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#### Form 990-PF

Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation**

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

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

OMB No 1545-0052

2010

Fo	r caler	ndar year 2010, or tax year b	eginning June	1 , 2010	), and 6	ending	May 31	, 20 11
G	Checl	k all that apply:		eturn of a former p	ublic cl	narity	☐ Final return	
			ded return	dress change	☐ Nar	ne change		
		pundation				A Employer	identification number	•
		to Foundation					39-6045769	
Nu	mber ar	nd street (or P O box number if mail is	not delivered to street address)	Room	/surte	B Telephone	number (see page 10 c	f the instructions)
_	11 Cen		· <del></del>	3	10		715-839-2175	
	-	n, state, and ZIP code				C If exempti	on application is pendir	ıg, check here ▶
	<u> </u>	on DE 19805				_	organizations, check	_
H		k type of organization: 🛛 🖸 S					i organizations meeting here and attach compl	
Щ		on 4947(a)(1) nonexempt char					foundation status was	_
1		narket value of all assets at	J Accounting method	. 📙 Cash 🗹 Ao	ccrual		07(b)(1)(A), check here	
		f year (from Part II, col. (c),	Other (specify)			F If the four	dation is in a 60-mont	h termination
_		5)▶\$ 26140310	<del></del>	on cash basis )		under sed	tion 507(b)(1)(B), chec	
	art I	Analysis of Revenue and E amounts in columns (b), (c), and (d the amounts in column (a) (see page	may not necessarily equal	(a) Revenue and expenses per books		investment icome	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc.,						
	2	Check ► ☐ If the foundation is	•		L			
	3	Interest on savings and temp	· · · · · · · · · · · · · · · · · · ·	261694		261694		
	4	Dividends and interest from	securities	1147535		1147535		
	5a	Gross rents					<del></del>	
_	b	Net rental income or (loss)						
Revenue	6a	Net gain or (loss) from sale of		<del></del>				
ē	_b	Gross-sales pricerto allessels or Capital gain het income (from	Partiviting (1)					<del> </del>
Ř	7   8	Net short-term capital gain,						
_	9	Incomegnodifications.	1011 /01		ļ			<del> </del>
	10a	Gross sales less returns and allo	manage 2				<del></del>	<b></b>
	ь	Less: Opstlof-goods:soldN	ÜŤ					
	c	Gross profit or (loss) (attach	schedule)		<u> </u>			
	11	Other income (attach schedu						
	12	Total. Add lines 1 through 1		1409229		1409229		
	13	Compensation of officers, di		-				
Expenses	14	Other employee salaries and	l wages					
e	15	Pension plans, employee be	nefits					
×	16a	Legal fees (attach schedule)						
Э	b	Accounting fees (attach sche	edule)					
tive	С	Other professional fees (atta	•	38712	<u> </u>	30972		7740
tra	17							
<u>s</u>	18	Taxes (attach schedule) (see pa	_	13680				<del>                                     </del>
Ē	19	Depreciation (attach schedu		L			<del></del>	<del> </del>
Ad	20	Occupancy			<u> </u>			
קַ	21	Travel, conferences, and me			ļ			
ā	22 23	Printing and publications Other expenses (attach sche		10224	<u> </u>	10224		<del> </del>
ī	24	Total operating and adr		10224	<del> </del>	10224	<u> </u>	<del> </del>
Operating and Administra		Add lines 13 through 23.		62616		41196		7740
pe	25	Contributions, gifts, grants p		1180486		71130	<del>_</del>	1050486
Õ	26	Total expenses and disbursen		1243102		41196		1058226
_	27	Subtract line 26 from line 12		12.07.02				,300220
	a	Excess of revenue over exper		166127				
	ь	Net investment income (if r			<del>                                     </del>	1368033		<del> </del>
	c	Adjusted net income (if ned						<del> </del>
								000 DE (00:0)

P	art II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year		End of	year
		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 Valu	e	(c) Fair Market Value
	1	Cash—non-interest-bearing	-391583	-56	1224	-561224
	2	Savings and temporary cash investments	9566848	1001	9337	10019337
	3	Accounts receivable ▶				
	1	Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶	1		- 1	
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	The state of the s				
		disqualified persons (attach schedule) (see page 15 of the instructions)				
	7	Other notes and loans receivable (attach schedule) ▶			- 1	
Ś		Less: allowance for doubtful accounts ▶_				
Assets	8	Inventories for sale or use				
Ąŝ	9	Prepaid expenses and deferred charges				
•	10a	Investments—U.S and state government obligations (attach schedule)	1472677	147	2677	16682197
	b	Investments—corporate stock (attach schedule)				
	C	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 ▶				
	ı	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)	10647942	1093	30790	26140310
	17	Accounts payable and accrued expenses		•		
Ś	18	Grante payable Contributions tayable	0	13	30000	
Ë	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>.</u>	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ► Federal Excise Tax )	22059		8780	
	23	Total liabilities (add lines 17 through 22)	22059	13	38780	
es		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.				
Balances	24	Unrestricted				
를	25	Temporarily restricted				
ä	26	Permanently restricted				
Net Assets or Fund		Foundations that do not follow SFAS 117, check here $ ightharpoonup$ and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds				
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund	2383002	238	33002	
Se	29	Retained earnings, accumulated income, endowment, or other funds	8242881	840	9008	
As	30	Total net assets or fund balances (see page 17 of the				
et		Instructions)	10625883	1079	92010	
Z	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	10647942	109	30790	
	rt III	Analysis of Changes in Net Assets or Fund Balances				-
1	Total	net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (must	agree with		
	end-	of-year figure reported on prior year's return)			1	10625883
2		r amount from Part I, line 27a			2	166127
3	Othe	r ıncreases not included ın line 2 (itemize) ▶			3	0
4	Ada	lines 1, 2, and 3			4	10792010
5	Decr	eases not included in line 2 (itemize)			5	0
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), line	e 30	6	10792010

Part	(a) List and describe the	the kind(s) of property sold (e.g., real estate ise, or common stock, 200 shs MLC Co)	,	(b) How acquired P-Purchase D-Donation	(c) Date a		(d) Date sold (mo , day, yr )	
<u>.</u>								
C								
d								
е					-			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			n or (loss) i) minus (g)	
<u>a</u>								
b								
<u> </u>								
<u>d</u>								
<u>e</u> _	Complete out for controls			10/04/00				
	Complete only for assets sno	owing gain in column (h) and owned I					(h) gain minus	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i)	ها	col (k), but not less than -0-) or Losses (from col (h))		
a								
b_	<del></del>							
c								
d								
e			- <del></del>					
2	Capital gain net income o	rinet canital ineel ( ~ ~	also enter in Pa enter -0- in Pa		2			
3	If gain, also enter in Part I	n or (loss) as defined in sections , line 8, column (c) (see pages 13, , line 8	3 and 17 of the	instructions).	3			
Part		ler Section 4940(e) for Redu					<del></del>	
Was th	," the foundation does not	section 4942 tax on the distribution qualify under section 4940(e). D	o not complete	this part			☐ Yes ☐ No	
1_		ount in each column for each yea	ar; see page 18	of the instruction	s before	making		
Cale	(a) Base period years ndar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value o	(c) of noncharitable-use as	sets		(d) tribution ratio divided by col (c))	
	2009		8088	2353	6531		.039432	
	2008	88	1978	1910	-		.046160	
	2007		6421	1806			.047963	
	2006	<del></del>	1206	1798			.041220	
	2005		7801	1611	9916		.048871	
2	Total of line 1, column (d)				. 2	:	.223646	
3		for the 5-year base period—divi dation has been in existence if le					.044729	
4	Enter the net value of non	charitable-use assets for 2010 for	rom Part X, line	5	. 4	·   -	26179636	
5	Multiply line 4 by line 3				5		_ 1170989	
6	Enter 1% of net investme	nt income (1% of Part I, line 27b	)		. 6		13680	
7	Add lines 5 and 6				. 7		1184669	
8		ons from Part XII, line 4 ater than line 7, check the box in			. E		1188226 1% tax rate. See the	
	Part VI instructions on page		-	·	•			

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	e inst	ructio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
b	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check		3680	
_	here $\blacktriangleright$ and enter 1% of Part I, line 27b		3000	<del></del>
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-)			
3	Add lines 1 and 2	1	3680	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	1	3680	
6	Credits/Payments:			
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 4900 00		İ	
b	Exempt foreign organizations—tax withheld at source			
c d	Tax paid with application for extension of time to file (Form 8868) . 6c Backup withholding erroneously withheld 6d			
7	Backup withholding erroneously withheld		4000	00
8	Enter any penalty for underpayment of estimated tax. Check here 🗸 if Form 2220 is attached		4900	00
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		8780	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		0.00	
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ 11			
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No ✓
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		·
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		✓_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (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 on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		✓
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		<b>√</b>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<b>√</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	1	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<b>✓</b>
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	<ul> <li>By language in the governing instrument, or</li> <li>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?</li> </ul>			
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	6 7	1	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		<b>V</b>	
b	instructions) ▶ Delaware & Wisconsin  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	.1	
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			
10	27)? If "Yes," complete Part XIV	9		<del>√</del>
		10		

Pac	A	£

Part 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)		✓
meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)		1
Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		/
August 17, 2008?		<b>/</b>
Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address ► NONE  The books are in care of ► Norma Jaenke Located at ► 3925 N Hastings Way Eau Claire WI  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the year ► 15		
Website address ► NONE  14 The books are in care of ► Norma Jaenke Located at ► 3925 N Hastings Way Eau Claire WI  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the year ► 15		
The books are in care of ▶ Norma Jaenke  Located at ▶ 3925 N Hastings Way Eau Claire WI  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.  and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		<b></b>
Located at ► 3925 N Hastings Way Eau Claire WI  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.  and enter the amount of tax-exempt interest received or accrued during the year ► 15		
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year		
and enter the amount of tax-exempt interest received or accrued during the year		<b>▶</b> □
		_
	Yes	No
over a bank, securities, or other financial account in a foreign country?		✓_
See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter		
the name of the foreign country ▶		<u> </u>
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes	No
1a 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?	-	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1	Į
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for		
the benefit or use of a disqualified person)?		
(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	1	<b>\</b>
termination of government service, if terminating within 90 days.)		
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
Organizations relying on a current notice regarding disaster assistance check here	1	l
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		İ
were not corrected before the first day of the tax year beginning in 2010?	<del> </del>	<b>-</b>
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)):		
a 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 ▶ 20 , 20 , 20		
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		
all years listed, answer "No" and attach statement - see page 22 of the instructions.)	1	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
► 20, 20, 20, 20		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		}
at any time during the year?		
b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or		1
disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		
Commissioner under section 4943(c)(7)) to dispose 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.)	}	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	+	1
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	+-	+-
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?		

	•											
_	90-PF (2010) t VII-B	Statements Regarding Activities	for W	hich Form	4720 I	May Ro B	eguiro	d (continu	ed)		F	age 6
		e year did the foundation pay or incur a			47201	nay be n	equire	d (COITIII)	<i>(CU)</i>	1 1		
Ju	_	on propaganda, or otherwise attempt to	-		n (secti	on 4945(e)	)2	☐ Yes [	∕ No			
		nce the outcome of any specific public										
		y or indirectly, any voter registration dr				-		☐ Yes ि	√ No			
	(3) Provid	e a grant to an individual for travel, stu	dv. or d	other similar i	ourpose	s?		✓ Yes [	No	lì		
	(4) Provid	e a grant to an organization other than n 509(a)(1), (2), or (3), or section 4940(d	n a cha	ritable, etc.,	organiza	ation desc	ribed in	_ ∏Yes [	√ No			
		e for any purpose other than religious, ses, or for the prevention of cruelty to c						∏Yes	√ No			
b		wer is "Yes" to 5a(1)-(5), did any of the is section 53.4945 or in a current notice								5b		✓
	Organizati	ions relying on a current notice regardı	ng disa	ster assistan	ce chec	k here			▶ 🗆			
C		wer is "Yes" to question 5a(4), does t t maintained expenditure responsibility							□ No	:		
		ttach the statement required by Regula										
6a		undation, during the year, receive any		-	-		emiums		_		,	
	•	onal benefit contract?							<b>✓</b> No			
b		undation, during the year, pay premiun	ns, dire	ctly or indire	ctly, on	a persona	benefit	contract?	•	6b		<b>√</b>
<b>-</b> -		6b, file Form 8870.					O		<b>7</b>			
		e during the tax year, was the foundation a iid the foundation receive any proceeds							✓ No	7b		
_		nformation About Officers, Direc									006	-
		and Contractors	1010, 1	1 431003, 1	Junua	ion man	ugero,	gy . c			000,	
1		ficers, directors, trustees, foundation	n mana	gers and th	eir con	pensatio	ı (see p	age 22 of	the in	struct	ions)	
		(a) Name and address	(b) Title	e, and average rs per week ed to position	(c) Cor	npensation paid, enter -0-)	(d) (	Contributions to syee benefit planted compens	to ans	(e) Expe		count,
ee A	ttached Sch	edule				<del></del>						
					-							
<del>-</del>						_						
2		ation of five highest-paid employee nter "NONE."	s (oth	er than thos	e inclu	ded on lii	ne 1—s	ee page 2	3 of 1	he ins	truct	ions).
	(a) Name and	address of each employee paid more than \$50,00	00	(b) Title, and a hours per videvoted to p	veek -	(c) Compe	nsation	(d) Contribute employee b plans and de compensa	enefit eferred	(e) Expe	ense ao allowa	count,
one	_ <del>_</del>											
										- <del></del>		
		<del></del>		<del></del>		ļ		<del></del>		_		

Total number of other employees paid over \$50,000 . . . .

Part VI	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Fi	ve highest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None		
•		
		<del></del>
T-1-1		<u> </u>
i otal nui	mber of others receiving over \$50,000 for professional services	
Part IX	-A Summary of Direct Charitable Activities	
	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	and other beneficiales served, conferences convened, research papers produced, etc	
'		-
		-
2		
		- -
3		-
		-
4	<del></del>	
		-
Part IX		<del></del>
	e the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		-
		-
2		
		_
	program-related investments. See page 24 of the instructions	
3		-
Fotal. Ad	d lines 1 through 3	·
		50m 990 PE (2010)

Form **990-PF** (2010)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	17354060
ь	Average of monthly cash balances	1b	9224251
c	Fair market value of all other assets (see page 25 of the instructions)	1c	
ď	Total (add lines 1a, b, and c)	1d	26578311
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	26578311
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	398675
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26179636
6	Minimum investment return. Enter 5% of line 5	6	1308982
Part		operati	ing
1	Minimum investment return from Part X, line 6	1	1308982
<b>2</b> a	Tax on investment income for 2010 from Part VI, line 5 2a 13680		
b	Income tax for 2010. (This does not include the tax from Part VI.) 2b	]	
C	Add lines 2a and 2b	2c	13680
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1295302
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1295302
6	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	1295302
Part	XII 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	1058226
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	130000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1188226
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	13680
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1174546
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whet	
			- 000 DE (0010

1 Distributable amount for 2010 from Part XI, Inio 7	Part	Vill Undistributed Income (see page 26	of the instruction	s)		<del></del>
Undistributed income, if any, as of the end of 2010: a Enter amount for 2008 only.  Total for prior years: 20 _ 20 _ 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 _ 20 20 _ 20 20 _ 20 20 _ 20 _ 20 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _ 20 _	1	•				2010
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5 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: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b 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 e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) 8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) 9 Excess distributions carryover to 2011. Subtract lines 6a 10 Analysis of line 9: a Excess from 2006 b Excess from 2007 c Excess from 2009 d Excess from 2009						40508
If an amount appears in column (a), the same amount must be shown in column (a),		•		<u> </u>		
amount must be shown in column (a).)  6 Enter the net total of each column as indicated below:  a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b  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  e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions .  f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 .  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) .  8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) .  9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a .  10 Analysis of line 9:  a Excess from 2006  b Excess from 2007  c Excess from 2008  d Excess from 2009	5					
6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b 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 e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011.  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(f) or 4942(g)(3) (see page 27 of the instructions)  8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)  9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a Analysis of line 9: a Excess from 2006. b Excess from 2008. c Excess from 2009.						
indicated below:  a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b	_	. , ,				
b Prior years' undistributed income. Subtract line 4b from line 2b  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	6					
b Prior years' undistributed income. Subtract line 4b from line 2b  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	а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
tine 4b from line 2b  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	b			<del> </del>		
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		., 41 4 .,				
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	c	Enter the amount of prior years' undistributed		<del> </del>	<del></del>	
been issued, or on which the section 4942(a) tax has been previously assessed	•					
tax has been previously assessed						
d Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions .  e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions		• • • • • • • • • • • • • • • • • • • •				
amount—see page 27 of the instructions .  e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions	d	•	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
4a from line 2a. Taxable amount—see page 27 of the instructions		amount - see page 27 of the instructions .				
27 of the instructions	е					
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011						
4d and 5 from line 1. This amount must be distributed in 2011						
distributed in 2011	f					
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)						
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)						1254794
170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	7				ĺ	
instructions)			1	1		
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)					l	
applied on line 5 or line 7 (see page 27 of the instructions)						
instructions)	8					
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a						
Subtract lines 7 and 8 from line 6a				<u> </u>		
10 Analysis of line 9:  a Excess from 2006  b Excess from 2007  c Excess from 2008  d Excess from 2009	9	<del>_</del>				
a Excess from 2006		Subtract lines 7 and 8 from line 6a			1	
b Excess from 2007	10	Analysis of line 9:				
b Excess from 2007	а	Excess from 2006	1	1	}	
c Excess from 2008	b		1			
d Excess from 2009	c		1		}	
e Excess from 2010	-		1		ł	
		Excess from 2010	1		ļ	

Part	XIV Private Operating Founda	tions (see page	e 27 of the instru	ctions and Part V	/II-A, question 9)	
1a	If the foundation has received a ruling foundation, and the ruling is effective for	•				
b	Check box to indicate whether the fou		-		ection [] 4942(i)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	- Operating rounda	Prior 3 years	COLIOIT 4042(I)	1
	income from Part I or the minimum		210000	<del></del>	1.0007	(e) Total
	investment return from Part X for	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	
	each year listed			- <del></del>		
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	L			<u> </u>	
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:	}	<del> </del>			
_						
а	"Assets" alternative test—enter:					
	(1) Value of all assets		<del></del>	<del></del>		
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					ļ
b	of minimum investment 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,		Ì			
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public		<del></del>			
	and 5 or more exempt					
	organizations as provided in				\	
	section 4942(j)(3)(B)(iii)				<u> </u>	<u> </u>
	(3) Largest amount of support from					
	an exempt organization	L				
	(4) Gross investment income	(0)	1	<u> </u>	1 45 600	
Part					nad \$5,000 or m	iore in assets at
	any time during the year-		of the instruction	ns.)		
1	Information Regarding Foundation	•				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have o	contributed more t	han \$5,000). (See :	section 507(d)(2).)	
None					<u> </u>	
b	List any managers of the foundation					arge portion of the
	ownership of a partnership or other e	ntity) of which the	e foundation has a	. 10% or greater in	terest.	
None						
_ 2	Information Regarding Contribution	, Grant, Gift, Lo	an, Scholarship,	etc., Programs:		
	Check here ▶ ☐ if the foundation	only makes con	tributions to prese	elected charitable	organizations and	d does not accept
	unsolicited requests for funds. If the	foundation make	ces gifts, grants, e	etc. (see page 28	of the instruction	s) to individuals or
	organizations under other conditions,	complete items	2a, b, c, and d.			
a	The name, address, and telephone nu	mber of the pers	son to whom appli	cations should be	addressed:	
	esto Foundation, ATTN: Norma Janeke,	·	, ,			
,	The real section of the Holling Sallere,		uy, waa ciane, w	. <del> </del>		
b	The form in which applications should	be submitted a	nd information and	materials they sh	ould include:	
	form with proposed budget			•		
	Any submission deadlines:					
None						
d	Any restrictions or limitations on av	vards, such as	by geographical a	areas, charitable f	tields, kinds of in	stitutions, or other
	factors:					
Northy	vestern WI, Eau Claire and Chippewa Fal	Is area are prefer	red.			

Part XV Supplementary Information (con	tinued)			Page <b>11</b>
3 Grants and Contributions Paid During		ed for Fut	ture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
See Attached Schedule				
Total		_	<b>D</b> 20	1050494
b Approved for future payment	<del> </del>	<del></del>	▶ 3a	1050486
University of WI - EC Foundation	None	None	Business Communication	80008
PO BOX 4004			Instructor Fund	1
Eau Claire WI 54702-4004				
Breast Cancer Research Foundation	None	None	BCRF Cause Marketing	5000
60 East 56th St. 8th Floor			Agreement	
New York NY 10022				
Total			3h	13000

ente	r gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
		(a)	(p)	(c)	(d)	function income (See page 28 of
1	Program service revenue:	Business code	Amount	Exclusion code	Amount	the instructions)
	a					
	b					
	C					
	d					
	е					-
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			512(B)1	261694	
4	Dividends and interest from securities			512(B)1	1147535	
5	Net rental income or (loss) from real estate:					
	a Debt-financed property			•-		
	<b>b</b> Not debt-financed property					
	Net rental income or (loss) from personal property			ļ.		
7						
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	c					
	d					
	е	i				
12	Subtotal. Add columns (b), (d), and (e)				1409229	
13	Total. Add line 12, columns (b), (d), and (e)				1409229 13	1409229
1 <b>3</b> See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verify	calculations.)				
13 See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verify t XVI-B Relationship of Activities to the A	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit  XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt in	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verify t XVI-B Relationship of Activities to the A No. Explain below how each activity accomplishment of the foundation's expense.	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229
13 See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 29 to verifit XVI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt instructions.)	calculations.)	ent of Exemp	ot Purposes	13	1409229

Part	XVII		n Regarding ganizations	Trans	sfers To and Tran	sactio	ns and F	Relation	ships	With N	loncha	ritabl	е	
1	in sec				ngage in any of the fection 501(c)(3) orga								Yes	No
а	_		porting foundati	on to	a noncharitable exe	mpt ord	anization	of:					ŀ	
												1a(1)		1
		ther assets .										1a(2)		1
b	Other	transactions:												
	(1) S	ales of assets to	a noncharitable	e exer	npt organization .							1b(1)		✓
					ble exempt organiza							1b(2)		✓
					assets							1b(3)		1
												1b(4)	_	1
												1b(5)	<del></del>	1
					p or fundraising solu							1b(6)		<b>/</b>
				-	ts, other assets, or p		-					1c	f = !	<b>✓</b>
					," complete the follo es given by the repo									
					ement, show in colum									
(a) Line	no (I	b) Amount involved	(c) Name of	nonch	arıtable exempt organizatı	on	(d) Desci	ption of tra	nsfers,	transaction	s, and sha	arıng arı	angem	ents
	_													
		<del></del>												
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	+													
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	descr		501(c) of the Co	de (of	liated with, or relate ther than section 50							☐ Ye	s 🗸	No
		(a) Name of organ			(b) Type of org	anization			(c)	Description	n of relation	onship		
		<del></del>											•	
					-									
		<del>-</del>	11.11											
Sign		penalties of perjury it is true, correct ar	declare that have declared to the declared to	ve exar ation of	mined this return, including preparer (other than taxp	ayer or fic	luciary) is ba	edules and : ised on all ii	nforma	ion of whic	the best h prepare	rof my l rhas an	knowled y know	ige and rledge
Here	<u>-</u>	nature of Office for t	rustee	_		Date	20-1	<u>'                                </u>	Pre Title	sident				
	, 316	Print/Type préparer			Preparer's signature_	Date		Date	- 1148	1		PTIN		
Paid <sup>-</sup>		17/			sparsi o signaturo			23.0		Chec self-e	k ☐ ıf mployed	•	_	
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		0 4441633												

#### The Presto Foundation 39-6045769 Year ended May 31, 2011

#### Investments - Corporate Stocks (Form 990 PF, Page 2, Part II, Line 10 b)

Stock	eg Of Year ook Value	nd of Year ook Value	<u>M</u>	larket Value
National Presto Ind. Inc.	\$ 769,350	\$ 769,350	\$	14,294,096
Anglo American plc	131,194	131,194		699,302
Anglogold Limited	247,484	247,484		490,209
Gold Fields Limited	212,897	212,897		477,648
Berry Petroleum Co.	56,875	56,875		628,920
Freeport McMoran Copper & Gold	54,877	54,877		92,022
Total	\$ 1,472,677	\$ 1,472,677	\$	16,682,197

#### The Presto Foundation 39-6045769 Year Ended May 31, 2011

#### Other Professional Services Form 990-PF Page 1, Part 1, Line 16 ( c)

**Bookkeeping & Clerical Services** 

38,712

<u>Taxes</u>
Form 990-PF Page 1, Part 1, Line 18

**Excise Tax Provision** 

13,680

Other Expenses
Form 990-PF Page 1, Part 1, Line 23

Broker Fees, ETC

10,224

#### The Presto Foundation 39-6045769 For The Year Ended May 31,2011

<u>Name</u>	Title, and Time Devoted <u>to position</u>	Compensation	Contribution to employer Benefit Plan	Expense Account, other Allowances
Maryjo Cohen Eau Claire, WI	President Trustee Partial	None	None	None
Arthur Petzold Eau Claire, Wl	Vice Pres., Trustee Partial	None	None	None
Libby Stupak Eau Claire, Wl	Secretary, Trustee Partial	None	None	None
Vernon B. Haas Cadott, WI	Assistant Treas., Trustee Partial	None	None	None
Eileen Phillips Cohen Eau Claire, Wl	Trustee Partial	None	None	None
Richard Myhers Eau Claire, Wl	Trustee Partial	None	None	None
Lawrence J. Tienor Eau Claire, WI	Vice Pres., Treas., Trustee Partial	None	None	None

#### THE PRESTO FOUNDATION

#### 39-6045769

#### **FORM 990-PF**

#### May 31,2011

#### Schedule Part XII Line 3b Cash Distribution Test

(a) <u>Specific Project</u>	\$ Set-Aside	(b) Approximate Payment Date*	( c ) Project Completed <u>Prior to 5/31/11</u>
University of Wisconsin - Eau Claire Foundation Business Communication Instructor Fund	80,000 00	5/31/12	No
Breast Cancer Research Foundation BCRF Cause Marketing Agreement	50,000.00	5/31/12	No
Total	130,000.00		

\*On full faith information and belief.

Start-up and Full Payment Periods	(d) and (e)				
Start-up Period	1972	<u>1973</u>	1974	<u>1975</u>	<u>Total</u>
Distributable Amount	206,006	316,136	333,552	298,212	
Qualifying Distributions	228,773	200,637	225,003	322,240	976,653
Start-up Period Mınımum %	20%	40%	60%	80%	
Start-up Period Mınımum	41,201	126,454	200,131	238,570	606,356

IS ACTIVITIES	
RELIGIOUS	
CATEGORY 01	

Relationship None	None	None	None	
YTD Payments F	1,000 00	1,000 00	3,000 00	5,500 00
City State Zip KEY BISCAYNE, FL 33149	MIAMI, FL 33176	JANESVILLE, WI 53345-2448	EUGENE, OR 97402	* * CATEGORY TOTAL * *
Address 211 GREENWOOD	9085 SW 87TH AVE	514 SUTHERLAND AVE	SOCIETY OF LANE COUNTY P O BOX 24608	
de Recipient Name CHABAD OF KEY BISCAYNE	CONGREGATION AHAVAT OLAM	SAL VATION ARMY	ST VINCENT DE PAUL SOCIETY OF LANE COUNTY	
Acct Num Alpha Sort Code 117 CHABAD	181 CONGRE	761 SALVAT	789 STVINC	

SCHOOLS, COLLEGES & RELATED AC

CATEGORY: 02

Acct	Alpha Sort Code	Recipient Name	Address	City State Zip	YTD Payments	Relationship
69	BETHDA	BETH DAVID GORDON SCHOOL	2625 SW 3RD AVE	MIAMI, FL 33129	7,000 00	None
101	101 CAREER	CAREER DEVELOPMENT CENTER	1515 BALL ST P O BOX 600	EAU CLAIRE, WI 54702-0600	133,000 00	None
105	105 CARLET	CARLETON COLLEGE	ENDOWMENT FOR JEWISH LIFE AT CARLETON	NORTHFIELD, MN 55057	200 00	None
137	137 CHIPPE	CHIPPEWA AREA SCHOOL DIST	I N COLLEGE ST 501 JEFFERSON AVE	CHIPPEWA FALLS, WI 54729	2,000.00	None
165	165 CHIPPE	CHIPPEWA VALLEY TECHNICAL COLLEGE FOUNDATION	COLLEGE FOUNDATION 620 W CLAIREMONT AVE	EAU CLAIRE, WI 54701	5,000 00	None
183	183 COLLEG	COLLEGE SUCCESS FOUNDATIO	1605 NW SAMMAMISH RD SUITE 100	ISSAQUAH, WA 98027	2,000 00	None
733	733 RIVERF	RIVERFRONT FOUNDATION	1107 BARBERRY DRIVE	JANESVILLE, WI 53545	400 00	None
778	778 SOUTHV	SOUTHVIEW ELEMEN SCHOOL	615 A STREET	CHIPPEWA FALLS, WI 54729	200 00	None
830	830 TELSHE	TELSHE YESHIVA CHICAGO	3535 W FOSTER	CHICAGO, IL 60625	2,000 00	None
835	835 TORAHA	TORAH ACADEMY	2800 JOPPA AVE SO	MINNEAPOLIS, MN 55416	00 000'9	None
857	857 UNIVER	UNIVERSITY OF WISCONSIN- EAU CLAIRE FOUNDATION INC	EAU CLAIRE FOUNDATION INC 105 GARFIELD AVE	EAU CLAIRE, WI 54701	102,000 00	None
			•	* * CATEGORY TOTAL * *	263,400 00	

SCHLRSHPS FOR CHILD OF EMPLOY

CATEGORY 03

CATEGORY. 03 SCHLRSHPS FOR CHILD OF EMPLOY

Acct Num	Alpha Sort Code	Recipient Name	Address	City State Zip	YTD Payments	Relationsbip
382	GRESCH	UNIV OF WIS - EAU CLAIRE LINDSAY GRESCH	CASHIER P O BOX 5000	EAU CLAIRE, WI 54702-5000	6,185 34	None
448	448 HUGHES	SOUTHERN ARKANSAS UNIV DEANA HUGHES	MAGNOLIA CAMPUS P O BOX 9411	MAGNOLIA, AR 71754-9411	4,712 00	None
501	501 KENNED	UNIV OF WIS - GREEN BAY AMANDA KENNEDY	BURSAR'S STUDENT BILLING 2420 NICOLET DR	GREEN BAY, WI 54311-7001	11,000 00	None
550	550 KLEBIG	UNIVERSITY OF MICHIGAN JAIME KLEBIG	STUDENT FIN OPERATIONS P O BOX 77000	DETROIT, MI 48277-0272	11,000 00	None
497	497 KNAPPS	TULANE UNIVERSITY SARAH KNAPP	ACCTS RECEIVABLE DEPT SUITE 103 PHELPS HOUSE 35 MC A 1STER DR	NEW ORLEANS, LA 70118-5676	11,000 00	None
009	600 MADSON	UNIV OF WIS - LA CROSSE TREVOR MADSON	CASHIER'S OFFICE 121 GRAFF MAIN HALL 1725 STATE ST	LA CROSSE, WI 54601	11,000 00	None
919	616 МАҮНБА	WESTERN GOVERNORS UNIV HEATHER MAY	4001 SO 700 EAST STE 700	SALT LAKE CITY, UT 84107	11,000 00	None
615	615 MAYMIL	SOUTHERN ARKANSAS UNIV MILINDA MAY	MAGNOLIA CAMPUS P O BOX 9411	MAGNOLIA, AR 71754-9411	130 74	None
618	618 MCDANI	SOUTHERN ARKANSAS UNIV MAGAN MCDANIEL	MAGNOLIA CAMPUS P O BOX 9411	MAGNOLIA, AR 71754-9411	6,286 21	None
899	998 NICHOL	UNIV OF GEORGIA MARY NICHOLSON	BURSAR'S OFFICE BUSINESS SERVICES BLDG	ATHENS, GA 30602-4227	11,000 00	None
189	OLEARY	BELOIT COLLEGE CAITLIN O'LEARY	4.4 LAST BROAD ST. P O BOX 33	BELOIT, WI 53511	11,000 00	None
709	709 PAYANT	UNIV OF WIS - OSHKOSH MARIA PAYANT	CASHIER'S OFFICE 800 ALGOMA BLVD	OSHKOSH, WI 54901	11,000 00	None
704	704 PAYANT	UNIV OF WIS-STEVENS POINT JOSEPH PAYANT	BURSAR'S OFFICE 2100 MAIN ST	STEVENS POINT, WI 54481	11,000 00	None
902	706 PENNAA	GEORGE MASON UNIVERSITY ALYSSA PENNA	CASH OFFICE SUB I ROOM 104 A400 IINIV DR MSN 7E1	FAIRFAX, VA 22030	11,000 00	None
742	742 ROSSST	UNIV OF SO MISSISSIPPI STEVEN ROSS	BUSINESS SERVICES 118 COLLEGE DR #5133	HATTIESBURG, MS 39406-0001	11,000 00	None

SCHLRSHPS FOR CHILD OF EMPLOY

CATEGORY 03

Relationship	None	None	None	None	None	None	None	
YTD Payments	11,000.00	9,875 25	8,847 23	11,000 00	9,544 88	6,200 00	11,000 00	370,686.08
City State Zip	SALT LAKE CITY, UT 84107	MENOMONIE, WI 54751	MADISON, WI 53715-1383	TEMPE, AZ 85287-0412	KNOXVILLE, TN 37996-0225	FOND DU LAC, WI 54935	STEVENS POINT, WI 54481	* * CATEGORY TOTAL * *
Address	4001 SO 700 EAST STE 700	FINANCIAL AID OFFICE 210 BOWMAN HALL	BURSAR'S OFFICE 333 E CAMPUS MALL #10501	SCHOLARSHIP OFFICE P O BOX 0870412	BURSAR'S OFFICE 211 STUDENT SERVICE BLDG	45 S NATIONAL AVE	BURSAR'S OFFICE 2100 MAIN ST	
Recipient Name	WESTERN GOVERNORS UNIV CHRISTOPHER SCHRADER	UNIV OF WIS - STOUT ALEX SEIDLITZ	UNIV OF WIS - MADISON KEVIN SIPPL	ARIZONA STATE UNIVERSITY TRACY STRICKLAND	UNIVERSITY OF TENNESSEE RACHEL TURNER	MARIAN UNIVERSITY LEAH WENDT	UNIV OF WIS-STEVENS POINT DANIEL ZAHN	
Acct Num Alpha Sort Code	765 SCHRAD	768 SEIDLI	773 SIPPLK	798 STRICK	843 TURNER	901 WENDTL	982 ZAHNDA	

CATEGORY: 04 CULTURAL, HISTORICAL, OTH ED

ghis	_				
Relationship		None	None	None	
YTD Payments	100 00	200 00	100 00	20,000 00	50,700 00
City State Zip	EAU CLAIRE, WI 54702	EAU CLAIRE, WI 54703	STRUM, WI 54770	EAU CLAIRE, WI 54701	* * CATEGORY TOTAL * *
Address	EAU CLAIRE CHAPTER P O BOX 773	THEATER GUILD 102 W GRAND AVENUE	PUBLIC LIBRARY P O BOX 10	PUBLIC LIBRARY 400 EAU CLAIRE ST	
Recipient Name	ASSOC MALE CHORUSES OF AM EAU CLAIRE CHAPTER	CHIPPEWA VALLEY THEATER GUILD	FRIENDS OF THE STRUM PUBLIC LIBRARY	L E PHILLIPS MEMORIAL PUBLIC LIBRARY	
Acct Num Alpha Sort Code	42 ASSOCM	170 CHIPPE	346 FRIEND	557 LEPHIL	

CATEGORY: 06 HEALTH SERVICES & RELATED ACTI

Acct Num Alpha Sort Code	le Recipient Name	Address	City State Zip	YTD Payments	Relationship
17 ALZEIM	ALZHEIMERS ASSOCIATION OF GREATER WISCONSIN	OF GREATER WISCONSIN EAU CLAIRE CHAPTER	EAU CLAIRE, WI 54703	20 00	None
15 ALZEIM	ALZHEIMERS ASSOCIATION GREATER WISCONSIN	127/B MENUMONIE ST GREATER WISCONSIN 2900 CURRY LANE STE A	GREEN BAY, WI 54311	\$00.00	None
14 ALZHEI	ALZHEIMER'S ASSOCIATION	400 CHAPPLE AVE	ASHLAND, WI 54806	50.00	None
23 AMERIC	AMERICAN CANCER SOCIETY	2427 N HILLCREST PKWY	ALTOONA, WI 54720	550 00	None
21 AMERIC	AMERICAN CANCER SOCIETY MIDWEST DIVISION	MIDWEST DIVISION 8317 ELDERBERRY RD	MADISON, WI 53717	200 00	None
22 AMERIC	AMERICAN CANCER SOCIETY	71 EAST WATER ST	CHILLICOTHE, OH 45601	6,500 00	None
37 AMERIC	AMERICAN CANCER SOCIETY HOPE LODGE MARSHFIELD GALA	HOPE LODGE MARSHFIELD GAL 611 W DOEGE ST	MARSHFIELD, WI 54449	200 00	None
39 AMERIC	AMERICAN CANCER SOCIETY	250 WILLIAMS ST NW	ATLANTA, GA 30303-1002	1,000 00	None
28 AMERIC	AMERICAN DIABETES ASSOC	5100 GAMBLE DR STE 394	ST LOUIS PARK, MN 55416	1,000 00	None
30 AMERIC	AMERICAN HEART ASSOCIATIO	3507 E RACINE ST P O BOX 391	JANESVILLE, WI 53547-0391	2,150 00	None
75 BLOOME	BLOOMER COMMUNITY MEMORIAL HOSPITAL	MEMORIAL HOSPITAL 1501 THOMPSON ST	BLOOMER, WI 54724	200 00	None
145 СНІРРЕ	CHIPPEWA VALLEY HOSPITAL	1220 3RD AVE W P O BOX 224	DURAND, WI 54736-0224	200 00	None
177 CITYOF	CITY OF HOPE	N W REGION-SEATTLE OFFICE 1309 114TH AVE SE STE 201	BELLEVUE, WA 98004	2,500 00	None
220 DOWNSY	DOWN SYNDROME FOOTPRINT FOUNDATION	FOUNDATION 770 TECHNOLOGY WAY STEI12	CHIPPEWA FALLS, WI 54729	100 00	None
275 EPILEP	EPILEPSY, FOUNDATION OF WESTERN WISCONSIN	WESTERN WISCONSIN 1812 BRACKETT AVE STE 5	EAU CLAIRE, WI 54701	450 00	None

HEALTH SERVICES & RELATED ACTI

CATEGORY 06

Acct	Alpha Sort Code	Recipient Name	Address	City State Zip	YTD Payments	Relationship
345	FRIEND	FRIENDS OF ST JOSEPH'S HOSPITAL	HOSPITAL 2661 COUNTY HIGHWAY I	CHIPPEWA FALLS, WI 54729	100 00	None
419	419 НЕАLТН	HEALTHNET OF JANESVILLE	23 W MILWAUKEE ST	JANESVILLE, WI 53548	11,000 00	None
492	492 JUVENI	JUVENILE DIABETES RESEARCH FOUNDATION	RESEARCH FOUNDATION MINNESOTA CHAPTER	BLOOMINGTON, MN 55425	500.00	None
554	554 LEUKEM	LEUKEMIA & LYMPHOMA SOCIE	2006 E 82ND ST STE 725 2300 WALL ST STE H	CINCINNATI, OH 45212	1,000 00	None
570	S70 LONGIS	LONG ISLAND HEAD INJURY ASSOCIATION	ASSOCIATION 65 AUSTIN BLVD	COMMACK, NY 11725	3,500 00	None
585	585 LUTHER	LUTHER MIDELFORT DEVELOP FUND	1221 WHIPPLE ST	EAU CLAIRE, WI 54703-5200	1,600 00	None
610	610 MARCHO	MARCH OF DIMES-PORTLAND CHAPTER	CHAPTER 1220 SW MORRISON STE 510	PORTLAND, OR 97217	3,400 00	None
611	611 MAYOFO	MAYO FOUNDATION	200 IST ST S W	ROCHESTER, MN 55905	215,000 00	None
654	654 NATION	NATL MULTIPLE SCLEROSIS SOCIETY WIS CHAPTER	SOCIETY-WIS CHAPTER 1120 JAMES DR	HARTLAND, WI 53029	750 00	None
999	665 NORTHW	NORTHWEST WIS HOME CARE	P O BOX 2060	EAU CLAIRE, WI 54702-2060	600.00	None
685	685 OSSEOM	OSSEO MEDICAL CENTER	13025 8TH ST P O BOX 70	OSSEO, WI 54758-0070	200.00	None
712	712 PEDIAT	PEDIATRIC BRAIN TUMOR FND	302 RIDGEFIELD CT	ASHEVILLE, NC 28806	200 00	None
			•	* * CATEGORY TOTAL * *	255,000 00	

SPORTS, ATHLETIC, RECREATIONAL

CATEGORY: 12

Relationship	je Je	e	2	e u	ę	90	<b>e</b>	<b>5</b>	92	<b>9</b> 2	<b>9</b>	
	None	) None	None (	None	None	) None	None	None	None	None	None	_
YTD Payments	200 00	00 009	200 00	800 00	200 00	200 00	200 00	200 00	200 00	1,000 00	300 00	5,900 00
City State Zip P	54873	;, WI 54702	; WI 54703	VI 54724	, WI 54742	EAU CLAIRE, WI 54702-0652	CHIPPEWA FALLS, WI 54729	WI 54745	; WI 54871	VI 54814	1 54768	TOTAL **
	BARNES, WI 54873	EAU CLAIRE, WI 54702	EAU CLAIRE, WI 54703	BLOOMER, WI 54724	FALL CREEK, WI 54742	EAU CLAIRE	CHIPPEWA F	HOLCOMBE, WI 54745	SHELL LAKE, WI 54871	BAYFIELD, WI 54814	STANLEY, WI 54768	* * CATEGORY TOTAL * *
Address	BARNES LIONS CLUB HC 61 BOX 5895	EAU CLAIRE LIONS CLUB P O BOX 42	SEYMOUR LIONS CLUB 3045 HARTWOOD DR	TILDEN LIONS CLUB 12526 CO HWY Q	FALL CREEK LIONS CLUB P O BOX 523	EAU CLAIRE EVENING LIONS P O BOX 652	CHIPPEWA LIONS CLUB 13857 85TH AVE	LAKE HOLCOMBE LIONS CLUB 28694 264TH ST	E-1 SHELL LAKE LIONS CLUB N 3391 PINE TREE LANE	RESOURCES P O BOX 1146	FOUNDATION 14632 365TH ST	
Recipient Name	LIONS INTERNATIONAL BARNES LIONS CLUB	LIONS INTERNATIONAL EAU CLAIRE LIONS CLUB	LIONS INTERNATIONAL SEYMOUR LIONS CLUB	LIONS INTERNATIONAL TILDEN LIONS CLUB	LIONS INTERNATIONAL FALL CREEK LIONS CLUB	LIONS INTERNATIONAL EAU CLAIRE EVENING LIONS	LIONS INTERNATIONAL CHIPPEWA LIONS CLUB	LIONS INTERNATIONAL LAKE HOLCOMBE LIONS CLUB	LIONS INTERNATIONAL E-1 SHELL LAKE LIONS CLUB	RECREATION & FITNESS RESOURCES	STANLEY AREA SPORTSMANS FOUNDATION	
Acct Num Alpha Sort Code	558 LIONSI	Seo Lionsi	ses Lionsi	s65 Lionsi	s62 Lionsi	S61 LIONSI	559 LIONSI	s67 Lionsi	572 LIONSI	720 RECREA	784 STANLE	

CATEGORY 13 YOUTH ACTIVITIES

Alpha Sort Code	Recipient Name	Address	City State Zip	YTD Payments	Relationship
ANTIG JBA A	ANTIGO AREA REC FOUND DBA ANTIGO BASEBALL ASSOC	DBA ANTIGO BASEBALL ASSOC P O BOX 403	ANTIGO, WI 54409	1,500 00	None
SIG B	BIG BROTHERS/BIG SISTERS OF NORTHWESTERN WISCONSIN	OF NORTHWESTERN WISCONSIN 312 S BARSTOW ST STE S1	EAU CLAIRE, WI 54701	100 00	None
ANC ANC	BOYS & GIRLS CLUB OF LANGLADE COUNTY	LANGLADE COUNTY 801 FIFTH AVE	ANTIGO, WI 54409	5,000 00	None
A SO	BOYS & GIRLS CLUB OF JANESVILLE INC	JANESVILLE INC 200 W COURT	JANESVILLE, WI 53548	750 00	None
AN AN	JANESVILLE YOUTH BASEBALL	1911 PETERSON AVE	JANESVILLE, WI 53547	1,000 00	None
AZ Z	JANESVILLE YOUTH FOOTBALL	119 S FRANKLIN	JANESVILLE, WI 53547	1,000 00	None
Ž	KINSHIP OF RICE LAKE INC	P O BOX 291	RICE LAKE, WI 54868	1,000 00	None
IAT	NATIONAL FFA FOUNDATION	P O BOX 68960	INDIANAPOLIS, IN 46268-0960	1,000 00	None
黃色	SHRINE CIRCUS FUND MEHARA SHRINE CLUB	MEHARA SHRINE CLUB P O BOX 1367	EAU CLAIRE, WI 54702-1367	200 00	None
VIT	WITH WINGS & A HALO	REACH A CHILD P O BOX 133	MADISON, WI 53701	100 00	None
Σ	Y M C A - EAU CLAIRE	700 GRAHAM AVE	EAU CLAIRE, WI 54701	10,450 00	None
		*	* * CATEGORY TOTAL * *	22,100 00	

CATEGORY 14 CONSERVATION, ENVIRON, BEAUTI

•					
Alpha Sort Code	Recipient Name	Address	City State Zip	YTD Payments	Relationship
76 вглені	BLUE HILLS TRAIL ASSOC	P O BOX 251	BRUCE, WI 54819-0251	1,000 00	None
225 DUCKSU	DUCKS UNLIMITED CHIPPEWA AREA CHAPTER	CHIPPEWA AREA CHAPTER 744 IRVINE ST	CHIPPEWA FALLS, WI 54729	200 00	None
245 DUCKSU	DUCKS UNLIMITED WINGS OVER CHIPPEWA VALLEY	WINGS OVER CHIPPEWA VALLE E5892 708 AVE	MENOMONIE, WI 54751	200 00	None
635 MMNSFO	MMNS FOUNDATION	2148 RIVERSIDE DR	JACKSON, MS 39202	1,000 00	None
738 ROCKYM	ROCKY MOUNTAIN ELK FOUND EAU CLAIRE CHAPTER	EAU CLAIRE CHAPTER 5548 MARKGRAFF RD	FALL CREEK, WI 54742	200 00	None
743 ROTARY	ROTARY BOTANICAL GARDENS	1455 PALMER DR	JANESVILLE, WI 53545	200 00	None
902 WILDLI	WILDLIFE RESTORATION ASSO	P O BOX 361	LADYSMITH, WI 54848	10,000 00	None
	_	•	* * CATEGORY TOTAL * *	14,000 00	

#### CONTRIBUTION AND SCHOLARSHIPS FOR THE YEAR END MAY, 31 2011 THE PRESTO FOUNDATION

HOUSING ACTIVITIES CATEGORY: 15

	Recipient Name	HABITAT FOR HUMANITY INTL	ひつつ くしょうけい
	Num Alpha Sort Code	407 HABITA	
Acct	Num	407	

Address ROCK COUNTY	City State Zip	Payments	ayments Relationship
320 E MILWAUKEE P O BOX 8204	50747-9204	400 00	400 00 None
	* * CATEGORY TOTAL * *	400 00	

YTD

400 00

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TY OF	
INNER CITY OF COMM	
16	
CATEGORY	

City State Zin	THORP, WI 54771	* * CATEGORY TOTAL * *
Address	100 SO WILSON ST	
e Recipient Name	THORP FIRE DEPARTMENT	
Acet Num Alpha Sort Code	833 THORPF	

YTD Payments Relationship

200 00

500 00

ECTED TO INDIVID
OTHER ACT DIR
21
CATEGORY

uship					
Relationship	None	None	None	None	
YTD Payments	150 00	300 00	750 00	200 00	1,700 00
City State Zip	JANESVILLE, WI 53546	JANESVILLE, WI 53545	MENASHA, WI 54952	WASHINGTON, DC 20037	* * CATEGORY TOTAL * *
Address	1212 S OAKHILL	TO HELP OTHERS INC 65 SO HIGH ST	NORTH CENTRAL WISCONSIN 1800 APPLETON RD	MISSION P O BOX 58147	
Recipient Name	ACTS OF KINDNESS	ECHO-EVERYONE COOPERATING TO HELP OTHERS INC	GOODWILL INDUSTRIES OF NORTH CENTRAL WISCONSIN	INTERNATIONAL JUSTICE MISSION	
Acct Num Alpha Sort Code	6 ACTSOF	273 ЕСНОЕV	365 GOODWI	469 INTERN	

OTH ORGANIZA
ACT DIRECTED TO (
CATEGORY. 22 /

Relationship	ne	ue ue	ue	
	None	None	None	
YTD Payments	250 00	2,500 00	15,100 00	17,850 00
ď			-	
a.				
City State Zip	/I 54701	T 53545	T 54702	ral **
Ď	EAU CLAIRE, WI 54701	JANESVILLE, WI 53545	EAU CLAIRE, WI 54702	ORY TO
	EAU C	JANES	EAU CI	* * CATEGORY TOTAL * *
				*
ess				
Address	NO FOW ST	Ü	VALLEY	
	FOUNDATION 306 S BARSTOW ST	COUNTY INC 205 N MAIN	CHIPPEWA VALLEY P O BOX 232	
	306	% % %	CH P O	
t Name	<u>۲</u>	ROCK	EATER	
Recipient Name	EAU CLAIRE COMMUNITY FOUNDATION	UNITED WAY OF NORTH ROCK COUNTY INC	UNITED WAY OF THE GREATER CHIPPEWA VALLEY	
	EAU CLAIRE CC FOUNDATION	WAY O	JNITED WAY OF THI CHIPPEWA VALLEY	-
	EAU CL FOUND	UNITED WAY COUNTY INC	UNITEL	
Alpha Sort Code	<b>Y</b>	Ω	Ω	
	255 EAUCLA	860 UNITED	865 UNITED	
Acct Num	25:	)98	398	

OTHER PURPOSES AND ACTIVITIES

CATEGORY 23

Relationship	None	None	None	None	None	None	None	None	None	None	None	None	None	None	
															0
YTD Payments	3,250 00	200 00	10,000 00	100 00	200 00	100 00	2,000 00	150 00	200 00	10,000 00	10,000 00	2,500 00	2,400 00	750 00	42,750 00
<u>a.</u>															
<b>a</b>											090				
City State Zip	60523	601	1612	T 54742	٧٥.	I 54703	I 54701	601	2007	127	GREEN BAY, WI 54307-9060	10036	)631	I 54703	ral **
Çi	OAK BROOK, IL. 60523	ANTIGO, WI 54409	CHICAGO, IL 60612	FALL CREEK, WI 54742	BOYD, WI 54726	EAU CLAIRE, WI 54703	EAU CLAIRE, WI 54701	ANTIGO, WI 54409	BUTLER, WI 53007	OMAHA, NE 68127	BAY, W	NEW YORK, NY 10036	CHICAGO, IL 60631	EAU CLAIRE, WI 54703	ORY TO
	OAK BI	ANTIG	CHICA(	FALL C	BOYD,	EAU CI	EAU CI	ANTIG	BUTLE	OMAH/	GREEN	NEW Y	CHICA	EAU CI	* * CATEGORY TOTAL * *
															•
SS	,			RD		MUTUAL ASSISTANCE ASSOC 423 WISCONSIN ST	C RD		VE			009	AVE		
Address	2200 KENSINGTON CT		2027 WEST RACE #1W	9206 BEAVER CREEK RD	£	SISTANCI	ASSOCIATION 3900 OLD TOWN HALL RD		OF WISCONSIN 13195 W HAMPTON AVE	<del>[</del>	Q	FOUNDATION 1560 BROADWAY STE 600	8600 W BRYN MAWR AVE	4VE	
	KENSIN	P O BOX 523	WEST R	BEAVER	P O BOX 95 135 CLARK ST	MUTUAL ASSISTAI 423 WISCONSIN ST	ASSOCIATION 3900 OLD TOW	P O BOX 384	OF WISCONSIN 13195 W HAMPI	8800 F STREET	P O BOX 19060	FOUNDATION 1560 BROADW	W BRYN	1300 STARR AVE	
	2200	POF	2027	9206	P O F 135 (	MUT 423 \	ASS( 3900	POF	OF V 1319	8800	POF	FOU 1560	8600	1300	
ame	TION	QND		<u>I</u> G		10C	ဓ	၁၀	Z				z		
Recipient Name	FOUNDA	CLUB FC	ION	TRAININ	LEGION	NCE ASS	A HUMAN	IMANE S	JNDATIC	LION	LION	OREN'S	NDATIO		
ž	DWARE 1	OTARY	OUNDA	NI QNO	ERICAN	RE ARE/ ASSISTA	RE ARE/	е со н	VISH FOU	OUNDA	OUNDA	T CHILI	LUE FOU	ŗ 305	
_	ACE HARDWARE FOUNDATION	ANTIGO ROTARY CLUB FOUND	BARNES FOUNDATION	BLOODHOUND IN TRAINING	BOYD AMERICAN LEGION	EAU CLAIRE AREA HMONG MUTUAL ASSISTANCE ASSOC	EAU CLAIRE AREA HUMANE ASSOCIATION	LANGLADE CO HUMANE SOC	MAKE A WISH FOUNDATION OF WISCONSIN	PAMIDA FOUNDATION	SHOPKO FOUNDATION	STARLIGHT CHILDREN'S FOUNDATION	TRUE VALUE FOUNDATION	VFW POST 305	
t Code	<b>V</b>	∢	В	В		шΣ	E A	7		تم	Ω	ΩĘ	H	>	
Alpha Sort Code	ACE HA	44 ANTIGO	56 BARNES	74 BLOODH	89 BOYDAM	252 EAUCLA	253 EAUCLA	552 LANGLA	605 MAKEAW	705 PAMIDA	SHOPKO	795 STARLI	844 TRUEVA	891 VFWPOS	
Acct Num A	8	44 4	56 E	74 B	89 E	252 E	253 E	552 L	605 N	705 P	771 S	s <i>561</i>	844 1	891 \	

\* \* GRAND TOTAL \* \*

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Page 17 of 17