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990-PF

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

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

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service

For calendar year 2010, or tax year beginning 04/01/10, and ending 03/31/11 Final return Initial return of a former public charity Initial return G Check all that apply Address change Name change Amended return A Employer identification number Name of foundation 36-3677275 DOROTHY & KENNETH HEISLER FOUNDATION Telephone number (see page 10 of the instructions) 847-420-4560 Number and street (or P O box number if mail is not delivered to street address) Room/suite 8916 CHAMPION HILLS DR. C If exemption application is pending, check here 1. Foreign organizations, check here City or town, state, and ZIP code NC 28411 WILMINGTON 2 Foreign organizations meeting the 85% test, check here and attach computation 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 under section 507(b)(1)(A), check here Cash X Accrual J Accounting method I Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col (c), under section 507(b)(1)(B), check here 656,533 (Part I, column (d) must be on cash basis) line 16) ◆ \$ (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and Part I expenses per (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal income purposes books income the amounts in column (a) (see page 11 of the instructions)) (cash basis only) 100,000 Contributions, gifts, grants, etc , received (attach schedule) Check ◆ I if the foundation is **not** required to attach Sch B 10 9,852 9,852 Interest on savings and temporary cash investments **~**→ Dividends and interest from securities Gross rents 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns & allowances 10a Less Cost of goods sold b Gross profit or (loss) (attach schedule) C Other income (attach schedule) 11 109,852 9,852 0 12 Total, Add lines 1 through 11 Compensation of officers, directors, trustees, etc 13 Operating and Administrative Expenses Other employee salaries and wages 14 15 Pension plans, employee benefits Legal fees (attach schedule) 16a STMT 1 1,320 Accounting fees (attach schedule) Other professional fees (attach schedule) 18 Taxes (attach schedule) (see page 14 of the instructions) S NOV 0 8 2011 19 Depreciation (attach schedule) and depletion 20 Occupancy Travel, conferences, and meetings GOEN. U 22 Printing and publications 290 STMT 2 Other expenses (att sch) Total operating and administrative expenses. 1,610 0 Add lines 13 through 23 31,400 31,400 25 Contributions, gifts, grants paid 0 0 31,400 33,010 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 27 76,842 Excess of revenue over expenses and disbursements 9,852 Net investment income (if negative, enter -0-) ol Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2010)

Fo	rm 990	-PF(2010) DOROTHY & KENNETH HEISLER FOUNDAT	ION 36-367727	5	Page 2
		Attack of the description of the description deligner	Beginning of year	End of	уеаг
ŀ	Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Т	1	Cash—non-interest-bearing	573,339	653,675	653,675
	2	Savings and temporary cash investments			
	3	Accounts receivable ◆			
	•	Less allowance for doubtful accounts ◆			
	4	Pledges receivable ◆			
	•	Less allowance for doubtful accounts ◆			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ŭ	disqualified persons (attach schedule) (see page 15 of the			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
- 1	′	Less allowance for doubtful accounts •		1	
S	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
SS	9	Investments—U.S. and state government obligations (attach schedule)			
٩	10a	Investments—corporate stock (attach schedule)			
	b				
	C	Investments—corporate bonds (attach schedule)			
-	11	Investments—land, buildings, and equipment basis ◆	1		
	4.0	Less accumulated depreciation (attach sch.) ◆			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			······································
	14	Land, buildings, and equipment basis ◆	1		
İ		Less accumulated depreciation (attach sch.) Other assets (describe SEE STATEMENT 3	6,352	2,858	2,858
	15	Office assets (accounts 4	0,332		
	16	Total assets (to be completed by all filers—see the	579,691	656,533	656,533
4		instructions Also, see page 1, item I)	373,032	030,333	000,000
	17	Accounts payable and accrued expenses			
Š	18	Grants payable			
Liabilities	19	Deferred revenue		· 	
bil	20	Loans from officers, directors, trustees, and other disqualified persons			
-ia	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ◆)	0	
_	_23	Total liabilities (add lines 17 through 22)	- 		
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
m	26	Permanently restricted			
h		Foundations that do not follow SFAS 117, check here ◆ X			
F		and complete lines 27 through 31.			
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund	F70 601	656 522	
Se	29	Retained earnings, accumulated income, endowment, or other funds	579,691	656,533	
Ą	30	Total net assets or fund balances (see page 17 of the	570 601	CEC E22	
<u>e</u> t		instructions)	579,691	656,533	
Z	31	Total liabilities and net assets/fund balances (see page 17	570 601	CEC 533	
_	<u> </u>	of the instructions)	579,691	656,533	
	Part				""
1		I net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus	st agree with		E70 601
		of-year figure reported on prior year's return)		1	579,691
2	2 Ente	r amount from Part I, line 27a		2	76,842
;		er increases not included in line 2 (itemize)		3	656 533
4		lines 1, 2, and 3		4	656,533
;		reases not included in line 2 (itemize) ◆		5	CEC 533
_(Tota	I net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	656,533
					Form 990-PF (2010)

45,091 31,400

7

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18

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7 Add lines 5 and 6

	1990-PF (2010) DOROTHI & RENNETH HEISLER FOUNDATION 36-36/72/3				Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	structions	3)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	_ 1			197
	here ♦ and enter 1% of Part I, line 27b	ł			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)	ĺ			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0
3	Add lines 1 and 2	3			197
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			197
6	Credits/Payments	}			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a				
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)	ļ			
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ◆	9			<u> 197</u>
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
1	Enter the amount of line 10 to be Credited to 2011 estimated tax ◆ Refunded ◆	11			
<u>Pa</u>	nt 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			Yes	No
	participate or intervene in any political campaign?		1a	Ь	X
b	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	1	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1		ļ
	published or distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c	ļ	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				Ī
	(1) On the foundation ◆ \$ (2) On foundation managers ◆ \$	_			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		j		
	on foundation managers • \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	<u> </u>	X
	If "Yes," attach a detailed description of the activities		ĺ		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		-		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_	<u> </u>	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b	<u> </u>	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	<u> </u>	X
	If "Yes," attach the statement required by General Instruction T		ł		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		-		
	By language in the governing instrument, or		- [ĺ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				_
	instructions) ♦ IL		i		ł
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	N/A	8b		<u></u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or]
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV		9	<u> </u>	X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses STMT		10	X	<u></u>
1	0/31 INT 2 FTP 2 TOT	201	Form 99	n-PF	(2010)

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	1990-PF (2010) DOROTHY & KENNETH HEISLER FOUND					Page b
Pa	art VII-B Statements Regarding Activities for Which Form	4720 May Be R	equired (cont	inued)	······································	
5a	During the year did the foundation pay or incur any amount to					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 49			Yes X No	1	†^
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,	[(==		
	directly or indirectly, any voter registration drive?			Yes X No		İ
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization de			(==)		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instru	ctions)		Yes X No		1
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or e	ducational	<u>_</u>	=		
	purposes, or for the prevention of cruelty to children or animals?			Yes X No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under	the exceptions desc	cribed in	1-	.	
	Regulations section 53 4945 or in a current notice regarding disaster assistance (s		nstructions)?	N/A	_5b	
	Organizations relying on a current notice regarding disaster assistance check here			•		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax	/- 🗀			•
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes 💹 No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)					
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums				ŀ
	on a personal benefit contract?			Yes X No	:	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	onal benefit contract	?		6b	<u> </u>
	If "Yes" to 6b, file Form 8870			reen l	. [
	At any time during the tax year, was the foundation a party to a prohibited tax shell			Yes X No		
b	If Yes, did the foundation receive any proceeds or have any net income attributable			N/A	7b	
Pa	art VIII Information About Officers, Directors, Trustees, Fo	undation Mana	gers, Highly I	Paid Employe	es,	
	and Contractors	 		<u> </u>		
<u> </u>	ist all officers, directors, trustees, foundation managers and their compensat	tion (see page 22 o	f the instructions		Γ	
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Eyn	ense account,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances
				compensation	ļ	
KE	NNETH M HEISLER WILMINGTON	TRUSTEE/MNGR				
89	16 CHAMPION HILLS DR. NC 28411	15.00	o			0
		ļ				
		<u> </u>	<u> </u>	<u> </u>	L	
2	Compensation of five highest-paid employees (other than those included on	line 1 — see page	23 of the instruc	tions).		
	If none, enter "NONE."	Т	1		т	
		(b) Title, and average		(d) Contributions to employee benefit	(e) Exo	ense account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
				compensation	ļ	
NC	NE .					
		 		 		
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		 	<u> </u>	 	 	
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		 		ļ <u>.</u>		
			l	L	ــــــ	
ota	I number of other employees paid over \$50,000			<u></u>		0
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	10) DOROTHY & KENNETH HEISLER FOUNDATION		Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundational Contractors (continued)	ion Managers, Highly Paid Emp	loyees,
3 Five Higher	st-paid independent contractors for professional services (see page 23 or	f the instructions). If none, enter "NONE	"
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		Į.	
Total number of o	others receiving over \$50,000 for professional services		• 0
Part IX-A	Summary of Direct Charitable Activities		
List the foundation	i's four largest direct charitable activities during the tax year. Include relevant statistical info	rmation such as the number of	_
_ <u></u>	other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A			
2			
			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 24	f of the instructions)	
	argest program-related investments made by the foundation during the tax year on lines 1 a	and 2	Amount
1 N/A			
2			
All other program-	related investments. See page 24 of the instructions		
•			

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•

Total. Add lines 1 through 3

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

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400

<u>5</u>

1,241

С

d

Excess from 2008 Excess from 2009

Excess from 2010

DAA

Pa	rt XIV Private Operating For	indations (see pa	ige 27 of the instr	uctions and Part \	/II-A, question 9)	N/A		
1a								
	foundation, and the ruling is effective for 2010, enter the date of the ruling							
b	Check box to indicate whether the foundar	ck box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)						
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) T-4-1		
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total		
	investment return from Part X for							
	each year listed							
b	85% of line 2a							
С	Qualifying distributions from Part XII,					-		
	line 4 for each year listed							
d	Amounts included in line 2c not used directly							
	for active conduct of exempt activities							
е	Qualifying distributions made directly		-					
	for active conduct of exempt activities							
	Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the							
	alternative test relied upon							
а	"Assets" alternative test—enter							
	(1) Value of all assets							
	(2) Value of assets qualifying under							
	section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test—enter 2/3							
	of minimum investment return shown in			1				
	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							
	securities loans (section							
	512(a)(5)), or royalties)							
	(2) Support from general public		,	Ì				
	and 5 or more exempt organizations as provided in							
	section 4942(j)(3)(B)(iii)							
	(3) Largest amount of support from							
	an exempt organization							
	(4) Gross investment income							
Pa	art XV Supplementary Inform	nation (Complete	this part only if t	he foundation ha	d \$5,000 or more i	n assets at		
	any time during the ye	ear—see page 28	of the instructio	ns.)				
1	Information Regarding Foundation Mar	nagers:						
а	List any managers of the foundation who h	nave contributed more	than 2% of the total co	ntributions received by t	he foundation			
	before the close of any tax year (but only i	f they have contributed	more than \$5,000) (S	ee section 507(d)(2))				
	KENNETH M. HEISLER,	TRUSTEE/MAN	AGER			100,000		
b	List any managers of the foundation who	own 10% or more of the	e stock of a corporation	n (or an equally large po	rtion of the			
	ownership of a partnership or other entity)	of which the foundation	n has a 10% or greater	nterest				
	N/A			·				
2	Information Regarding Contribution, G							
	Check here ◆ X if the foundation only							
	unsolicited requests for funds If the found	ation makes gifts, gran	ts, etc (see page 28 o	f the instructions) to ind	viduals or			
	organizations under other conditions, com							
а	The name, address, and telephone number	er of the person to who	m applications should	be addressed				
	N/A							
b	The form in which applications should be	submitted and informat	ion and materials they	should include				
	N/A							
¢	Any submission deadlines							
	N/A							
q	Any restrictions or limitations on awards, s	uch as by geographica	l areas, charitable field	ls, kinds of institutions, o	or other			
	factors							
	N/A							

Part XV Supplementary Information (continued)

Total		<u> </u>	3 b	-
N/A				
b Approved for future payment			♦ 3a	31,400
				24 462
ALBURTIS PA	10 110	Oldi Woonsis	Madiono	13,000
KEYSTONE WOUNDED WARRIORS	TO AS	PUBLIC ORG. SIST WOUNDED	WADDIODS	15,000
LANCASTER PA	·	TO PROVIDE E	DUCATION	5,000
FRANKLIN MARSHALL COLLEGE		PUBLIC ORG.		
BOYS & GIRLS CLUB LANCASTER PA	SERVE THE SOC	PUBLIC ORG.	CHILDREN	1,000
STRASBURG PA				·
CLINIC FOR SPECIAL CHILDR	TO PROVIDE HEA	PUBLIC ORG. LTH CARE FOR	CHILDREN	3,000
STRASBURG PA	RECREATIONAL	NEEDS FOR TH	E LORTIC	1,000
STRASBURG JAYCEE PARK		PUBLIC ORG.	E DIDI TO	1 000
STRASBURG PA	TO PF	OVIDE FIRE PF	OTECTION	1,000
STRASBURG FIRE COMP. NO 1		PUBLIC ORG.		
STRASBURG LIBRARY STRASBURG PA	TO PRO	PUBLIC ORG. VIDE READING	MATERIAL	3,000
CHICAGO IL				
ST THOMAS OF CANTERBURY		PUBLIC ORG. TO FEED TH	E HUNGRY	500
NORMAL IL	AIRLEIE PROG	RAMS FOR THE	DISABLED	1,900
a Paid during the year SPECIAL OLYMPICS N.H.	ATHIETE DDOG	PUBLIC ORG.	DISABLED	1,900
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	_
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount

DAA

Part XVI-A	Analysis of Income-Producing Ac	tivities				
Enter gross amo	unts unless otherwise indicated	Unrelated (a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of
1 Program sen	vice revenue					the instructions)
a		-				
b				 		
c		-		 		
		-				
		-				
f		-				
-	d contracts from government agencies					
	dues and assessments			14	9,852	
	avings and temporary cash investments id interest from securities		_ _	 -	9,652	
	come or (loss) from real estate			+		
	anced property					
	-financed property					
	come or (loss) from personal property					
7 Other investr						
) from sales of assets other than inventory			7-1-		
	or (loss) from special events					
	or (loss) from sales of inventory					
1 Other revenu	le a					
				 		
d						
e		-		++		
	d columns (b), (d), and (e)			0	9,852	0
	ne 12, columns (b), (d), and (e)				13	9,852
	n line 13 instructions on page 29 to verify calculation		nt of Evennt B		-	
Part XVI-B	Relationship of Activities to the A Explain below how each activity for which income				noortantly to the	
Line No.	accomplishment of the foundation's exempt purpo instructions)					ne
N/A						
				 _	 	
						
						
						
	<u> </u>					
						
		····				
						
						
-						
						
DAA						Form 990-PF (2010)

۲a	π χγιι	Exempt Organ	-	ansfers to an	d I ransactioi	is and Relatio	nsnips Witi	n Nonchar	itable		
1	Did the ord	anization directly or		un any of the follo	wing with any oth	er organization des	cribed			Yes	No
•	=	501(c) of the Code (c		=	-	=			}	103	
	organizatio	, ,	Andr andri decinor	roor(o)(o) organiz	20110110) 01 111 0001	011 021, 10.04	pomiou				
а	-	rom the reporting for	indation to a nor	charitable exemn	t organization of						
~	(1) Cash	rom the reporting for		ionantable exemp	t organization of				1a(1)		х
	(2) Other a	accate							1a(1)		$\frac{1}{x}$
h	Other trans								10(2)		
		of assets to a nonch	aritable evenut e	raanization					1b(1)		X
	•		•	•							X
		ises of assets from a		, -	ırı				1b(2) 1b(3)		$\frac{\mathbf{x}}{\mathbf{x}}$
	• •	of facilities, equipme		:18							$\frac{\mathbf{x}}{\mathbf{x}}$
	. •	ursement arrangeme	ents						1b(4)		$\frac{\mathbf{x}}{\mathbf{x}}$
	• •	or loan guarantees	mambarahin ar	fundanana aaliaiti	ations				1b(5)		X
_	• •	mance of services or	·	•					1b(6)	_	$\frac{x}{x}$
	•	facilities, equipment,	•	•		(h) chould always	about the four m	arkat	1c	LL	
u		er to any of the abov		-							
		e goods, other assets	-	=	-						
	value in an a) Line no	y transaction or shar (b) Amount involve		of noncharitable exe			on of transfers, tra		charing arrange	mente	
1/2	 	(b) Amount involve	(C) IVAINE	Of Holichantable exe	mpt organization	(a) begenpile	on or transfers, tra	insactions, and		11161113	
1/2	<u> </u>	 				 					
		 									
	_	 			 _		 _				
		 									
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2a		dation directly or indi	-				S		г		
		n section 501(c) of the		nan section 501(c))(3)) or in section	527?			Y€	es X	No
<u>b</u>		mplete the following		T		T					—
		a) Name of organization	<u> </u>	(b) Type of	organization		(c) Descrip	tion of relationsh	nib		
1	1/A			 	 	ļ. 					
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				<u> </u>		<u> </u>					
	Under p	enalties of perjury, I dec ris true, correct, and cor	clare that I have ex- molete Declaration	amined this return, in of preparer (other th	ncluding accompanyi nan taxpaver or fiduc	ng schedules and state arv) is based on all int	ements, and to the formation of which	e best of my kno n preparer has a	wledge and nv knowledge		
Sigr		marth	M TH	211/2	1/11	1/11		_			
lere		Sirrer 1	111, 213	me	131 74	/ 	Title	TEE/MAI	NAGER		
		nature of officer or trus	- //	- 11/1	Daffe		r rige				
	P34	Type preparer's grame			Preparer's signa	ture (//		Date	Check	ıf
aid	11	WIVILETT III	Vrees	w	1 612	MUL.	SI CA	$PA \mid$	10/26/11	self-emp	loyed
rep			CPA			· · · · · · · · · · · · · · · · · · ·			7./		
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		PAR	K RIDGE,	IL 600	<u>68-1464 </u>			Phone no	847-82	<u>/-8</u>	<u> 30</u>

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2010

Name of the organization

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

Employer identification number

DOROTHY & KENI	NETH REISLER FOUNDATION	30-30//2/3			
Organization type (check one	3)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	le See			
General Rule					
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in more contributor. Complete Parts I and II	ney or			
Special Rules					
sections 509(a)(1) and	b) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regular distribution and received from any one contributor, during the year, a contribution or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Co	n of the			
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.					
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B (F st answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that the filing requirements of Schedule B (Form 990, 990-EZ, or sertify that the filing requirements of Schedule B (Form 990, 990-EZ, or sertify the Schedule B (Form 990, 990-EZ, or sertify the Schedule B (Form 990, 990-EZ, or sertify the Schedule B (Form 990, 990-EZ, or sertify the Schedule B (Form 990, 990-EZ, or sertify the	990-EZ, or on			

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Page 1 of 1 of Part !

Name of organization Employer identification number DOROTHY & KENNETH HEISLER FOUNDATION 36-3677275

Part I	Contributors (see instructions)		
(a) <u>No</u> .	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KENNETH M. HEISLER 8916 CHAMPION HILLS DR. WILMINGTON NC 28411	s 100,000	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
NO.	Name, address, and Eli · ·	\$	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
110.	reality addition, and all 1. T	\$	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)

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

Page

of

of Part II

of

of Part III

Name of organization

DOROTHY & KENNETH HEISLER FOUNDATION

Employer identification number

36-3677275 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations

No m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP +	(e) Transfer of gift	ationship of transferor to transferee
	Hansieree's name, address, and Zir v	, A Reic	ntonship of transferor to transferee
lo. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP +	- ,	onship of transferor to transferee
lo. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP +	- 4 Reiz	tionship of transferor to transferee
lo. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP +	· 4 Rela	tionship of transferor to transferee

1-2

HEISLERFOUN DOROTHY & KENNETH HEISLER FOUNDATION 36-3677275 FYE: 3/31/2011

	Charitable Purpose	φ.	\$	
ng Fees	Adjusted Net	S	0	
- Form 990-PF, Part I, Line 16b - Accounting Fees	Net Investment	S	O	
Statement 1 - Form 990-PF, Pa	Total	\$ 1,320	\$ 1,320	
Sta	Description	INDIRECT ACCOUNTING FEES	TOTAL	

	Statement 2 - Form 990-PF,	Form 990-PF, Part I, Line 23 - Other Expenses	sesuedx	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	φ.	۷Դ	⟨ ⟩	φ.
EXPENSES TAXES	290			
TOTAL	\$ 290	\$	\$	0

. HEISLERFOUN DOROTHY & KENNETH HEISLER FOUNDATIO № 36-3677275 Federal Statements

36-3677275

FYE: 3/31/2011

Statement 3 - Form 990-PF, Part II, Line 15 - Other Assets

Description		Beginning of Year	 End of Year	_	Fair Market Value
INTEREST RECEIVABLE	\$_	6,352	\$ 2,858	\$_	2,858
TOTAL	\$	6,352	\$ 2,858	\$	2,858

4 City, State, Zip Statement 4 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors WILMIMNGTON NC 28411 HEISLERFOUN DOROTHY & KENNETH HEISLER FOUNDATION
36-3677275 8916 CHAMPION HILLS DR Address Name KENNETH M. HEISLER FYE: 3/31/2011

• HEISLERFOUN DOROTHY & KENNETH HEISLER FOUNDATION
36-3677275 Federal Statements

FYE: 3/31/2011

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount	_
KENNETH M. HEISLER, TRUSTEE/MANAGER	\$ 100,00	0
TOTAL	\$100,00	0

• HEISLERFOUN DOROTHY & KENNETH HEISLER FOUNDATION 36-3677275 Federal Statements

FYE: 3/31/2011

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	US Obs (\$ or %)
INTEREST INCOME	\$ 9,852		14		
TOTAL	\$ 9,852				

Form 990-PF		Penalty Workshe		00/	2010
	lar year 2010, or tax year beginning	04/01/10	, and ending	03/31/	
ame *				Taxpa	yer Identification Number
DOROTHY & KENNETH	HEISLER FOUNDATIO				3677275
	Interest on Late Paymo	ents and Failure to F	ile Worksh	eet	
Description 0 / 1	Amour		e Da	. of ys Rate	Late Interest
TAX ON RETURN 8/15 INTEREST 8/16-9/30	· · · · · · · · · · · · · · · · · · ·	197	$\frac{197}{197}$	46 4.0	<u> </u>
INTEREST 10/1-10/3	1		198	$\frac{10}{31}$ $\frac{1.0}{3.0}$	0
				-	
					
					
	_ 				
					
_ _					
Total interest on late payments					
Total failure to file penalty					
	Failure to Pa	y Penalty Worksheet			
Description	Am		ance	No. of Months	FTP Penalty
	Am				FTP Penalty
	Am		ance	Months	FTP Penalty
	Am		ance	Months	FTP Penalty
	Am		ance	Months	FTP Penalty
	Am		ance	Months	FTP Penalty
	Am		ance	Months	FTP Penalty
	Am		ance	Months	FTP Penalty
	Am		ance	Months	FTP Penalty
	Am		ance	Months	FTP Penalty
	Am		ance	Months	FTP Penalty
	Am		ance	Months	FTP Penalty
Description FAX FOR PENALTY 8/	Am		ance	Months	FTP Penalty

Form (Rev January 2011) Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

payment instructions

For Paperwork Reduction Act Notice, see Instructions. DAA

File a separate application for each return.

V	

OMB No 1545-1709

Form **8868** (Rev 1-2011)

• If you	are filing for an Automatic 3-Month Extension, complet are filing for an Additional (Not Automatic) 3-Month Ex complete Part II unless you have already been granted an	tension, con	nplete only Part II (on page 2 of this form			▶ X
a corpora	c filing (e-file). You can electronically file Form 8868 if you toon required to file Form 990-T), or an additional (not auto	matic) 3-mon	th extension of time. You can electronicate	ally file Fo		
8868 to re	equest an extension of time to file any of the forms listed in	Part I or Pan	t II with the exception of Form 8870, Info	rmation		
Return fo	r Transfers Associated With Certain Personal Benefit Cont	racts, which i	must be sent to the IRS in paper format (see		
	ns) For more details on the electronic filing of this form, vis				<u> </u>	
Part I	Automatic 3-Month Extension of Time	. Only sub	omit original (no copies needed))		
A corpora	tion required to file Form 990-T and requesting an automa	tic 6-month e	xtension-check this box and complete			. \square
Part I only			_			▶ ∐
All other o	orporations (including 1120-C filers), partnerships, REMIC	s, and trusts	must use Form 7004 to request an exter	nsion of tii	me	
	me tax returns					
Type or Name of exempt organization Employer identif				yer identification	number	
print File by the	DOROTHY & KENNETH HEISLEI	R FOUNI	MOITA	36-3	8677275	
due date for Number, street, and room or suite no. If a P O. box, see instructions 8916 CHAMPION HILLS DR.						
nstructions	1 7	foreign addre				
Enter the	Return code for the return that this application is for (file a	separate app	lication for each return)			04
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 990 01 Form 990-T (corporation)					07	
Form 99	90-BL	02	Form 1041-A			08
Form 99	90-EZ	03	Form 4720			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec 401(a) or 408(a) trust)	05	Form 6069		·	11
Form 99	90-T (trust other than above)	06	Form 8870			12
	KENNETH M. HEISLER,	TRUSTEE				
	8916 CHAMPION HILLS I	OR.				
	oks are in the care of WILMINGTON				NC 28	411
Telep	hone No ▶ 847-420-4560	FAX No	. ▶			
 If the 	organization does not have an office or place of business ii	n the United S	States, check this box			▶ 📙
If this	is for a Group Return, enter the organization's four digit Gr			his is		
or the wh	ole group, check this box	the group, ch	neck this box	h		
	the names and EINs of all members the extension is for.					
	quest an automatic 3-month (6 months for a corporation real $11/15/11$, to file the exempt organization return	•	•			
for t	he organization's return for					
>	calendar year or \overline{X} tax year beginning $04/01/10$, and ending					
▶	$\overline{ extbf{X}}$ tax year beginning $04/01/10$, and ending	03/31/:	L1			
2 If the	s tax year entered in line 1 is for less than 12 months, che Change in accounting period	ck reason.	Initial return Final return			
3a If the	s application is for Form 990-BL, 990-PF, 990-T, 4720, or		he tentative tax, less any	<u> </u>		
	refundable credits See instructions		· · · · · · · · · · · · · · · · · · ·	3a	\$	0
	s application is for Form 990-PF, 990-T, 4720, or 6069, en	ter any refun	dable credits and			
	mated tax payments made. Include any prior year overpayr			3b	\$	0
	ance due. Subtract line 3b from line 3a Include your paym	ent with this f	form, if required, by using EFTPS			^
	ctronic Federal Tax Payment System) See instructions f you are going to make an electronic fund withdrawal with	this Form 90	68 see Form 8453.FO and Form 9970.5	<u>3c</u>	\$	0
auuon. I	i you are going to make an electronic lung withgrawal with	11113 I VIIII 00	00, 000 i 0iiii 0700-LO aliu i 0iiii 00/3-t			