or in a current notice regard				5b	
	Organizations relying on a current notice regarding disas			▶ 🔲		ı
С	If the answer is "Yes" to question 5a(4), does the foundation	ation claim exemption	from the tax			
	because it maintained expenditure responsibility for the g			YesNo	<b>'</b>	İ
	If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d).			i i	- [
6 a	Did the foundation, during the year, receive any funds, of	lirectly or indirectly, to	pay premiums			
	on a personal benefit contract?				•	
b	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contrac	xt?	6b	X
	If "Yes" to 6b, file Form 8870.				i l	
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction? .	. Yes X No	,	
b	If "Yes," did the foundation receive any proceeds or have					
Pai	t VIII Information About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,	
1	and Contractors List all officers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of the instru	uctions).	
	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to	(e) Expense a	
	(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred compensation	other allow	ances
		I				
ΑT	TACHMENT 6		0.	0.		0
<b>-</b>						
2						
	Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc	luded on line 1 - se	e page 23 of the inst	ructions).	
	Compensation of five highest-paid employees (ot If none, enter "NONE."		luded on line 1 - se	(d) Contributions to		
		(b) Title, and average hours per week	(c) Compensation		(e) Expense a other allow	
	If none, enter "NONE."	(b) Title, and average		(d) Contributions to employee benefit	(e) Expense a	
	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense a	
(a	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense a other allow	

COLL	330411	2010)	12 1320213	Page i
Pa	rt VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	anagers, Highly Paid Employ	yees,
3	Five h	ighest-paid independent contractors for professional services (see page	ge 23 of the instructions). If no	one, enter "NONE."
		(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	1E			
			NONE	
~				
Tota	I numb	er of others receiving over \$50,000 for professional services	<u></u> ▶	NONE
Pa	t IX-A	Summary of Direct Charitable Activities		
		dation's four largest direct chantable activities during the tax year. Include relevant statistics and other beneficianes served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1	NONE			
•				
_			·	
2				
_				
3 _				
_				
_				<del></del>
4_				
_				
	4 17 5	O		
_	t IX-B	Summary of Program-Related Investments (see page 24 of the		Amount
	NONE	two largest program-related investments made by the foundation during the tax year on lines 1	ano 2	
١-	NONE.			
-			·	
2				
-				
	<del></del>	24 of the leadership of the le		

Pá	Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.)	ign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		<del></del>
	purposes		
а	Average monthly fair market value of securities	1a	341,865.
b	Average of monthly cash balances	1b	13,822.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d		1d	355,687.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets	2	0.
3	. Subtract line 2 from line 1d	3	355,687.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		<u></u>
		4	5,335.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	350,352.
6	Minimum investment return. Enter 5% of line 5	6	17,518.
Pá	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here  and do not complete this	ate operatin	9
1	Minimum investment return from Part X, line 6	1	17,518.
2 a			
b	Income tax for 2010 (This does not include the tax from Part VI.) 2b	1	
c	,	2c	349.
3	Add lines 2a and 2b  Distributable amount before adjustments. Subtract line 2c from line 1	3	17,169.
4	Recoveries of amounts treated as qualifying distributions		
5	• • • • • • • • • • • • • • • • • • • •	5	17,169.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	17,169.
_		<u> </u>	
Pa	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	20,811.
b		1b	0.
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	20,811.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	20,811.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	lculating w	hether the foundation

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				17,169.
2	Undistributed income, if any, as of the end of 2010				
	Enter amount for 2009 only			0.	
	Total for prior years 20 08 20 07 20 06	-	0.		
3	Excess distributions carryover, if any, to 2010				
а	From 2005				
	From 2006 14,038. From 2007 20,067. From 2008 23,276.				
	From 2007 20,067.				
d	From 2008				
е	From 2009				
f	Total of lines 3a through e	86,169.			
4	Qualifying distributions for 2010 from Part XII,				
	line 4: ▶ \$ 20,811.				
а	Applied to 2009, but not more than line 2a			0.	
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)	<u> </u>			17,169.
	Applied to 2010 distributable amount	3,642.			
е 5	Remaining amount distributed out of corpus  Excess distributions carryover applied to 2010				
,	(If an amount appears in column (d), the same				
_	amount must be shown in column (a) )				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	89,811.			
	Prior years' undistributed income Subtract				
U	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				
d	Subtract line 6c from line 6b. Taxable				
	amount - see page 27 of the instructions		0.		
е	Undistributed income for 2009. Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions			0.	
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be				0.
7	distributed in 2011	<u> </u>			
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	Excess distributions carryover from 2005 not	<del></del>			<del></del>
	applied on line 5 or line 7 (see page 27 of the instructions)	11,330.			
9	Excess distributions carryover to 2011.				
-	Subtract lines 7 and 8 from line 6a	78,481.			
10	Analysis of line 9				
	Excess from 2006				
b	Excess from 2007 20,067.				
С	Excess from 2008 23, 276.				
	Excess from 2009 17, 458.				
е	Excess from 2010 3, 642.				

Pá	art XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter that	at it is a private oper	ating	
•	foundation, and the rulin	g is effective for 2010, e	nter the date of the ruling	1		
b	Check box to indicate wh	ether the foundation is a	private operating foun	dation described in section	4942(	j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	ļ
	for the minimum investment return from Part X for each					
	year listed			<del> </del>	<u> </u>	<del> </del>
b	85% of line 2a	<u> </u>		·		
¢	Qualifying distributions from Part					
d	XII, line 4 for each year listed .  Amounts included in line 2c not					
ŭ	used directly for active conduct					
е	of exempt activities					
•	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	atternative test relied upon "Assets" alternative test - enter					
	(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 invest-					
	ment return shown in Part X,					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties loans (section 512(a)(5)),					
	or royalties) (2) Support from general					
	public and 5 or more	ļ			1	
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)			<del></del>		
	port from an exempt					
	organization					
Pa	rt XV Supplement	ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in assets
	at any time of	during the year - se	e page 28 of the ir	structions.)	<u> </u>	
1	Information Regarding					
а	List any managers of	the foundation who h	ave contributed mor	e than 2% of the tota	I contributions received	ed by the foundation
	before the close of any			more than \$5,000). (S	ee section 507 (a)(2).)	
		MICHELS, TRUSTE		· · · · · · · · · · · · · · · · · · ·		
b	List any managers of					large portion of the
	ownership of a partner	snip or other entity) of	which the foundatio	n has a 10% or greater	interest	
	N/A					
2	Information Regarding	g Contribution, Grant	. Gift, Loan, Scholars	hip, etc., Programs:		<del></del>
		•	,	to preselected charm	table organizations a	and does not accent
	unsolicited requests f					
	organizations under of	her conditions, comple	ete items 2a, b, c, and	i d.		
а	The name, address, a	**	of the person to who	m applications should b	e addressed.	
b	ATTACHME The form in which app		omitted and informati	on and materials they	should include	
	АТТАСНМЕ	7NT 8				
	Any submission deadle					
	DICTATED R	Y WILLIAM T. DV	YER HIGH SCHO	OL.		
d	Any restrictions or lift factors			<del></del>	ble fields, kinds of	institutions, or other
	ATTACHME	ENT 9				

Form 990-PF (2010)			72-1528213	Page 11
Part XV Supplementary Information	n (continued)			
'3 Grants and Contributions Paid Du	ring the Year or App	roved for F	Future Payment	
Recipient	If recipient is an individual,	Foundation status of		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid dunng the year	0, 000,000,000,000	<u> </u>		
<b>3 ,</b>				
ATTACHMENT 10				
			ľ	1
		-		
			1	
			<u> </u>	20,000
Total	· · · · · · · · · · · · · · · · · · ·	<del></del>	<u>▶ 3a</u>	20,000.
<b>b</b> Approved for future payment				
•				
				1
		ŀ	1	
		}		
Total				
				•

Enter gross amounts unless otherwise indicated.	Unrel	ated business income	Excluded by	y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b)	(c) Exclusion code	(d)	(e) Related or exempt function income (See page 28 of the instructions)
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					<u>.</u>
3 Interest on savings and temporary cash investments			14	2.	
4 Dividends and interest from securities			14	18,350.	·
5 Net rental income or (loss) from real estate:			<u> </u>		<del></del>
a Debt-financed property			ļ		····
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			10	26 202	
8 Gain or (loss) from sales of assets other than inventory			18	-26,392.	
9 Net income or (loss) from special events			<del> </del>		
O Gross profit or (loss) from sales of inventory			<del> </del>		<del> </del>
1 Other revenue: a			01	750.	
b OTHER INCOME			101	750.	
c					
d					
e			<del>                                     </del>	-7,290.	
2 Subtotal. Add columns (b), (d), and (e)					
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions on page 29 to					.,,,,,
Line No. Explain below how each activity accomplishment of the foundation instructions.)					
				<del>_</del>	
					<del></del>
			·	· · · · · · · · · · · · · · · · · · ·	· ·
				_ <del></del>	
		<del></del>			<del></del>
				·	<del>-</del>
		<u></u>			
				<del></del>	

Part XVII

m 990-PF	<del>-</del> (2010)						72-152821	3		Pa	ge 13
art XVI		•	rans	fers To and	Transa	ctions	and Relation	onships With I	Nonc	harit	able
ın se	the organization directly ection 501(c) of the Constantions?									Yes	No
•	sfers from the reporting for	oundation to a ne	onchar	itable exempt orgai	nization of						
	Cash								1a(1)		Х
(2) 0	Other assets	<b></b> .							1a(2)	igsquare	X
Other	r transactions:										
	Sales of assets to a nonch										<u> </u>
	Purchases of assets from			-					1 1		X
	Rental of facilities, equipm									<del> </del>	X
	Reimbursement arrangeme										<u>x</u>
	oans or loan guarantees								1 1		$\frac{\Lambda}{X}$
	Performance of services or ling of facilities, equipment	•		_							X
	e answer to any of t	. •			-					fair n	narke
	of the goods, other										
	in any transaction or		_	•							
ine no	(b) Amount involved			table exempt organi				rs, transactions, and sha			
	N/A					N/A					
							<del></del>				
		ļ <u>.</u>									
		ļ <u> </u>						<del> </del>			
					-						
		·						<del></del>			
		<del></del>			<del></del>		<del></del>				
<del></del>		<del></del>						····			
	<u> </u>										
	<del></del>						-				
descr	te foundation directly ribed in section 501(c) of test," complete the following	the Code (other t						organizations	Ye	;s	No
	(a) Name of organization			(b) Type of org	anization		(0	) Description of relations	ship		
							<u>.</u>				
				<del>.</del>							
1115	nder penalties of perjury, i_de	alore that I have	0.40.00100	od this sotum, include	ding accomi	anuna sci	hadular and states	nente and to the hest	of my k	nowled	76 200
n bei	lief, it is true, correct, and con	nplete Declaration	of prepa	arer (other than taxp	ayer or fiduc	ary) is bas	ed on all informati	on of which preparer has	any kno	owledge	;
- 1	CTOM:	1/			7	19.1	<i>"</i> 1	rustoo			
re 🕨	Signature of officer or truster		•		Date		<b>/</b> → T <sub>111</sub>				
	Print/Type preparer's		P	reparer's signature			Date	<u> </u>	PTIN		
•	1 1 1 /	1		10.0	00	_	1 /	Check	Dr.	\ ~ ·	a
d	Will Last	onse		Xilly	KoeKE	Rec_	0/27/	// self-employed	MX	157	194
pare	r Firm's name ► GR	ANT THORN	TON A	LZ P		0	-	Firm's EIN ▶			
e Only							-				
•		APPLET		WI		54	1912-1097	Phone no 920-9	68-6	700	
						·			orm 99	0-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

STEVEN B MICHEIS	CHARITABLE FOUNDATION		Employer Identification number
	JAARITABLE FOUNDATION	· · · · · · · · · · · · · · · · · · ·	72-1528213
Organization type (check on	e)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not trea	ited as a private fou	ndation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated	as a private foundat	ion
	501(c)(3) taxable private foundation		
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the C	General Rule and a S	Special Rule See
-	n filing Form 990, 990-EZ, or 990-PF that received, during one contributor. Complete Parts I and II.	g the year, \$5,000 o	or more (in money or
Special Rules			
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the and 170(b)(1)(A)(vi), and received from any one contribution or (2) 2% of the amount on (i) Form 990, Part VIII, line	utor, during the year	, a contribution of the
the year, aggregat	c)(7), (8), or (10) organization filing Form 990 or 990-EZ te contributions of more than \$1,000 for use <i>exclusively</i> for ses, or the prevention of cruelty to children or animals. Co	r religious, charitabl	e, scientific, literary, or
the year, contributi aggregate to more year for an exclusiv applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ ions for use exclusively for religious, charitable, etc., purpose than \$1,000. If this box is checked, enter here the total covely religious, charitable, etc., purpose. Do not complete a anization because it received nonexclusively religious, charitable.	oses, but these con contributions that w any of the parts unles aritable, etc, contrit	tributions did not ere received during the ss the <b>General Rule</b> outions of \$5,000 or more
990-EZ, or 990-PF), but it mu	t is not covered by the General Rule and/or the Special Rust answer "No" on Part IV, line 2 of its Form 990, or checertify that it does not meet the filing requirements of Sci	ck the box on line H	of its Form 990-EZ, or on
<del></del>	ce, see the Instructions for Form 990, 990-EZ, or 990-PF		B (Form 990, 990-EZ, or 990-PF) (2010)

	B (Form 990, 990-EZ, or 990-PF) (2010)  rganization STEVEN R. MICHELS CHARITABLE FOUNDA	Page of of Part Employer identification number 72-1528213		
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
<sup>1</sup> -	STEVEN R. MICHELS  2607 WESTERN AVENUE UNIT 1205  SEATTLE, WA 98121	\$ <u>5,000.</u>	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	
		-   -   \$ -	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	

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

Person Payroli Noncash

Person Payroll Noncash

Person Payroll Noncash

(Complete Part II if there is a noncash contribution.)

(d) Type of contribution

(Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is

(a)

No.

(a)

No.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(c)

Aggregate contributions

(c)

Aggregate contributions

STEVEN R. MICHELS CHARITABLE FOUNDATION
FORM 990-PF - PART IV

Kind of Property	SAINS AND L		cription		D D	Data	Date sold
Gross sale Depreciation price less allowed/ expenses of sale allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TAL GAIN DI				791.	
	· ·	SHS BP PLC			P	09/16/2009	06/07/201
73,941.	110,273.	YPE: SECURI	TIES			-36,332.	
	700.0000 S	HS ORACLE YPE: SECURI	TTES		D	08/25/2009	07/27/201
16,937.	15,561.	III. OBCONI	1150			1,376.	
		HS ABRAXIS I			P	12/20/2006	10/19/20:
19,615.	11,867.	IFE. SECORI	1123			7,748.	
25.	CASH IN LI	EU				25.	
TAL GAIN(LOSS)		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • •		<u>-26,392.</u>	

## ATTACHMENT 1

## - INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

STEVEN R. MICHELS CHARITABLE FOUNDATION

NET INVESTMENT INCOME	2.	2.
REVENUE AND EXPENSES PER BOOKS	2.	2.
	,	TOTAL
NOTE	FARGO	
DESCRIPTION	WELLS FARGO	

MIC52

### ATTACHMENT 2

## - DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PE,

STEVEN R. MICHELS CHARITABLE FOUNDATION

NET INVESTMENT INCOME	14,098. 4,252.	18,350.
REVENUE AND EXPENSES PER BOOKS	14,098.	18,350.
		TOTAL
DESCRIPTION	OPPENHEIMER WELLS FARGO	

FORM 990PF, PART I - OTHER INCOME

RETURNED TUITION GRANT FROM 2009

DESCRIPTION

REVENUE AND EXPENSES PER BOOKS 750.

TOTALS

750.

PAGE 20

EXPENSE	
INTEREST	
н Н	
PART	
990PF,	
FORM	

NET INVESTMENT INCOME	81.	81.
REVENUE AND EXPENSES PER BOOKS	81.	81.
DESCRIPTION	· WELLS FARGO INTEREST CHARGED	TOTALS

### - CORPORATE STOCK PART II FORM 990PF,

ENDING <u>FMV</u>	79,772. 288,992.	368,764.
ENDING BOOK VALUE	73,424. 276,801.	350,225.
BEGINNING BOOK VALUE	60,757. 327,470.	388,227.
		TOTALS
DESCRIPTION	OPPENHEIMER FUNDS WELLS FARGO	

TRUSTEES
AND
DIRECTORS,
OF OFFICERS,
OF.
· LIST 0
VIII .
PART VIII
DRM 990PF,
H H

EXPENSE ACCT AND OTHER ALLOWANCES	.0	· o	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	.0	0
COMPENSATION	.0	o	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.00	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	STEVEN R. MICHELS 2607 WESTERN AVENUE, UNIT 1205 . SEATTLE, WA 98121	. JEANETTE JEFFCOTT 6674 LAKELAND COURT JUPITER, FL 33458	

MIC52

### FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

WILLIAM T. DWYER HIGH SCHOOL 13601 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33418 561-625-7800

### 990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

APPLICATIONS AVAILABLE FROM WILLIAM T. DWYER HIGH SCHOOL. 13601 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33418 (561) 625-7800

### 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

- 1. RESTRICTED TO GRADUATING SENIORS OF WILLIAM T. DWYER HIGH SCHOOL.
- 2. APPLICANT MUST ENROLL IN A COLLEGE OR UNIVERSITY WITHIN ONE YEAR FROM THE DATE GRANT IS AWARDED.
- 3. APPLICANT MUST MAINTAIN GOOD ACADEMIC STANDING WITH THE COLLEGE OR UNIVERSITY (NO LOWER THAN A "C" AVERAGE).
- 4. APPLICANT MUST ADHERE TO THE COLLEGE OR UNIVERSITY'S CODE OF CONDUCT.
- 5. APPLICANT MUST MEET THE COLLEGE OR UNIVERSITY'S STANDARDS OF ACADEMIC PROGRESS FOR DEGREE SEEKING STUDENTS.

# FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
Allin demonda offer a debring	anon	RICK HIRRARD MEMORIAL	2.500.
13601 N MILITARY TRAIL	501(C)(3)		
PALM BEACH GARDENS, FL 33418			
SOPHIA ALTENOR	NONE	GROUCHER COLLEGE TUITION EXPENSES	1,500.
2562 GARDENS PARKWAY	N/A		
PALM BEACH GARDENS, FL 33410			
SAMANTHA BUCKLEY	NONE	UNIVERSITY OF FLORIDA COLLEGE TUTTION EXPENSES	1,500.
6118 POMPANO ST	N/A		
JUPITER, FL 33458			
REBEKAH'S ROUNDUP - JUVENILE DIABETES RESEARCH FUN	SNON	GENERAL BUDGET	5,000.
NEW YORK, NY	501C(3)		
NEW YORK, NY 10001			
GLEN A HILL MEMORIAL F/B/O HELEN J STEWART SCHOOL	NONE	GENERAL BUDGET	5,000.
2375 E. VIKING	501C(3)		
LAS VEGAS, NV 89169			
BRANDON BINSTEAD	NONE	USF COLLEGE TUITION EXPENSES	1,500.
. 15324 78TH PLACE NORTH	N/A		
LOXAHATCHEE, FL 33470			

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ATTACHMENT 10 (CONT'D)

# FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  AND  FOUNDATION STATUS OF RECIPIENT  PURPOSE OF GRANT OR CONTRIBUTION  AMOUNT	NONE UNIVERSITY OF FLORIDA COLLEGE TUITION EXPENSES 1,500.	NONE UNIVERSITY OF ALABAMA COLLEGE TUITION EXPENSES 1,500.
RELATIONSHIP RECIPIENT NAME AND ADDRESS FOUNDATI	TONI-ANN MILLER 811 UNIVERSITY BLVD., APT 101 N/A JUPITER, FL 33458	PROGER ROZANSKI UNIVERSITY OF ALABAMA IUSCALOOSA, AL 35487

20,000. TOTAL CONTRIBUTIONS PAID

PAGE 27 ATTACHMENT 10

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### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss  Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back	Name of estate or trust Employer identificat						ication		
Short-Term Capital Gains and Losses - Assets Hold One Year or Less   Good Sales price   Good Sales   Good						72~1528	213_		
Column   C	Note	<del></del>							
Example 100 shares 7s, preferred of 72° Co)   (a) days, prox   (b) Sales prox   (c) Sales	Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less	· · · · · · · · · · · · · · · · · · ·		<del></del>	
b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b							the entire year		
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	1a								
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824		<del></del>							
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824									
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824									
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824							_		
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824							1		
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back.  5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back.  5 -34, 956.  7-34, 956.  8 Net short-term gain or (loss) from partnerships (b) Date acquired (mo . day, yr) (d) Sales price (e) Cost or other basis (see instituctions) (for the entire year Subtract (e) from (d))  8 Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b.  9 Enter the long-term gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  9 Capital gain distributions  9 791.  10 Gain from Form 4797, Part I  11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back  12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back  12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back  12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back	b	Enter the short-term gain or (loss), if any, fi	rom Schedule D	-1, line 1b			1b	-34,956.	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet  Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back.  Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year  (a) Description of property (Example 100 shares 7% preferred of *2" Co)  (b) Date acquired (c) Date sold (mo. day, yr) (mo. day, yr) (mo. day, yr) (d) Sales pnce (e) Cost or other basis (see matrictions) (see matrictions) (see matrictions) (f) Gain or (loss) for the entire year Subtract (e) from (d) (mo. day, yr) (b) Date acquired (c) Date sold (mo. day, yr) (mo. day, yr) (mo. day, yr) (mo. day, yr) (d) Sales pnce (e) Cost or other basis (f) Gain or (loss) for the entire year Subtract (e) from (d)  b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b.  7,773.  Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  8  Capital gain distributions  9 791.  Gain from Form 4797, Part I  Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back  28, 994.	2	Short-term capital gain or (loss) from Form	ıs 4684, 6252,	6781, and 882	4		2		
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet  Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back.  Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year  (a) Description of property (Example 100 shares 7% preferred of *2" Co)  (b) Date acquired (c) Date sody (d) Sales price (d) Sales price (e) Cost or other basis (see midructions)  (e) Cost or other basis (see midructions)  (e) Cost or other basis (see midructions)  (e) Cost or other basis (see midructions)  (b) Date acquired (c) Date sody (d) Sales price (e) Cost or other basis (see midructions)  (e) Cost or other basis (see midructions)  (e) Cost or other basis (see midructions)  (e) Cost or other basis (see midructions)  (e) Cost or other basis (see midructions)  (e) Cost or other basis (see midructions)  (e) Cost or other basis (see midructions)  (e) Cost or other basis (see midructions)  (f) Gain or (loss) from plant (see) for the enter year (see midructions)  (e) Cost or other basis (see midructions)  (f) Gain or (loss) from (loss) from Schedule D-1, line 6b.  7,773.  Long-term capital gain or (loss), if any, from Schedule D-1, line 6b.  8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  8 Part II Long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  9 Capital gain distributions  9 791.  10 Gain from Form 4797, Part I  10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss  Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back  11 (	3	Net short-term gain or (loss) from partners	hips, S corporat	tions, and other	estates or trusts		3		
Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13,    Column (3) on the back.   Solution   Sol	4	4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss						( )	
Long-Term Capital Gains and Losses - Assets Held More Than One Year  (a) Description of property (Example 100 shares 7% preferred of *2" Co) (b) Date acquired (mo, day, yr) (c) Date solid (mo, day, yr) (d) Sales price (e) Cost or other basis (see instructions) (f) Gain or (loss) for the entire year Subtract (e) from (d)  b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b  7,773.  Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  7  8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  8  9 Capital gain distributions  9 791.  10 Gain from Form 4797, Part I  Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  10 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back  11 (	5	5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13,						34.056	
the entire year (see miructions)  the entire year (see miructions)  the entire year (see miructions)  the entire year (see miructions)  the entire year (see miructions)  the entire year (see miructions)  the entire year (see miructions)  the entire year (see miructions)  the entire year (subtract (e) from (d)  b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b.  6b 7,773.  The Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  7 Long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  9 Capital gain distributions  9 791.  10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  11 ( )  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back  12 28, 994.	Par					<u></u>	5	-34,956.	
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b.  7,773. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts  9 Capital gain distributions  9 791. Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  10 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.		(a) Description of property (b) Date acquired (c) Date sold (d) Sales price (e) Cost or other						the entire year	
Tong-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  Net long-term gain or (loss) from partnerships, S corporations, and other-estates or trusts  Capital gain distributions  Gain from Form 4797, Part I  Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.	6a								
Tong-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  Net long-term gain or (loss) from partnerships, S corporations, and other-estates or trusts  Capital gain distributions  Gain from Form 4797, Part I  Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.									
Tong-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  Net long-term gain or (loss) from partnerships, S corporations, and other-estates or trusts  Capital gain distributions  Gain from Form 4797, Part I  Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.									
Tong-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  Net long-term gain or (loss) from partnerships, S corporations, and other-estates or trusts  Capital gain distributions  Gain from Form 4797, Part I  Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.									
Tong-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  Net long-term gain or (loss) from partnerships, S corporations, and other-estates or trusts  Capital gain distributions  Gain from Form 4797, Part I  Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.									
Tong-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824  Net long-term gain or (loss) from partnerships, S corporations, and other-estates or trusts  Capital gain distributions  Gain from Form 4797, Part I  Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.							Γ		
8 Net long-term gain or (loss) from partnerships, S corporations, and other-estates or trusts  9 Capital gain distributions  10 Gain from Form 4797, Part I  10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  11 ( )  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.	b	<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b						7,773.	
9 Capital gain distributions	7	7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7		
Gain from Form 4797, Part I Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back.  10  11  12  28,994.	8	8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8		
Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss  Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,  column (3) on the back  28,994.	9	9 Capital gain distributions					9	791.	
Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss  Carryover Worksheet  Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a,  column (3) on the back  28,994.	10	Gain from Form 4797, Part I					10		
Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back	11	Long-term capital loss carryover Enter the	amount, if any	, from line 14 c	of the 2009 Capital Los	s	11	( )	
Column (c) on the book	12	Net long-term gain or (loss). Combine lines	s 6a through 11	ın column (f)	Enter here and on line	e 14a,		20 004	
	For F				<u> </u>			<del></del>	

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Sche	dule D (Form 1041) 2010			Page 2
_	Summary of Parts I and II  Caution: Read the instructions before completing this part.	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss) 13	(650 mon /		-34,956.
14	Net long-term gain or (loss):			
а	Total for year			28,994.
b				
С	28% rate gain 14c			
15	Total net gain or (loss). Combine lines 13 and 14a ▶ 15			-5,962.
to P	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-7 art V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete Part IV ar	T, Part I, line 4a) If line and the Capital Loss Can	s 14a and 15, colun yover Worksheet, a	nn (2), are net gains, go as necessary
Pa	t IV Capital Loss Limitation			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line			
a Not	The loss on line 15, column (3) or b \$3,000		16 (	3,000:
Can	over Worksheet on page 7 of the instructions to figure your capital loss carryover.	22 (OF FORM 990-1, III	e 34), is a loss, co	implete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates			
	n 1041 filers. Complete this part only if both lines 14a and 15 in column (2)		ount is entered i	n Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than			
	tion: Skıp this part and complete the worksheet on page 8 of the instructions if ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.			
of F	n 990-T trusts. Complete this part only if both lines 14a and 15 are gains orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and our line 14b, col. (2) or line 14c, col. (2) is more than zero.	, or qualified divide complete the works	nds are included heet on page 8	d in income in Part I of the instructions if
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2)			
	but not less than zero	_		
19	Enter the estate's or trust's qualified dividends		] [	
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T). 19	-		
20	Add lines 18 and 19 20	-		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0 > 21			
22	Subtract line 21 from line 20. If zero or less, enter -0-			
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	<del></del>	
24	Enter the smaller of the amount on line 17 or \$2,300	. 24		
25	Is the amount on line 23 equal to or more than the amount on line 24?			
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.			
	No. Enter the amount from line 23			
26	Subtract line 25 from line 24	. 26	<del></del>	
27	Are the amounts on lines 22 and 26 the same?	] 27		
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	. 28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (.15)	• • • • • • • • • • • • • • • • • • • •	30	
31	Figure the tax on the amount on line 23. Use the 2010 Tax Rate Sche	dule for Estates and	• • • • • • • • • • • • • • • • • • • •	

Schedule D (Form 1041) 2010

32

33

(see the Schedule Ginstructions in the instructions for Form 1041)......

Figure the tax on the amount on line 17 Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions in the instructions for Form 1041).............

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

32 Add lines 30 and 31 . . . . . . . . . . . . .

### SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

### Continuation Sheet for Schedule D (Form 1041)

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2010

Name of estate or trust

Employer identification number

STEVEN R. MICHELS CHARITABLE FOUNDATION 72-1528213 Short-Term Capital Gains and Losses - Assets Held One Year or Less (d) Sales price (see page 4 of the (e) Cost or other basis (c) Date sold (b) Date (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co ) (see page 4 of the acquired (mo, day, yr) instructions) instructions) (mo , day, yr ) 1a 2000.0000 SHS BP PLC SPON ADR 09/16/2009 06/07/2010 73,941. 110,273. -36,332. 08/25/2009 07/27/2010 16,937. 15,561. 700.0000 SHS ORACLE 1,376.

-34,956.

Schedule D-1 (Form 1041) 2010

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . .

Page 2 Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side **Employer Identification number** Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (b) Date (e) Cost or other basis (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (mo , day, yr ) (f) Gain or (loss) Subtract (e) from (d) (see page 4 of the instructions) acquired (mo , day, yr ) 6a 250.0000 SHS ABRAXIS BIOSCIENC 12/20/2006 10/19/2010 19,615. 11,867. 7,748. CASH IN LIEU 25. 25.

JSA 0F1222 1 000 Schedule D-1 (Form 1041) 2010

7,773.

### Form **8868**

(Rev January 2011)

Department of the Treasury

### Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Revenue				oplication for each return.		
• If you are	filing for an	Automatic 3-Month Extension, o	omplete o	only Part I and check this box		► X
				sion, complete only Part II (on page		
-	•	•		tomatic 3-month extension on a pre	•	<b>3.</b>
Electronic fi	ling (e-file).	You can electronically file Form to	3868 if yo	u need a 3-month automatic extens	sion of time to file (6 i	months for
				tomatic) 3-month extension of time.		
8868 to req	uest an ext	ension of time to file any of the	forms liste	d in Part I or Part II with the excep	ption of Form 8870, In	nformation
				Contracts, which must be sent to		
instructions).	. For more o	letails on the electronic filing of th	is form, vis	sit www.irs.gov/efile and click on e-fi	le for Charities & Nonp	profits.
Part   Au	tomatic 3-	Month Extension of Time. On	ly submit	original (no copies needed).		
A corporation	n required t	o file Form 990-T and requesting	an automa	atic 6-month extension - check this t	ox and complete	
Part I only .			<i>.</i>			▶ 🔼
All other cor	porations (i	ncluding 1120-C filers), partnersh	ips, REMIC	s, and trusts must use Form 7004 to	request an extension o	f time
to file incom	e tax returns	·			· -	
Type or	Name of ex	empt organization			Employer Identification	number
print	STEVEN	R. MICHELS CHARITABLE	FOUNDA	TION	72-1528213	
File by the	Number, sti	reet, and room or suite no. If a P.O. box	ς see Instruc	ctions. C/O KATHLEEN A. LOP	PNOW	
due date for	P.O. BO	OX 128				
filing your		or post office, state, and ZIP code, For	a foreign ad	dress, see instructions.	<del></del>	
retum See Instructions.	]	/ILLE, WI 53006	-			
	1		<del></del>			
Enter the Re	turn code fo	or the return that this application i	s for (file a	separate application for each return	)	0 4
Application	···		Return	Application		Return
ls For			Code	is For		Code
Form 990			01	Form 990-T (corporation)	~	07
Form 990-BL			02	Form 1041-A		08
Form 990-E2			03	Form 4720		09
Form 990-PF			04	Form 5227		10
		) == 400(a) (====t)	05	Form 6069		11
		) or 408(a) trust)				12
Form 990-T	(trust otner	tnan above)	06	Form 8870		
<ul> <li>The books</li> </ul>	s are in the o	care of KATHLEEN A. LO	PPNOW			
		920 583-3132		FAX No. ▶		
				the United States, check this box ,		▶ 🔝
				oup Exemption Number (GEN)		s is
for the whole	group, che	eck this box ▶ 🔃 . If	it is for pa	art of the group, check this box	▶ L and atta	ach
		d EINs of all members the extensi			·	
1   reque	st an autom			equired to file Form 990-T) extension		
until		08/15_, 20_11, to file the	exempt org	ganization return for the organization	า named above. The ex	dension is
		n's return for:				
► X	calendar ye	ar 20 <u>10</u> or				
▶ 🗍	tax year be	ginning	, 20	, and ending	, 20	
2 If the ta	x year ente	red in line 1 is for less than 12 m	onths, chec	ck reason: Initial return	Final return	
[·		counting period		<del></del>		
	<b>-</b>	, and a second part of the secon				
3a If this	application	is for Form 990-BL, 990-PF, 99	0-T. 4720	, or 6069, enter the tentative tax	less anv	
	•	dits. See instructions.			3a \$	148.
			4720 or	6069, enter any refundable cr	edits and	
		nents made. Include any prior yea			3b \$	148.
o Polono	Dua Subt	ract line 3h from tine 3a Include	vour navm	ent with this form, if required, by us		
				ioni with this form, it required, by us	l i	0.
		Tax Payment System). See instruc		with this Com 0000 C	3c \$	
_	_	ig to make an electronic fund v	vitnarawai	with this Form 8868, see Form 8	400-EU and Form 88	# a~⊏O TO!
payment inst						
For Paperwor	k Reduction	Act Notice, see Instructions.			Form <b>8868</b> (	(Rev 1-2011)