

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 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

2010

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Fo	or cal	endar year 2010, or tax	year beginning	7/1/20)10 , a	and ending	6	/30/2011	
G	Che	ck all that apply:	Initial return	Initial	return of a fo	rmer public cha	rity	Final r	eturn
			Amended return	Ad	dress change	e 🔲 Na	me c	hange	
N	ame of	foundation	-		-		А	Employer identification n	umber
		MWOOD FOUNDATION		_				. 39-604	
N	umber	and street (or P O box number	if mail is not delivered to street ac	ldress)		Room/suite	В	lelephone number (see pa	ge 10 of the instructions)
		RAMER STREET					L	(608) 781	-0850
	•	own, state, and ZIP code					C If	exemption application is p	ending, check here 🕨 🗌
	CRO			<u>WI</u>	- , - , - , - , - , - , - , - , - , - ,	54603	D 1	. Foreign organizations, ch	eck here
H	Che Sed	ck type of organization: ction 4947(a)(1) nonexen	X Section 501(c)(3) exempt charitable trust	empt pr Other ta	ivate foundati exable private	on foundation	2	 Foreign organizations me check here and attach co 	
≒			ts at end J Accounting					private foundation status v	vas terminated
•	of ve	ear (from Part II, col. (c).	Other (st	ecify)		_	ı	nder section 507(b)(1)(A), the foundation is in a 60-n	· L
	line	16) ▶ \$	1,963,505 (Part I, column (d) must	be on cash bas	sis)		nder section 507(b)(1)(B),	
Pá	art I		and Expenses (The total of		Revenue and				(d) Disbursements
			nd (d) may not necessanly equal	1 ` '	penses per	(b) Net investm income	ent	(c) Adjusted net income	for charitable
		the amounts in column (a) (se	e page 11 of the instructions))		books	III.COIIIC		lincome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc.	c, received (attach schedule)			被发展等等等 。			and the same of th
	2	Check ► if the foundation	is not required to attach Sch B	, ' "	CAN THE STATE OF T	《新教》	176.12.22	"不用你们还	· 19 14 14 1
	3	•	mporary cash investments		43		43	 	34. 34 Br. Co.
	4	Dividends and interest from	m secunties		119,742	119	,742	· · · · · · · · · · · · · · · · · · ·	
		Gross rents		,	A Country	giptor 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	1 to 1 to 1 to 1 to 1	, , , , , , , , , , , , , , , , , , , ,
Revenue	ı	Net rental income or (loss	·	'.				A CONTRACTOR	
		 Net gain or (loss) from sal Gross sales price for all assets 		1886A.	37,300			MEN OF MARKET SELECT	
	7	Capital gain net income (fi		1.04.3					, , , ,
œ	8	Net short-term capital gair	•	V11.	747753	W			
	9	Income modifications		4		North and Alle	TIE _S		
	10 a	Gross sales less returns and a	<u> </u>	(4.4%)	arangaran	33. No. 200 Page	4.3.19	A STATE OF THE STA	
	t	Less. Cost of goods sold	0	raf mit	A COMM			Carrie Sid	3° 3° 18° 18° 18° 18° 18° 18° 18° 18° 18° 18
	0	Gross profit or (loss) (attac	ch schedule)		0	多な事 、 こいのでから			1 1 1 1 1 1 1 1
	11	Other income (attach sche	*		0		0	0	6
	12	Total. Add lines 1 through			157,145	157	<u>,145</u>	0	
es	13	Compensation of officers,			0				
xpenses	14		ind wages _ C.E.V _						
be	15 16 a	Pension plans, employee I) SC	75		38		
ũ	10 4	Legal fees (attach schedul	he 현 · SEP 1 4 2011	- 1 2	0		<u></u>	0	37
Ve		Other professional fees (at	trach schedule)	IRS-	0		0	0	0
and Administrative E	17	Interest		1				<u> </u>	
ist	18	Taxes (attach schedule) (see pa	age 14 of the instructions).		3,781		0	0	0
를	19	Depreciation (attach sched	fule) and depletion		0		0	0	
þ	20	Occupancy							
4	21	Travel, conferences, and n	7						
ano	22	Printing and publications			59	· · · · · ·	29		30
ğ	23	Other expenses (attach sc	-		10		5	0	5
atir	24	Total operating and admi	-		2.005		٦,		
Operating	25	Add lines 13 through 23 .	r		3,925 112,500		_72	0	72
Q	25 26	Contributions, gifts, grants Total expenses and disburser				ANGERT SAME			112,500
_	27	Subtract line 26 from line 1			116,425	· · · · · · · · · · · · · · · · · · ·	72	0	112,572
		Excess of revenue over exper	ł		40,720		.		i t
		Net investment income (•		10,120	157	073	,	
		Adjusted net income (if n	- '					0	
		<u> </u>					e5		

c D		Balance Sheets column should be for end-of-year amounts only. (See	Beginning of year		End	nd of year	
	art II	should be for end-of-year amounts only. (See	(a) Book Value	(b) Book Va	lue	(c) Fair Market Value	
	1	Cash—non-interest-bearing	6,539	2	1,114	21,114	
	2	Savings and temporary cash investments	68,117	10	5,143	105,143	
4	. 3	Accounts receivable 0	,			A	
	1	Less. allowance for doubtful accounts 0	0		(
	4	Pledges receivable 0		1.3		, , , ,	
		Less: allowance for doubtful accounts	0		C		
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see page 15 of the		i			
		instructions)	0			<u> </u> 0	
	7	Other notes and loans receivable (attach schedule)		200	***		
Assets	1 _	Less allowance for doubtful accounts	0	· · · · · · · · · · · · · · · · · · ·	0	0	
ŠŠ	8	Inventories for sale or use				<u> </u>	
Ä	9	Prepaid expenses and deferred charges					
		Investments—U.S. and state government obligations (attach schedule)	221,172		3,660		
		Investments—corporate stock (attach schedule)	0		3,953		
	•	Investments—corporate bonds (attach schedule)	1,725,965		<u> 2,643</u>	1,623,000	
	11	Investments—land, buildings, and equipment, basis		1		(
	1	Less accumulated depreciation (attach schedule)	0		0	0	
	12	Investments—mortgage loans				ļ	
	13	Investments—other (attach schedule)	0	* Joseph Con Con III.	0		
	14	Land, buildings, and equipment: basis			<u>h</u>		
		Less accumulated depreciation (attach schedule)	0		0	 	
	15	Other assets (describe)	0		0	0	
	16	Total assets (to be completed by all filers—see the					
		instructions. Also, see page 1, item I)	2,021,793	2,062	2,513	1,963,505	
	17	Accounts payable and accrued expenses					
S	18	Grants payable					
≝	19	Deferred revenue					
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons	0	·	0		
Liabilities	21	Mortgages and other notes payable (attach schedule)	0		0	4.2	
	22 23	Other liabilities (describe Total liabilities (add lines 17 through 22)	0		0		
	23						
S		Foundations that follow SFAS 117, check here					
nces		11					
an	24	Unrestricted					
<u>%</u>	25 26	Permanently restricted					
ᅙ	20	Foundations that do not follow SFAS 117, check here X					
5		and complete lines 27 through 31.					
Net Assets or Fund Bala	27	Capital stock, trust principal, or current funds	1,600,891	1,600	,891		
S	28	Paid-in or capital surplus, or land, bldg., and equipment fund			,		
šet	29	Retained earnings, accumulated income, endowment, or other funds.	420,902	461	,622		
Š	30	Total net assets or fund balances (see page 17 of the					
*		instructions)	2,021,793	2,062	,513		
ž	31	Total liabilities and net assets/fund balances (see page 17					
		of the instructions)	2,021,793	2,062	<u>,513</u>	<u>6 </u>	
	t III	Analysis of Changes in Net Assets or Fund Balances					
1		net assets or fund balances at beginning of year—Part II, column (a), line					
		f-year figure reported on prior year's return)			_1_	2,021,793	
		amount from Part I, line 27a			2	40,720	
		increases not included in line 2 (itemize)			3	0	
		nes 1, 2, and 3		r	4	2,062,513	
		ases not included in line 2 (itemize) ▶			_5_	0	
6	Total i	net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	olumn (b), line 30		6	2,062,513	

	e kınd(s) of property sold (e g , real esta se, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo , day, yr)
1a 4000 SHARES VERIZON 6	.125%		Р	9/15/2006	9/24/2010
b 80000 US TREASURY BOX			Р	11/15/1988	
c 4000 FORD MOTOR 7.5%			Р	6/18/2003	
d 2000 SHARES PUBLIC ST	ORAGE		Р	4/26/2008	
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 100,000	0				
b 112,725	0		33,213		
c 102,047	0		100,000		2,047
d 50,000	0		50,000		(
e 0	0		0	·	
Complete only for assets show	ring gain in column (h) and owned	by the foundation	on on 12/31/69	(I) Gains (Col	(h) gain minus
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	• •	ss of col (i)	• •	less than -0-) or om col. (h))
a 0	0		0		2,100
b 0	0		0		33,213
c 0	0		0		2,047
0	0		0		
e 0	0		0		0
2 Capital gain net income or		lso enter in Pa enter -0- in Pa		2	37,360
3 Net short-term capital gain	or (loss) as defined in sections	s 1222(5) and	(6).		
If gain, also enter in Part I, instructions). If (loss), enter	line 8, column (c) (see pages	13 and 17 of 1	the }	3	0
Part V Qualification Und			n Net Investme		
If section 4940(d)(2) applies, le Was the foundation liable for the If "Yes," the foundation does no	ne section 4942 tax on the dist ot qualify under section 4940(e	e). Do not com	plete this part.		
	ount in each column for each y	ear; see page	18 of the instruct	ions before making	
(a) Base period years	(b)		(c)	Dist	(d) obution ratio
Calendar year (or tax year beginning in	Adjusted qualifying distribution	s Net value o	of nonchantable-use as	seis i	vided by col (c))
2009	100	,500	1,835	056	0.054767
2008	120	,380	1,553		0.077475
2007		,543	1,884		0.061832
2006		,535	1,924		0.055350
2005	107	,539	1,915	283	0.056148
2 Total of line 1, column (d)					0.305572
3 Average distribution ratio for the number of years the four	r the 5-year base period—divi ndation has been in existence				0.061114
4 Enter the net value of noncl	naritable-use assets for 2010 t	from Part X, lir	ne 5	. 4	1,945,192
5 Multiply line 4 by line 3				5	118,878
6 Enter 1% of net investment	income (1% of Part I, line 27b	o)		6	1,571
7 Add lines 5 and 6				7	120,449
8 Enter qualifying distributions If line 8 is equal to or greate the Part VI instructions on p	er than line 7, check the box in			8 hat part using a 19	112,572 % tax rate. See

	Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see p	age	18 of th	ie ins	truc	tions
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐	, 15		. 3,	* :	
	Date of ruling or determination letter: (attach copy of letter if necessary—see Instructions)					
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			3,14	1
	here and enter 1% of Part I, line 27b	1	**	C.S	\$750 reg	1 25
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	, 44.		7.57 .		322
_	of Part I, line 12, col. (b).	_				1
2	, , , , , , , , , , , , , , , , , , , ,	_2	<u> </u>)
3		3	ļ		<u>3,141</u>	<u> </u>
4		4	<u> </u>			╄
5	· · · · · · · · · · · · · · · · · · ·	5	324 i	W	3,141	
6		1 - 0		(10) (10)	1.50	3 -
	a 2010 estimated tax payments and 2009 overpayment credited to 2010	X. 30				1
	b Exempt foreign organizations—tax withheld at source		20.2		O CE	Jane
	d Backup withholding erroneously withheld 6d	*	716			
7		7			2 FOC	100
8	tion in the second of the seco	8			2,500 0	+
9		9			641	-
10		10			041	
11		11			0	1 —
	art VII-A Statements Regarding Activities					٦
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			, ;;	Yes	No
'	participate or intervene in any political campaign?			1a	163	X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	• •		la		 ^
	Instructions for definition)?			1 _b		\ \
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				300	X
	published or distributed by the foundation in connection with the activities.				4	
	c Did the foundation file Form 1120-POL for this year?			1c		Y
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1007	NOV ST	***
	(1) On the foundation. \$		0		2/2	
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		_			
	on foundation managers. \$ 0					
2				2	ە ئىسىلىكلىك	X
	If "Yes," attach a detailed description of the activities.					326
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		Х
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
	b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	If "Yes," attach the statement required by General Instruction T.			24		100 TO
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					R
	By language in the governing instrument, or			`` ₹ .∢	** (*35.
	 By state legislation that effectively amends the governing instrument so that no mandatory directions 			- 3	ار به استناط د معسستا	*
	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), ar	nd Pa	t XV.	7	<u> </u>	
8	a Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) ► WI					
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			111		All all
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	<u> </u>	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	_		******		£ 1
	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)?	,				
40	If "Yes," complete Part XIV	٠	٠ ٠	9		<u> X</u>
10				40		v
	their names and addresses	•	·	10	- !	X

Form	1 990-PF (2010) THE ELMWOOD FOUNDATION, INC. 39-60	44165	P	age 5
Pai	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		×
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12		_ <u>X</u>
13	•	13	X	L
1.4	Website address The books are in care of ► MARGARET BERG Telephone no ► (608) 781-(·	
14		าชอก		
4-	Located at ► 2004 KRAMER STREET LA CROSSE WI ZIP+4 ► 54603		·	<u></u>
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—Check here	•	Þ	▶ ∟
4.0	and enter the amount of tax-exempt interest received or accrued during the year			·
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority	1	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	45 24	_X,
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign country			
Рa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1. k.	Yes	No
la	During the year did the foundation (either directly or indirectly)	100	9	~. ~.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			Str. Ser.
	(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 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	# 14 X	3	13
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			\$.P\$
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			**************************************
	that were not corrected before the first day of the tax year beginning in 2010?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			, j. j
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			1
а	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?	4.2		
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not 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)		1.00	200
	to all years listed, answer "No" and attach statement—see page 22 of the instructions.)	2b N	V/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	180° 4		See 1
	▶ 20 , 20 , 20			
a	Did the foundation hold more than a 2% direct or indirect interest in any business	逐起		2
_	enterprise at any time during the year?			4
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation			
-	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			2
	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.)	3b N	ī/Ā	لَمسسمت
а	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		X
L	Did the foundation make any investment in a prior year (but after December 31, 1969) that could incorrdize its charitable	,		

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

For	m 990-PF (2010) THE ELMWOOD FOUNDAT	ION, INC.			39-	3044165	Page (
P	art VII-B Statements Regarding Activiti	es for Which Forr	n 4720 May Be R	equired (continu	ıed)		
	During the year did the foundation pay or incur any						
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation	(section 4945(e))?	Dy	es X N	。 「゛」	$\left \hat{q}_{1}^{++} \right = \sqrt{2}$
	(2) Influence the outcome of any specific public						
	on, directly or indirectly, any voter registratio	•			es X N	<u>, </u>	
	(2) Decide a mandate on individual for territory			=	==	3.52	
	(3) Provide a grant to an individual for travel, stu			٧ ــــــ ۲	′es [X]N	• 	[]
	(4) Provide a grant to an organization other than						
	in section 509(a)(1), (2), or (3), or section 49	40(d)(2)? (see page 22	of the instructions) .	· · · · · Y	es XN	0	
	(5) Provide for any purpose other than religious,		•			200	
	educational purposes, or for the prevention of	of cruelty to children or	anımals?	<u> </u>	es XN	o *******	
þ	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to qual	lify under the exception	ons described in		۔ ثشعہ	
	Regulations section 53.4945 or in a current notice	regarding disaster assi	istance (see page 22	of the instructions)?	_	5b	N/A
	Organizations relying on a current notice regarding	disaster assistance cl	heck here		. ▶ 🗍	1,50	.,
C	If the answer is "Yes" to question 5a(4), does the f	oundation claim exemp	otion from the			الإ أُرْدُ الْمُ	
	tax because it maintained expenditure responsibility	ty for the grant? .			es N	o A	
	If "Yes," attach the statement required by Regulation	ons section 53 4945-5	i(d).			22	No. 1
6a	Did the foundation, during the year, receive any ful	nds, directly or indirectl	lv. to pav				
	premiums on a personal benefit contract?			. Tv	es X N		
h	Did the foundation, during the year, pay premiums	directly or indirectly of	on a nersonal henefit o		۰۵ ش	6b	X
-	If "Yes" to 6b, file Form 8870.	, chicolay or manochy, c	m à pordonal bonom	somiati		0.5	
7 a	At any time during the tax year, was the foundation	a narty to a prohibited	tav shelter transactio	n2	es X N		
	If "Yes," did the foundation receive any proceeds of	· •			62 [7] 14	7b	
					ala Daid I		
F.		Directors, Truste	es, roundation	managers, nigi	ny Paid i	mpioye	ees,
	and Contractors	-4!	141 1 1 1 1 1	· /			
4							
1_	List all officers, directors, trustees, foundation					tructions	s).
1_	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions employee benefit	s to plans	(e) Expens	e account,
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions	s to plans		e account,
Ņ.	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not pald, enter -0-)	(d) Contributions employee benefit	s to plans nsation	(e) Expens	e account,
DĄ 815	(a) Name and address NIEL GELATT 99 EDGEWATER DRIVE LA CROSSE WI 54	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (If not paid, enter	(d) Contributions employee benefit	s to plans	(e) Expens	e account,
DA 315	(a) Name and address NIEL GELATT 9 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT	(c) Compensation (If not pald, enter -0-)	(d) Contributions employee benefit	s to plans nsation	(e) Expens	e account,
DA 315 30	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00	(c) Compensation (If not pald, enter -0-)	(d) Contributions employee benefit	s to plans nsation	(e) Expens	e account,
DA 315 30 315 MA	(a) Name and address NIEL GELATT 59 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit	s to plans nsation 0	(e) Expens	e account,
DA 315 30 315 MA	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00	(c) Compensation (If not pald, enter -0-)	(d) Contributions employee benefit	s to plans nsation	(e) Expens	e account,
DA 315 30 315 MA	(a) Name and address NIEL GELATT 59 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 59 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA	(c) Compensation (If not pald, enter -0-) 0	(d) Contributions employee benefit	s to plans nsation 0	(e) Expens	e account, owances 0 0
DA 315 30 315 MA	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA00	(c) Compensation (If not pald, enter -0-) 0	(d) Contributions employee benefit and deferred compe	s to plans nsation 0	(e) Expens other allo	e account, owances 0 0 0
DA 315 30 315 MA	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA00	(c) Compensation (If not pald, enter -0-) 0	(d) Contributions employee benefit and deferred compe	s to plans nsation 0	(e) Expens other allo	e account, owances 0 0 0
DA 315 30 315 MA	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA00	(c) Compensation (If not pald, enter -0-) 0	(d) Contributions employee benefit and deferred compe and deferred compe	o to plans nsation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) Expens other allo	e account, owances 0 0 0
DA 315 315 MA 2	(a) Name and address NIEL GELATT 19 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 19 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 10 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA00 .00 .00 //ees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lin	(d) Contributions employee benefit and deferred compe ne 1—see page 2 (d) Contributions	ons to	(e) Expens other allo	e account, owances 0 0 0 ns).
DA 315 315 MA 2	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA .00 .00 .00 rees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lines	(d) Contributions employee benefit and deferred compe ne 1—see page 2 (d) Contributions	ons to plans no one fit	(e) Expens other allo	e account, owances 0 0 0 ns).
DA 315 RO 315 MA 2	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA00 .00 .00 //ees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lines	(d) Contributions employee benefit and deferred compe and deferred compe to the compe and deferred compe deferred compe and deferred compe and deferred compe deferred compe and deferred compe deferred compe deferred compe	ons to enefit erred	(e) Expense other allo	e account, owances 0 0 0 ns).
DA 315 RO 315 MA 2	(a) Name and address NIEL GELATT 19 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 19 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 10 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA .00 .00 .00 rees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lines	(d) Contributions employee benefit and deferred compe and deferred compe (d) Contribution employee be plans and def	ons to enefit erred	(e) Expense other allo	e account, owances 0 0 0 ns).
DA 315 RO 315 MA 2	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA .00 .00 .00 rees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lines	(d) Contributions employee benefit and deferred compe and deferred compe (d) Contribution employee be plans and def	ons to enefit erred	(e) Expense other allo	e account, owances 0 0 0 ns).
DA 315 RO 315 MA 2	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA .00 .00 .00 rees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lines	(d) Contributions employee benefit and deferred compe and deferred compe (d) Contribution employee be plans and def	ons to enefit erred	(e) Expense other allo	e account, owances 0 0 0 ns).
DA 315 RO 315 MA 2	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA .00 .00 .00 rees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lines	(d) Contributions employee benefit and deferred compe and deferred compe (d) Contribution employee be plans and def	ons to enefit erred	(e) Expense other allo	e account, owances 0 0 0 ns).
DA 315 RO 315 MA 2	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA .00 .00 .00 rees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lines	(d) Contributions employee benefit and deferred compe and deferred compe (d) Contributions employee benefit and deferred compe (d) Contribution employee benefit and deferred complex employees	ons to enefit erred	(e) Expense other allo	e account, owances 0 0 0 ns).
DA 315 RO 315 MA 2	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA .00 .00 .00 rees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lines	(d) Contributions employee benefit and deferred compe and deferred compe (d) Contributions employee benefit and deferred compe (d) Contribution employee benefit and deferred complex employees	ons to enefit erred	(e) Expense other allo	e account, owances 0 0 0 ns).
DA 315 RO 315 MA 2	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA .00 .00 .00 rees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lines	(d) Contributions employee benefit and deferred compe and deferred compe (d) Contributions employee benefit and deferred compe (d) Contribution employee benefit and deferred complex employees	ons to enefit erred	(e) Expense other allo	e account, owances 0 0 0 ns).
DA 315 RO 315 MA 2	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA .00 .00 .00 rees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lines	(d) Contributions employee benefit and deferred compe and deferred compe (d) Contributions employee benefit and deferred compe (d) Contribution employee benefit and deferred complex employees	ons to enefit erred	(e) Expense other allo	e account, owances 0 0 0 ns).
DA 315 RO 315 MA 2	(a) Name and address NIEL GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 BERTA GELATT 69 EDGEWATER DRIVE LA CROSSE WI 54 RGARET BERG 6 KENNEDA STREET HOLMEN WI 54636 Compensation of five highest-paid employ If none, enter "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT .00 VICE PRESIDENT .00 SECRETARY/TREA .00 .00 .00 rees (other than the	(c) Compensation (If not pald, enter -0-) 0 0 0 ose included on lines	(d) Contributions employee benefit and deferred compe and deferred compe (d) Contributions employee benefit and deferred compe (d) Contribution employee benefit and deferred complex employees	ons to enefit erred	(e) Expense other allo	e account, owances 0 0 0 ns).

2

All other program-related investments. See page 24 of the instructions

Total. Add lines 1 through 3

Form 990-PF (2010)

0

FOIII	990-PF (2010) THE ELIMINOOD FOUNDATION, INC.	39	-604416	5 Page ₹
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foun	dations,	
	see page 24 of the instructions.)			
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1		
	purpòses:			
а	Average monthly fair market value of securities	1a	<u> </u>	1,878,414
b	Average of monthly cash balances	1b_		96,400
С	Fair market value of all other assets (see page 25 of the instructions)	1c	7	
d	Total (add lines 1a, b, and c)	1d		1,974,814
е	Reduction claimed for blockage or other factors reported on lines 1a and	4.		
	1c (attach detailed explanation)	2	Ì	
2	Acquisition indebtedness applicable to line 1 assets	2		
3	Subtract line 2 from line 1d	3		1,974,814
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25			
	of the instructions)	4		29,622
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5		1,945,192
6	Minimum investment return. Enter 5% of line 5	6		97,260
Par	TXI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perat	ing	
	foundations and certain foreign organizations check here and do not complete this part.)		J	
1	Minimum investment return from Part X, line 6	1		97,260
2a	Tax on investment income for 2010 from Part VI, line 5	ξ 3 -		
b	Income tax for 2010 (This does not include the tax from Part VI.)			
С	Add lines 2a and 2b	2c	†	3,141
3	Distributable amount before adjustments. Subtract line 2c from line 1	3		94,119
4	Recoveries of amounts treated as qualifying distributions	4		
5	Add lines 3 and 4	5		94,119
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	1	94,119
		····		
Par	XII Qualifying Distributions (see page 25 of the instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		Í	-
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a_		112,572
b	Program-related investments—total from Part IX-B	1b		0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		1	
	purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the:	E		
а	Suitability test (prior IRS approval required)	3a	<u> </u>	
b	Cash distribution test (attach the required schedule)	3b		0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.	4		112,572
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		0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6		112,572

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

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

1	Distributed incor		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
•	linė 7					94,119
2.	Undistributed income, if any, as	of the end of 2010				
a	Enter amount for 2009 only .		,		0	
b	Total for prior years: 20,		,	0		
3	Excess distributions carryover,		et . cot of	D: 1 W1 1 1 11 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	\$ 6,27,1	* * 1
а	From 2005	13,947				1,5
a h	From 2006	12,809		r: · · · · · · · · · · · · · · · · · · ·	, ,	` ` }
D	From 2007	24,805		f	·	· -
ن	From 2008	45,118		y.	11.00 mg = 1.00	
a		11,242	A Company	, ,	,	``
e	From 2009		107 021	· · ·	,	
्रा	Total of lines 3a through e		107,921			
4	Qualifying distributions for 2010				' . « ·	* * * * * * * * * * * * * * * * * * * *
		<u>112,572</u>	Marie Same			-,
a	Applied to 2009, but not more th		Stade Land of A		0	
b	Applied to undistributed income	• •				
	(Election required—see page 26		1 + 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	0	130	3 - 40
С	Treated as distributions out of c	orpus (Election	_			
	required—see page 26 of the in		0		(*************************************	***
d	Applied to 2010 distributable an	nount	Emis April 1		PANANTAN AND AND AND AND AND AND AND AND AND A	94,119
е	Remaining amount distributed of	out of corpus	18,453	<u> </u>	× 11.	· · · · · · ·
5	Excess distributions carryover a	applied to 2010 .	0	; , , , , , , , , , , , , , , , , , , ,	<u> </u>	
	(If an amount appears in columi same amount must be shown in					trác ,
6	Enter the net total of each col indicated below:	umn as				
а	Corpus. Add lines 3f, 4c, and 4e	e. Subtract line 5	126,374			
b	Pnor years' undistributed incom					1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	line 4b from line 2b		***	0		
c	Enter the amount of prior years'		The State of the State of		The state of the s	22%
Ŭ	income for which a notice of def					
	been issued, or on which the se	· · · · · · · · · · · · · · · · · · ·			. `	
	tax has been previously assess					
	Subtract line 6c from line 6b. Ta					A. K. S. T.
d				_	1.2	
	amount—see page 27 of the ins			<u> </u>	· ·	**
е	Undistributed income for 2009.					
	4a from line 2a. Taxable amoun				_	
	instructions		PARTICIPATION OF THE PARTICIPA	The second secon	0	
f	Undistributed income for 2010.				Right State of the	
	lines 4d and 5 from line 1. This			The state of the s		
	be distributed in 2011		ş · · ·	, ,	, , ,	. 0
7	Amounts treated as distributions	s out of		As a second		
	corpus to satisfy requirements in	mposed by			學 大	
	section 170(b)(1)(F) or 4942(g)((see page 27 of				
	the instructions)				-	
8	Excess distributions carryover fr	rom 2005		<u>.</u>		13g .
	not applied on line 5 or line 7 (se	ee page 27 of the		,	,	_
	instructions)		13,947		<u> </u>	*****
9	Excess distributions carryove					, .
-	Subtract lines 7 and 8 from line		112,427			
10	Analysis of line 9:	- · · · ·				-
	Excess from 2006	12,809			,	,
b	Excess from 2007					1
D	Excess from 2008		5		,	
ال	Excess from 2009		1 ,			ļ
u	Excess from 2010		ſ	51		,
e	EXC699 HOLLI TO 10	10,700	l		L	· •

	n 990-PF (<u>2</u> 01					39-6044	165 Page 1 (
Pa	rt XIV · Pr	ivate Operating Foundations	(see page 27 of th	e instructions ar	nd Part VII-A, qu	estion 9)	V/A
1 a		dation has received a ruling or determ , and the ruling is effective for 2010, e			▶		
		to indicate whether the foundation is	a private operating four	ndation described in	section	4942(J)(3) or	4942(j)(5)
2 a		esser of the adjusted net m Part I or the minimum	Tax year		Prior 3 years		
		t return from Part X for each	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	year listed		0	0			
	85% of line		0	0	0	0	
С		distributions from Part XII, ach year listed	0	0			(
đ		ncluded in line 2c not used directly conduct of exempt activities					
е	for active of	distributions made directly conduct of exempt activities.					
3	Complete :	ne 2d from line 2c	0	0	0	0	<u>_</u>
а		temative test—enter: of all assets					0
	` '	of assets qualifying section 4942(j)(3)(B)(i)					0
b	of minimum	nt" alternative test—enter 2/3 n investment return shown in 6 for each year listed	0	0			
С	•	alternative test—enter:					0
	invest divide on sec	support other than gross ment income (interest, nds, rents, payments surities loans (section o(5)), or royalties)					٥
	and 5 organi	rt from general public or more exempt zations as provided in n 4942(j)(3)(B)(iii)					0
	(3) Larges	st amount of support n exempt organization		-1			0
		investment income	·				0
Par	``/	pplementary Information (Co	omplete this part	only if the foun	dation had \$5.0	000 or more in	
		sets at any time during the y	-	•	•		
		on Regarding Foundation Mana	-				
а		inagers of the foundation who have co close of any tax year (but only if they h				he foundation	
NON		, , , , , , , , , , , , , , , , , , , ,		,	X-X-77		
b	List any ma	nagers of the foundation who own 10 of a partnership or other entity) of which				tion of the	
101	•			·			
	Check here unsolicited	on Regarding Contribution, Gra ➤ if the foundation only make requests for funds. If the foundation make conditions, complete items 2a, b, c, a	es contributions to presonakes gifts, grants, etc.	elected charitable oi	rganizations and doe	•	ns
а	The name,	address, and telephone number of the	e person to whom appl	ications should be a	ddressed		
		TT OR MARGARET BERG 2004 which applications should be submitted.				850	
		FORM IS REQUIRED	od dila imomiation dila	. materials arey error	ala molado.		
_		sion deadlines:				· · · · · · · · · · · · · · · · · · ·	
101		······································					
	Any restrict factors:	ons or limitations on awards, such as	by geographical areas	, charitable fields, k	inds of institutions, o	or other	_
GEC	GRAPHIC	AREA AS DEFINED IN THE AR	TICLES OF INCORF	PORATION AND E	BYLAWS		

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t	he Year or Approved	for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Commoditor	
a Paid during the year GREAT RIVERS UNITED WAY, INC 1855 EAST MAIN STREET ONALASKA WI 54650		PUBLIC	GENERAL OPERATIONS	20,000
LA CROSSE SYMPHONY ORCHESTRA 201 MAIN STREET SUITE 230		PUBLIC	GENERAL OPERATIONS	25,000
LA CROSSE WI 54601 VITERBO UNIVERSITY 900 VITERBO DRIVE		PUBLIC	NURSING CENTER BUILDING PROJECT	50,000
LA CROSSE WI 54601 FAMILY AND CHILDREN'S CENTER 2507 WESTON STREET		PUBLIC	HEALTHY FAMILIES PROGRAM	10,000
LA CROSSE WI 54601 UNITED FUND FOR THE ARTS & HUMANITIES 119 KING STREET		PUBLIC	GENERAL OPERATIONS	5,000
LA CROSSE WI 54601 FAMILY LEARNING CENTER P.O. BOX 400 HOLMEN WI 54636		PUBLIC	LEARNING TOGETHER FAMILY LITERACY	2,500
Total			▶ 3a	112,500
b Approved for future payment				
		<u> </u>		
Total	<u> </u>	· · · · · · ·	▶ 3b	000 PE (2010)

Part XVI-A Analysis of Income-Producing Activ	vities				
Enter gross amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	on 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a		0		0	
a b		ō		0	
5		0		0	
d		0		0	
u a		0		0	
6		0		0	<u>_</u>
q Fees and contracts from government agencies		<u> </u>			
•			 -		 -
2 Membership dues and assessments	· · · · · · · · · · · · · · · · · · ·		14	43	
Interest on savings and temporary cash investments Dividends and interest from securities			14	119,742	
				119,742	
5 Net rental income or (loss) from real estate	132.5 14 3 15 15 1	CAR ATTOM STREET	5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		· · · · · · · · · · · · · · · · · · ·
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income				27.000	
8 Gain or (loss) from sales of assets other than inventory			18	37,360	
9 Net income or (loss) from special events				·	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a		0		0	0
b		0		0	0
c		0		0	0
d		0		0	0
e	2.20	0		0	0
12 Subtotal. Add columns (b), (d), and (e)				157,145 13	0 157,145
	ilations.) complishment	of Exempt Pu	urposes /I-A contributed in	13nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acciline No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29.	ilations.) complishment	of Exempt Pu	urposes /I-A contributed in	13nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acciline No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29.	ilations.) complishment	of Exempt Pu	urposes /I-A contributed in	13nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acciline No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29.	ilations.) complishment	of Exempt Pu	urposes /I-A contributed in	13nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acciline No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29.	ilations.) complishment	of Exempt Pu	urposes /I-A contributed in	13nportantly to	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acciline No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29.	ilations.) complishment	of Exempt Pu	urposes /I-A contributed in	13nportantly to	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	in sect	e organization directly ion 501(c) of the Cod zations?	-		-	-	-			Yes	No
b c d	(1) Ca (2) Other t (1) Sa (2) Pu (3) Re (4) Re (5) Loa (6) Pe Sharing If the a	ers from the reporting ash	ncharitable ex m a nonchari oment, or oth ements es or members ent, mailing li bove is "Yes, sets or servi	tempt organization table exempt orga er assets	n	es Colum		vays show the face ived less that	n fair m	ket	X X X X X X
(a) L	ine no	(b) Amount involved	(c) Name	of noncharitable exemp	pt organization	(d) Des	scription of transfers,	transactions, and sh	naring arr	angem	ents
		0	 					· · · · · · · · · · · · · · · · · · ·			
		0									
		0	 	 							
	+	0			-						
		0				·					
		0									
	1	0					· · · · · · · · · · · · · · · · · · ·				
	1	0									
		0		×							
		. 0									
		0									
		0		<u> </u>							
		0									
		0									
		0				L <u></u>					
(describ	oundation directly or in ed in section 501(c) on complete the followi	of the Code (d						′es 🛚 🛣	No	
		(a) Name of organization		(b) Type	e of organization		(c)	Description of relatio	nship		
		·									
				<u> </u>							
Sig Her	n e	er penalties of perjury, I declet, it is true, correct, and com	nplete Declaration			y) is base 9/9/20	ed on all information of	of which preparer has	s any kno	wledge	
		Phnt/Type preparer's na		Preparer's signature			Date		PTIN		
Paid	d		-	i .				Check if	·		
Pre	parer			SELF-PREF	ARED RET	URN		self-employed			
	Only	Eirm's name						Firm's EIN			
		Firm's address ▶						Phone no			

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

			tu out					Totals	Gross	SS	Cost, Other	Other	Net Gain	am
		- · · · · · · · · · · · · · · · · · · ·	Thomas and the same of the sam						Sales	SS	Basis and Expenses	xpenses	or Loss	SS
		Long 1em CG Distributions						Securities		364,772		327,412		37.360
		Short Term CG Distributions						Other sales		0		0		0
	Check "X"	F			Check "X" if							Expense of Sale and		
	if Sale of	, 1-			ruciaser) ate	Acquisition	Ş	1910			Cost of	•	
Index	Security	_	CUSIP#	Purchaser	Business	Acquired	Method	No.	Gross Sales	Cost or	Valuation	_		Net Gain
-	×	4000 SHARES VERIZON	22082L-20-7			9/15/2006	۵	9/24/2010	Ē	07 000	Melloc	rienis	Depreciation	or Loss
7	×	80000 US TREASURY BONDS	912810-E8-0			11/15/1088	. a	4777044	412 725	37,300				2,100
က	×	4000 FORD MOTOR 7 5%	345370-85-2			6/18/2002	. c	6/0/2044	12,123	710'67				33,213
4	×	2000 SHARES PUBLIC STORA	74460D-29-9			4/26/2008	L C	0/3/2011	102,047	000,001				2,047
ı,			2001			4/20/2000	1	LL02/02/9	20,000	20,000				0
ď														0
,							i							C
,														
∞														٦
6	!													0
10														0
														C
														,

Line 18 (990-PF) - Taxes

THE ELMWOOD FOUNDATION, INC.

		3,781	0	0	
;	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
-	Real estate tax not included in line 20				ependin I
7	Tax on investment income	3.781			
3	Income tax				
4					
2					
9					
7					
6					
او					

Line 23 (990-PF) - Other Expenses

THE ELMWOOD FOUNDATION, INC

	10	0	0	C
	Revenue and			Disbursements
	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income	Pirococ
Amortization. See attached statement	0	C		opend in i
STATE REGISTRATION FEE	10			

Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

THE ELMWOOD FOUNDATION, INC

			•																
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CHECK A II State/	Local Obligation																
	FMV Check "Y" if Endoral Chack "Y" & State	Oleca A II reuelal	Obligation		< > >	Y													
165 202	EMV,) Y 7 7 1	End of Year	c	165 000	000'001					•								
229 329	FMV	7 7 7 7 0	Ded. OI Tear	118.400	110 020	110,323		1											
196 660	8	End of Voor	בווח טו ובמו	0	106 660	200,000													
221.172	Book Value	Ron of Voor	203. OI 10al	79,512	141 660	200													
		Description	TO TOTA OLIVON TOTAL	US I REASORY BONDS	AB GLOBAL GOV INCOME														
			,	-	7	,	ا،	7	٠	ĸ	,	ဖ	1	-	8	٥	,	ç	

Part II, Line 10b (990-PF) - Investments - Corporate Stock

	0	48,953	0	48,440
Num Shares/	Book Value	Book Value	FMV	FMV
_	Beq. of Year	End of Year	Bed. of Year	Fod of Vear
	C	48 953		70 740
		200,5		10,110
	ADVANTAGED FUND Face Value 2,800	Num SI Face V	Num Shares/ Book Value Face Value Beg. of Year 2,800 0	Num Shares/ Book Value Book Value Face Value Beg. of Year End of Year Beg. 2,800 0 48,953

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

		•	•																						
1.623.000	FMV)	Erio or rear	105,360	100,600	12,900	85,562	0	103 935	69 096	427,000	127,300	00,100	153,700	38,535	84,938	255 500	54 621	120,120		0	30,700	103,300	100,045	108,444
1,626,499	FMV	Bod of Voor	Deg. of Teal	90,000	98,000	2,040	83,521	97,920	104.263	68 976	125,550	50,000	156,540	240,000	39,435	79,125	251,800	53 235	50 520	100 160	56.848	100,040	000,001	٥	0
1,690,643	Book Value	End of Vear	400 000	000,000	100,000	146,997	84,000	0	98,859	000.09	125,000	60,000	145,000	700,000	20,207	70,688	250,000	51.639	C		49 677	00 018	20,00	100,045	112,035
1,725,965	Book Value	Bed of Year	100 000	100,000	146,000	140,997	04,000	100,000	98,859	000'09	125,000	80,000	145,000	790,35	20,007	889'0/	250,000	51,639	20.000	006 26	49 677	90 018	2 2	5	0
	Maturity	Date	6/15/2013	10/15/2043	12/31/2010	4/22/2010	1/23/2012	6007/4/0	10/1/2011	3/1/2014	2/6/2012	4/24/2012	7/15/2012	10/20/2011	44/47/0047	11/15/2015	8/1/2012	7/1/2012	5/3/2011	12/1/2030	5/15/2012	6/15/2064	3/0/2034	00000	3/30/2040
	Interest	Rate	8.13%	A 20%	8 25%	7 30%	7.50%	0,000	%.09.°	8.75%	6.05%	%00 9	6 38%	6.38%	7000.7	7.38%	%88.9	6.85%	7 25%	6 13%	6.10%	8.38%	7 30%	200	8.50%
		Description	BARCLAYS BANK	BGE CAPITAL TRUST II	FANNIE MAE	FORD MOTOR CREDIT	FORD MOTOR CREDIT	NEYTADA ENEDOV	יולראו או בואבאפו	NEXIAKA ENEKGY	GE CAPITAL CORP	GE CAPITAL CORP	GEORGIA POWER	IBM	141	10:10	JP MORGAN CHASE	$\overline{}$		VERIZON GLOBAL	WESTAR ENERGY	DOMINION RESOURCES, INC	GMACLLC	ממותדות מאת מוית מתודות	CITIGROUP CAP XII IRUPS
			_	2	က	4	5	۳	,		8	6	10	11	12	1	2	14	15	16	17	9	19	۶	_

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Average	· Louis											
•	i i	HILE	PRESIDENT	CE PRESIDE	TARY/TREA!								
	Foreign	COULINY		 	SECR								
	7in Code	MI 54603	54602	24002	54636								
	State		<u> </u>		<u>></u>		1						
	ĊijĢ	I A CROSSE	I A CROSSE	100000	HOLMEN								
	Street		WATER DRIVE										
	Check "X" if Business					-		•					
	Name	DANIEL GELATT	ROBERTA GELATT	MARGARET RERG									
		-	7	ď	,	4	2	9	7	o	<u>ნ</u>	5	2

_	
ㄷ	
a	
Δ.	

THE ELMWOOD FOUNDATION, INC.

	Evolanation	ראלומומוסו									
0	Expense	0	0	0							
0	Benefits	0	0	0							
0	Compensation	0	0	0							
		1	2	3	4	5	9	7	8	6	10

Part VI, Line 6a (990-PF) - Estimated Tax Payments

	Date	Amount
1 Credit from prior year return	1	0
2 First quarter estimated tax payment	9/15/2010 2	625
	12/15/2010 3	625
4 Third quarter estimated tax payment	3/15/2011 4	625
5 Fourth quarter estimated tax payment	6/15/2011 5	625
6 Other payments	6	
7 Total	7	2,500