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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

Note. The foundation may be able

OMB No 1545-0052

947(a)(1) Nonexempt Charitable Trust reated as a Private Foundation to use a copy of this return to satisfy state reporting requirements	2010

For calendar year 2010, o	r tax year begin	ning	10,	/01 <b>, 2010,</b> ar	d ending	<u> </u>	09/30,2011
G Check all that apply	Initial return	n		of a former publi	c charity		Final return
	Amended r	eturn	X Addre	ss change		Name change	
Name of foundation						A Employer identifi	cation number
OSHKOSH CORPORATI						<del></del>	6062129
Number and street (or P O box	number if mail is not	delivered	to street address)	F	Room/suite	B Telephone number (s	see page 10 of the instructions)
D 0 D0W 0566							
P.O. BOX 2566	4					<del></del>	0) 233-9206
City or town, state, and ZIP co	ode					C If exemption applicate pending, check here	on is
JOHNOON MI ENOUS						D 1. Foreign organizati	
OSHKOSH, WI 54903	IOD V Contro	F01/a	\(\alpha\)			2 Foreign organizati 85% test, check he	
Check type of organizat			)(3) exempt private for			computation .	▶ [_
Section 4947(a)(1) none Fair market value of all a			Other taxable printing method X C			E If private foundation a	
of year (from Part II, col			her (specify)	asn Accide	<b>4</b> 1	under section 507(b)	
	51,426.		column (d) must be or	cash basis )	<b></b>	F if the foundation is in	a 60-month termination (1)(B), check here
Part I Analysis of Rever			(4) ///20100			under section 507 (b)	(d) Disbursements
total of amounts in c	olumns (b), (c), and	d (d)	(a) Revenue and expenses per	(b) Net investn	nent	(c) Adjusted net	for chantable
may not necessaпly column (a) (see page			books	ıncome		ıncome	purposes (cash basis only)
1 Contributions, gifts, grents, e			1,000,000.				(Cash basis Only)
ໃ a a ⊾ Infthe fo	oundation is not requ	rred to					
3 Interest on savings and t	Sch B		7,142.	7,	142.		ATCH 1
4 Dividends and interes	•		·	·			711 011 1
5 a Gross rents			<u> </u>				
b Net rental income or (los		[	REC		ח		
6 a Net gain or (loss) from se b Gross sales price for all assets on line 6a 7 Capital gain net incom 8 Net short-term capital 9 Income modifications	· ————	ne 10		51 V E U			
b Gross sales price for all assets on line 6a			2	SC			
7 Capital gain net incom	ne (from Part IV, lin	ie 2) .	₹ MAY 2	2 2012			
8 Net short-term capital	gain	[		8			
9 Income modifications		[	OGNE				
10 a Gross sales less returns and allowances	.			0,01			
<b>b</b> Less Cost of goods sold	•						
c Gross profit or (loss) (							
11 Other income (attach							<del> </del>
12 Total. Add lines 1 thro		- +	1,007,142.	7,	142.		<del> </del>
13 Compensation of officers			0.				
14 Other employee salar					<u> </u>		
15 Pension plans, employ							
16 a Legal fees (attach sch			3,000.		500.		1 50
b Accounting fees (attac			3,000.		300.	0.	1,50
c Other professional fee		1					
17 Interest							
<ul><li>18 Taxes (attach schedule) (</li><li>19 Depreciation (attach s</li></ul>							
19 Depreciation (attach s 20 Occupancy							
20 Occupancy							
22 Printing and publication				<del></del>			<del>- ·</del>
23 Other expenses (attac			1,141.	1.	136.		
24 Total operating and a				<del></del>			<u> </u>
15 Pension plans, employ 16 a Legal fees (attach sch b Accounting fees (attach c Other professional fee 17 Interest 18 Taxes (attach schedule) 19 Depreciation (attach s 20 Occupancy 21 Travel, conferences, a 22 Printing and publicatio 23 Other expenses (attach 24 Total operating and a Add lines 13 through 2		1	4,141.	2.	636.	О.	1,509
25 Contributions, gifts, gr			624,625.				624,625
26 Total expenses and disburs			628,766.	2,	636.	0.	626,130
27 Subtract line 26 from li		<del></del>					
a Excess of revenue over exp		nts	378,376.	•			
b Net investment incom		· · · ⊢		4,	506.		
c Adjusted net income	-			<u>-</u>		0.	•
or Paperwork Reduction Act			instructions		JSA		Form <b>990-PF</b> (2010)

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

SE1410 1 000 5AJ3ZB 1430 2/23/2012 4:54:07 PM V 10-8.2

Ξ	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	fyear
_	ert II	Datance offeets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 \	Cash - non-interest-beari	ing	848,440.	104,559.	104,559.
	2		ash investments	1,224,610.	2,346,867.	2,346,867.
	3	Accounts receivable				,
		Less allowance for doub	tful accounts ►			
	4					<del></del>
		Less allowance for doub	tful accounts >			
	5					
	6		officers, directors, trustees, and other			
			ch schedule) (see page 15 of the instructions)			*
	7	, ,	ceivable (attach schedule)			
	•		tful accounts			
	8					
Assets	9	Prepaid expenses and de	e			
88						
٩			government obligations (attach schedule)			
			stock (attach schedule)			
	11	Investments - corporate to Investments - land, buildings	oonds (attach schedule)			
		and equipment, basis Less accumulated depreciat	tion .			
		(attach schedule)				
			oans			
	13 14	Investments - other (attac	ch schedule)			<del></del>
		equipment basis Less accumulated depreciat	ton b			-
		(attach schedule)				
			<b>&gt;</b> )			
			completed by all filers - see the	0.000.000	0 451 406	0 451 406
			ge 1, item i)	2,073,050.	2,451,426.	2,451,426.
	17	Accounts payable and ac	crued expenses			
	18	Grants payable				
es						
Liabilities	20	Loans from officers, directors	s, trustees, and other disqualified persons			
g	21	Mortgages and other note	es payable (attach schedule)			
-1	22	Other liabilities (describe	<b>&gt;</b> )			
	23	Total liabilities (add lines	s 17 through 22)		0.	
		Foundations that follow	ow SFAS 117, check here ▶ 🔠			
		and complete lines 24	I through 26 and lines 30 and 31.			
8	24	Unrestricted				
2	25			. [		
ala	26					
e E		Foundations that do r				
5			lete lines 27 through 31.			,
Net Assets or Fund Balances	27	Capital stock, trust princip	• — I	2,073,050.	2,451,426.	
28	28		land, bldg , and equipment fund			
86	29	• • • •	ated income, endowment, or other funds			
₽ B	30	• .	und balances (see page 17 of the			
흵			· · · -	2,073,050.	2,451,426.	
i			assets/fund balances (see page 17			
			· · · · · · · · · · · · · · · · · · ·	2,073,050.	2,451,426.	
Б			anges in Net Assets or Fund		-/.10-/.1-5.11	
			alances at beginning of year - Part I		nist agree with	<del></del>
•					- 1 1	2,073,050.
^		of-year figure reported of			[ [	378,376.
		amount from Part I, lin			1 1	3/0,3/0.
		r increases not included				2 451 426
		ines 1, 2, and 3				2,451,426.
5	Decre	eases not included in lii	ne 2 (itemize) ▶ ances at end of year (line 4 minus line	1; - <u>1</u>	5	0.451.406
6	l otal	net assets or fund bala	ances at end of year (line 4 minus line	b) - Part II, column (b), lin	ne 30 6	2,451,426.

i i	(a) List and	describe the kind(s) of property sold inck warehouse, or common stock, 200	(e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1:	a					
	b					
_	C	· · · · · · · · · · · · · · · · · · ·				
_	d				ļ	
_	e	· · · · · · · · · · · · · · · · · · ·	·· <del>·······</del>		l	<u> </u>
	(e) Gross sales рпсе	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
	a .					
_1	<b>b</b>					
_	C					
_	d					
_6	9			<u> </u>		
_	Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) g	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
-	1					
_1	0					
_						
_	d					
_6	)			ļ		
2	Capital gain net income or (	net canital ince)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital gain of	or (loss) as defined in sections 122		<del>-</del> -		
_		ine 8, column (c) (see pages 13 ar		1 1		
		ne 8		3		
E	art V Qualification U	nder Section 4940(e) for Rec	duced Tax on Net Investment In	come		
W			table amount of any year in the base	period?	X	] Yes 🔲 No
_	•	<u> </u>	see page 18 of the instructions before	e making :	any entries	
<u> </u>	(a)		- <del>                                    </del>	Inaking	(d)	
_	Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ration (col (b) divided by	
_	2009		<del> </del>	ļ	<del></del>	<del></del>
	2008					
	2007			<del> </del>		
	2006 2005			<del> </del>		
_	2005	<del></del>	<del></del>	+		
2	_	or the 5-year base period - divide t ation has been in existence if less	• • •	3		
4	Enter the net value of nonc	haritable-use assets for 2010 from	n Part X, line 5	4	<del></del>	
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investment	income (1% of Part I, line 27b)		6	· · · · · · · · · · · · · · · · · · ·	
7	Add lines 5 and 6			7		
8	Enter qualifying distribution If line 8 is equal to or green Part VI instructions, on page	eater than line 7, check the box	in Part VI, line 1b, and complete t	8 that part	using a 1% tax	rate. See the

Par	t.VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	truct	ions)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see Instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			90.
	here land enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			90.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			90.
6	Credits/Payments			
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 522.			
	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0 .			
d	Backup withholding erroneously withheld		_	
7	Total credits and payments Add lines 6a through 6d			522.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			122
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			132.
11 Par	Enter the amount of line 10 to be Credited to 2011 estimated tax   432. Refunded   11			
	t VII-A Statements Regarding Activities			l Na
1a	• • • • • • • • • • • • • • • • • • • •	4-	Yes	No X
	participate or intervene in any political campaign?	1a		
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		x
	of the instructions for definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	10		<u>'`</u>
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation $\blacktriangleright$ \$ 0. (2) On foundation managers $\blacktriangleright$ \$ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
•	on foundation managers > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/	Α
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			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	_X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► WI,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G?If "No," attach explanation	8Ь	_X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			v
	names and addresses	10		_ <u>X</u>

Pai	rt 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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12	_	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address N/A			
14	The books are in care of ► JANA HEFT Telephone no ► 920-233	-920	06	
	Located at Fr. 0. Box 2300 OSRROSH, WI ZIP + 4 54903-2	200.		т
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	N/A	Ι.,	· ·
16	At any time dunng calendar year 2010, did the foundation have an interest in or a signature or other authority	۔ ا	Yes	No X
	over a bank, securities, or other financial account in a foreign country?	16	<u> </u>	<u> </u>
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign country ▶			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			L
· ur		Γ .	Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	140
ıa	During the year did the foundation (either directly or indirectly).  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(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?			
	(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 penod after			
	termination of government service, if terminating within 90 days)			
b	olf 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)?	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			v
	were not corrected before the first day of the tax year beginning in 2010?	1c		<u>X</u>
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)).			
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 20102.  Yes X No		1	
	6e, Part XIII) for tax year(s) beginning before 2010?			
<b>.</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)	2b	N/	Α
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
·	► N/A			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time duning the year? Yes X No			
b	of "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	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 penod? (Use Schedule C, Form 4720, to determine if the		<u>,    </u>	_
	foundation had excess business holdings in 2010)	3b	N/	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			v
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		<u> </u>

5 Duning the year did the foundation pay or mour any amount to  (1) Carry on propagands, or otherwise attempt to militance legislation (section 4845(a))?  (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a chantable, etc. organization described in section 596(gl)(1), (2) or operfidol(gl)(2) (see page 22 of the instructions)  (5) Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (6) Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (7) Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (8) Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (9) Provide for any purpose other than religious, chartable, scientific, literary, or educational purposes, or for the prevention of scientific, literary, or educational purposes, or for the prevention religious of Satisfication (Satisfication (Satisf	Pa	t VII-B Statements Regarding Activities for	r Which Form 47	20 May Be Requi	red (continued)		
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc. organization described in section 508(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of curely to children or animals?  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of curely to children or animals?  (7) If the animals or an accurrent notice regarding disaster assistance (see page 22 of the instructions)?  (8) If any answer is "Yes' to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance check here.  (8) If "Yes' to 4 animals and expenditive responsibility for the grant?  (9) If "Yes, "attach the statement required by Regulations section 53 4945-5(d).  (9) If "Yes, "attach the statement required by Regulations section 53 4945-5(d).  (9) If "Yes, "attach the statement required by Regulations section 53 4945-5(d).  (9) If "Yes, "attach the statement required by Regulations section 53 4945-5(d).  (9) If "Yes, and be fine form 887.  (1) If "Yes," attach the statement required by Regulations provided the statement required by Regulations provided the statement required by Regulations section 53 4945-5(d).  (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d).  (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d).  (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d).  (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d).  (9) If "Yes," attach the statement required by Regulations section 53 4945-5(d).  (1) If "Yes," attach the statement required by Regulations section 53 4945-5(d).  (1) If "Yes," attac	5 a	<ul><li>(1) Carry on propaganda, or otherwise attempt to influence</li><li>(2) Influence the outcome of any specific public election (s</li></ul>	e legislation (section 4 ee section 4955), or to	carry on,			
section 508(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)					1 1 11	<b>,</b>	-
(5) Prowde for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?    Yes   No     No   No   No   No		(4) Provide a grant to an organization other than a chantal	ole, etc., organization o	described in			
b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?		section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se	e page 22 of the instr	uctions)	. Yes X No	•	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  c If the answer is "Yes" to question 5a(4), does the foundation daim exemption from the tax because it maintained expenditure responsibility for the grant?  if Yes, "attach the statement required by Regulations section 53 4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  if Yes' to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  b If Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, furstees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average had, enter the compensation for the instructions).  (a) Name and address of each employee paid more than \$50,000  Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  Did The, and average control of the past of the		(5) Provide for any purpose other than religious, charitable	, scientific, literary, or	educational	<del></del>		
Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?		purposes, or for the prevention of cruelty to children or	anımals?		. Yes X No	,	
Organizations relying on a current notice regarding disaster assistance check here	b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions fail to qualify	under the exceptions	described in		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes" attach the statement required by Regulations section 53 4945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a A lamy time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6b, file Form 8870  7a A lamy time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes" to 6b, file Form 8870  7a A lamy time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tide, and average (c) Compensation (deterned compensation)  (c) Expense account, other allowances of exchange the highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Tile, and average hours per week devoted to position  (c) Compensation  (d) Compensation  (e) Expense account, other allowances  (f) Compensation  (o) Expense account, other allowances  (o) Compensation  (o) Expense account, other allowances  (o) Compensation  (o) Compensation  (o) Expense account, other allowances  (o) Compensation		Regulations section 53 4945 or in a current notice regard	ing disaster assistanc	e (see page 22 of the	nstructions)?	<u>5b</u>	N/A
because it maintained expenditure responsibility for the grant?  If Yes, "attach the statement required by Regulations section 53 945-5(d).  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b N/A  1nformation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tide, and average floor, the paid of the position of the highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  ATTACHMENT 4  0 0 0 0 0 0  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000 (b) Tide, and average floor, western of the party of the		Organizations relying on a current notice regarding disaster	r assistance check her	eŅ/A.	▶ 🗀		-
If Yes,* attach the statement required by Regulations section 53 4945-5(d).  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1 'Yes' to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 'Yes' to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 If Yes,* did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tide, and average hours per week deferred compensation (file or patient) and deferred compensation (file or patient) and deferred compensation (see page 23 of the instructions).  ATTACHMENT 4  2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Combibitions to replace the compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Combibitions to replace account, other allowances of the received compensation (d) Combibitions to replace and deferred compensation (d) Co	c	If the answer is "Yes" to question 5a(4), does the foundation	n claim exemption fror	n the tax	[]		.
6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation of the pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation of the pay premiums, directly or indirectly, on a personal benefit contract?  b Did the foundation of the pay premiums, directly or indirectly, on a personal benefit contract?  c At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  c If Yes X No  c X  c X  No  c If Yes X  N		because it maintained expenditure responsibility for the gra	nt?		Yes No	·	
on a personal benefit contract?		If "Yes," attach the statement required by Regulations secti	on 53 4945-5(d).				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  #*Yes* to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ##Yes* to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## If Yes*, did the foundation receive any proceeds or have any net income attributable to the transaction?  ### If Yes* to the foundation receive any proceeds or have any net income attributable to the transaction?  ### If Yes* to the foundation receive any proceeds or have any net income attributable to the transaction?  ### If Yes* to 6b, file Form 8870  ### If Yes*	6 a			•			
## 18 ** To bb. file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?					YesX No		
7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No 1	Ь	* * * * * * * * * * * * * * * * * * * *	or indirectly, on a pers	sonal benefit contract?		6b	
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	_				n, p.		
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors   List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).   (a) Name and address   (b) Tide, and average devoted to position   (c) Compensation   (d) Contributions to end defined compensation   (d) Expense account, other allowances   (e) Expense account, other allowances					. — —		NT / A
ATTACHMENT 4							MA
(a) Name and address (b) Title, and average hours per week devoted to position  ATTACHMENT 4  0. 0. 0. 0  Carpensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Compensation  (f) Orthous per week devoted to position  (e) Expense account, other allowances  (e) Compensation  (f) Contributions to employee period for the instructions of employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Compensation  (f) Contributions to employee period for the instructions of employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Compensation  (f) Contributions to employee period for the instructions of employee benefit plans and deferred compensation  (h) Title, and average hours per week devoted to position  (e) Expense account, other allowances  (e) Compensation		and Contractors					
ATTACHMENT 4	1_	List all officers, directors, trustees, foundation man					
2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (a) Expense account, other allowances  (n) Expense account, other allowances		(a) Name and address	hours per week	(if not paid, enter	employee benefit plans		
2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (n) NONE  (a) None and address of each employee paid more than \$50,000  (b) Title, and average devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances		ma cumpaim 4		0	0		0
If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  NONE  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (a) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances	ΑI	IACHMENI 4		0.	0.		
If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  NONE  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (a) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances							
If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  NONE  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (a) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances						···	<del></del>
If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  NONE  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (a) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances							
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If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  NONE  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (a) Contributions to employee benefit plans and deferred compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation other allowances	2						
	-		r than those includ	led on line 1 - see p	age 23 of the instruc	tions).	<del> </del>
		If none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
		If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
		If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
		If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
		If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
		If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
		If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
		If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
		If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
		If none, enter "NONE." ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	oyees,
3 Five	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>
	·	
<b>-</b>		
		<del></del>
Total num	ber of others receiving over \$50,000 for professional services	NONE
		<u></u>
Part IX-	Summary of Direct Charitable Activities	
	undation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of one and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NON	Ε	
2		
		<u> </u>
3		
4		
Part IX-	Summary of Program-Related Investments (see page 24 of the instructions)	
	ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NON	Ε	
2		
	rogram-related investments. See page 24 of the instructions	
3 NON	E	
Total Ad-	Alimon 4 through 2	^
IUTAI. AUG	d lines 1 through 3	0.

βPa	Minimum Investment Return (All domestic foundations must complete this part. Foreig , see page 24 of the instructions.)	n founda	itions,
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	
b	Average of monthly cash balances	1b	2,444,459.
C	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d		1d	2,444,459.
е	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	0.
3	Subtract line 2 from line 1d	3	2,444,459.
4	Cash deemed held for chantable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	36,667.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,407,792.
6	Minimum investment return. Enter 5% of line 5	6	120,390.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ ☐ and do not complete this page 25.	operating art)	j
1	Minimum investment return from Part X, line 6	1	120,390.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)  2b		
С	Add lines 2a and 2b	2c	90.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	120,300.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	120,300.
6	Deduction from distributable amount (see page 25 of the instructions)	6	<del> </del>
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	120,300.
Pa	rt XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	626,130.
b	Program-related investments - total from Part IX-R	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_		2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Surtability test (prior IRS approval required)	3a	0.
b	( 'ach distribution test (attach the fedulted 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	626,130.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<del> </del>	320,130.
*		5	N/A
6	A diseased were the starte of the Astronomy Continue of Francisco A	6	626,130.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calc		
	qualifies for the section 4940(e) reduction of tax in those years	Julianing V	Miculal die loundauon

Fall	t XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7			<del>-</del>	120,300.
	Undistributed income, if any, as of the end of 2010.				
	Enter amount for 2009 only			0.	
	Total for pnor years 20, 20, 20		0.		
	Excess distributions carryover, if any, to 2010				
	From 2005 563, 299.				-
	From 2006				
	From 2007 852, 937.				-
	From 2008 618, 962.				
	652 077				
		3,281,957.			
	Total of lines 3a through e	3,202,30.1			
	line 4 > \$ 626, 130.				
				0.	
а /	Applied to 2009, but not more than line 2a	<del>.,,, </del>			
	Applied to undistributed income of prior years (Election		[ ه		
	required - see page 26 of the instructions) , , , , ,				
	Treated as distributions out of corpus (Election	0.			
	required - see page 26 of the instructions)				120,300.
	Applied to 2010 distributable amount	505,830.			120/300.
	Remaining amount distributed out of corpus	0.			0.
	Excess distributions carryover applied to 2010 . (If an amount appears in column (d), the same				
i	amount must be shown in column (a)				
	Enter the net total of each column as				
	indicated below:	3,787,787.		ļ	
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	3,707,707.			
	Prior years' undistributed income Subtract		0.		
	line 4b from line 2b  Enter the amount of pnor years' undistributed				,
1	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has		[ ه		
	been previously assessed		<u>-</u>		
	Subtract line 6c from line 6b Taxable		٥.١		
	amount - see page 27 of the instructions		· · · · · · · · · · · · · · · · · · ·		
	4a from line 2a Taxable amount - see page			0.	
	27 of the instructions	<del></del>			
	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2011				0.
	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	0.			
8	Instructions)				
	applied on line 5 or line 7 (see page 27 of the	563,299.			
	instructions)				
	Subtract lines 7 and 8 from line 6a	3,224,488.		İ	
	Analysis of line 9.				
	Excess from 2006				
	952 937				
	610 062				
	Excess from 2008 616, 962. Excess from 2009 653, 877 .				
	Excess from 2010 505, 830 .				

Pa	rt XIV Private Oper	rating Foundations	see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE		
1 a	a If the foundation has received a ruling or determination letter that it is a pпvate operating							
	foundation, and the ruling	is effective for 2010, enter	r the date of the ruling		. ▶			
b	Check box to indicate whe	ther the foundation is a pr	vate operating foundatio	n described in section	4942(j)	(3) or 4942(j)(5)		
2 a	Enter the lesser of the ad-	Tax year		Pnor 3 years	· · · · · · · · · · · · · · · · · · ·	(e) Total		
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(-,		
	for the minimum investment return from Part X for each							
	year listed							
b	85% of line 2a							
c	Qualifying distributions from Part							
	XII, line 4 for each year listed							
ď	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							
а	atternative test relied upon "Assets" alternative test - enter							
	(1) Value of all assets				<u> </u>			
	(2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i),							
b	"Endowment" alternative test-		:					
	enter 2/3 of minimum invest- ment return shown in Part X,							
	line 6 for each year listed							
C	"Support" alternative test - enter							
	(1) Total support other than gross investment income							
	(interest, dividends, rents,		 					
	payments on securities loans (section 512(a)(5)),							
	or royalties)							
	(2) Support from general public and 5 or more							
	exempt organizations as provided in section 4942							
	(j)(3)(B)(III)							
	<li>(3) Largest amount of sup- port from an exempt</li>							
	organization				ļ			
	(4) Gross investment income	no Information /C	amplete this port	anhy if the found	otion had \$5,000	or more in assets		
Pa	rt XV Supplement	ary information (C during the year - se	omplete this part e nade 28 of the in	only if the lound structions.)	ation had \$5,000	or more in assets		
1	Information Regarding			<del></del>				
	List any managers of			e than 2% of the tota	l contributions receive	ed by the foundation		
_	before the close of any	tax year (but only if th	ey have contributed r	nore than \$5,000) (S	ee section 507(d)(2))	•		
	NONE							
<u> </u>	List any managers of	the foundation who	own 10% or more of	the stock of a come	oration (or an equally	large portion of the		
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	interest.	ange person or are		
				J				
	NONE							
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:				
	Check here ▶ ☐ If t	he foundation only r	makes contributions	to preselected cham	table organizations a	nd does not accept		
	unsolicited requests f				28 of the instruction	ns) to individuals or		
	organizations under ot							
а	The name, address, an		the person to whom a	pplications should be a	addressed.			
	ATTACHME							
b	The form in which appli	ications should be subr	nitted and information	and mateлals they sho	ula incluae.			
	ATTACHME	FNT 6						
	Any submission deadling			···································				
-	adding							
		NS ACCEPTED AT A	<del></del>					
d	Any restrictions or li	mitations on awards,	such as by geogra	phical areas, chanta	ble fields, kinds of	institutions, or other		
	ATTACHME	รพษ 7						
	TITIOUILL							

Form 990-PF (2010)			39-6062129	Page 11
Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid Duri	ng the Year or App		Future Payment	<del>1</del>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)  a Paid during the year	or substantial contributor	recipient		
a raid during the year			•	
ATTACHMENT 8				
•				
	,	<u> </u>		
		<u></u>	▶ 3a	624,625.
<b>b</b> Approved for future payment				
ATTACHMENT 9				
_				
	<del>-</del>			
		<u> </u>		
Total			▶ 3b	150,000.

Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions )
_						
		<del></del>				
1						
g Fees	and contracts from government agencies					
Member	rship dues and assessments	_			_	
3 Interest c	on savings and temporary cash investments			14	7,142.	
Dividen	ds and interest from secunties			ļ		·····
	tal income or (loss) from real estate					
	t-financed property			<u> </u>		
<b>b</b> Not	debt-financed property		_			
	al income or (loss) from personal property			ļ .		
Other in	vestment income					
	loss) from sales of assets other than inventory			<u> </u>		
Net inco	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
	evenue. a			ļ		
d						
e				ļ	5 140	
Subtota	Add columns (b), (d), and (e)				7,142.	
				·		7 140
Total. A	add line 12, columns (b), (d), and (e)				13	7,142
Total. A ee worksh art XVI	add line 12, columns (b), (d), and (e)	venfy calculate	tions) complishment of Ex	empt Purp	oses	
Total. A ee worksl art XVI	add line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to v	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to t
Total. A ee worksh art XVI ine No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to t
Total. A ee worksh art XVI ine No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to t
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Total. A ee worksh art XVI ine No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to
Total. A ee worksh art XVI ine No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to
Total. A ee worksh art XVI ine No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to
Total. A see worksh art XVI ine No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to
Total. A see worksh art XVI ine No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to t
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Total. A See worksh Part XVI Line No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to t
3 Total. A See worksh Part XVI Line No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to t
3 Total. A See worksh Part XVI Line No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to t
3 Total. A See worksh Part XVI Line No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	ited importantly to t
3 Total. A See worksh Part XVI Line No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions on page 29 to the columns.  Relationship of Activities  Explain below how each activity accomplishment of the foundation instructions )	verify calcula to the Ac	tions)  complishment of Ex	empt Purp	oses  o of Part XVI-A contribu	uted importantly to ti

		<ul> <li>Exempt Orga</li> </ul>	anizations							
1	Did t	the organization directly	y or indirectly e	ngage in any of the fo	ollowing with	any other org	janization described		Yes	No
	ın se	ection 501(c) of the C	ode (other than	section 501(c)(3) organiz	zations) or in	section 527,	relating to political			
	organi	izations?								
а	Trans	fers from the reporting for	undation to a nonch	arıtable exempt organizatior	n of			1		
	(1) C	ash						1a(1)		Х
	(2) 0	ther assets						1a(2)		Х
b	Other	transactions						-	İ	İ
	(1) S	ales of assets to a noncha	aritable exempt orga	anization				1b(1)		Х
				mpt organization				1		X
								1		X
								1		Х
								t .		Х
				draising solicitations						Х
c				assets, or paid employees						Х
				es," complete the follow					fair i	marke
u		•		es given by the reporti	_					
		•	•	ment, show in column	_					
(2) [	ine no	(b) Amount involved		nchantable exempt organization	1		rs, transactions, and shar			
(0) -	-	N/A	(c) Name of nor	icianable exempt organization	N/A	<del></del>		ing arrai	-gerner	
		N/A			N/A	·				
							··········			
				<del></del>						
					<u> </u>					
								_		
2a	Is the	e foundation directly	or indirectly affil	ated with, or related	to, one or	more tax-exemp	ot organizations			_
	descri	bed in section 501(c) of	the Code (other tha	n section 501(c)(3)) or in s	section 527?			Y	es 🔼	No
b		s," complete the following								
		(a) Name of organization		(b) Type of organiza	tion		(c) Description of relations	hip		
N	/A									
	,									
	•	•	<u> </u>							
-							. =-			
	Und	der penalties of penury. I de	eclare that I have ex	amined this return, including a	accompanying s	chedules and state	ments, and to the best	of my k	nowled	ge and
Sigi	hal-	ief, it is true, correct, and cor	pplete Declaration of	preparer (other than taxpayer	or fiduciary) is be	ísed on all informati	on of which preparer has	any kno	owledge	
		111/1/1/1/1/	That I		15/K/	12 , 7	FUP ( 14 HP)	2		
Her			<i>///</i> //		Daze	Tit	Ho			
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Pre	parer	LISA A. CATTE		Lisa A. Cattela	·	02/28/2012				
		Firms name EN	<del> </del>	U.S. LLP		<del></del>	Firm's EIN ► 34-6	5655	96	
use	Only	.								
		MI	LWAUKEE, W	I	5	3202	Phone no 414 2			
							F	om 99	0-PF	(2010)

### Schedule'B (Form 990, 990-EZ,

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

2010

Name of the organization		Employer identification number
OSHKOSH CORPORATIO	N FOUNDATION, INC	
		39-6062129
Organization type (check of	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	•
	4947(a)(1) nonexempt chantable trust not treated as a pr	ivate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private f	oundation
	501(c)(3) taxable private foundation	
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5, y one contributor. Complete Parts I and II	000 or more (in money or
sections 509(a)(1 greater of (1) \$5, I and II  For a section 501 the year, aggrega	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % sulphand 170(b)(1)(A)(vi), and received from any one contributor, during the 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received filte contributions of more than \$1,000 for use exclusively for religious,	rom any one contributor, during charitable, scientific, literary, or
For a section 501 the year, contribu aggregate to monyear for an exclus applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from tions for use exclusively for religious, chantable, etc., purposes, but the e than \$1,000. If this box is checked, enter here the total contributions the sively religious, chantable, etc., purpose. Do not complete any of the partialization because it received nonexclusively religious, chantable, etc., or the contribution of the partial partial process.	rom any one contributor, dunng use contributions did not uat were received during the ts unless the <b>General Rule</b>
990-EZ, or 990-PF), but it n	at is not covered by the General Rule and/or the Special Rules does not nust answer "No" on Part IV, line 2 of its Form 990, or check the box on certify that it does not meet the filing requirements of Schedule B (Form	line H of its Form 990-EZ, or on
For Panerwork Reduction Act No.	tice see the instructions for Form 990, 990-FZ, or 990-PF	Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of o	rganization OSHKOSH CORPORATION FOUNDATION, INC		Employer identification number 39-6062129
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	OSHKOSH CORPORATION  P.O. BOX 2566  OSHKOSH, WI 54903-2566	\$1,000,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<b>-</b>		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

## ATTACHMENT

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

NET INVESTMENT INCOME	45. 595. 1,812. 4,690.
REVENUE AND EXPENSES PER BOOKS	45. 595. 1,812. 4,690.
DESCRIPTION	CHASE CHECKING ACCOUNT CHASE CDS CHASE MONEY MARKET ACCOUNT ASSOCIATED BANK MONEY MARKET ACCOUNT

# FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1,500.	1,500.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	1,500.	1,500.
REVENUE AND EXPENSES PER BOOKS	3,000.	3,000.
		TOTALS
DESCRIPTION	ERNST AND YOUNG LLP	

## - OTHER EXPENSES PART I FORM 990PF,

REVENUE	AND	PER BOOKS		16.	1,115.
			ILING FEE	K FEES	D BANK FEES
		DESCRIPTION	WI ANNUAL	CHASE BANK	ASSOCIATED

NET	INVESTMENT	INCOME	5.	16.	1,115.
AND	EXPENSES	PER BOOKS	10.	16.	1,115.

1,136.

,141.

TOTALS

ATTACHMENT 3

FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	ATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
CHARLES L. SZEWS PO BOX 2566 OSHKOSH, WI 54903	PRESIDENT, TRUSTEE .20	.0	.0	.0	
ROBERT G. BOHN PO BOX 2566 OSHKOSH, WI 54903	PRESIDENT, TRUSTEE UNTIL 12/31/2010 .20		.0	.0	
BRYAN J. BLANKFIELD PO BOX 2566 OSHKOSH, WI 54903	VICE PRESIDENT, TRUSTEE	0	.0	.0	
MICHAEL K. ROHRKASTE PO BOX 2566 OSHKOSH, WI 54903	VICE PRESIDENT, TRUSTEE .50	.0	.0	Ö	
DAVID M. SAGEHORN PO BOX 2566 OSHKOSH, WI 54903	VP, TREAS, TRUSTEE	.0	.0	Ö	
CONNIE S. STELLMACHER PO BOX 2566 OSHKOSH, WI 54903	VP, ASST TREAS, SECRETARY UNTIL 12/13/2010	. 0	.0	0	

ATTACHMENT 4 (CONT'D)

S
AND TRUSTEE
AND
, DIRECTORS,
LIST OF OFFICERS,
OF
LIST
- I
VIII
PART
990PF,
FORM

•		
EXPENSE ACCT AND OTHER ALLOWANCES	.0	0.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	0.
COMPENSATION	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	SECRETARY 3.00	GRAND TOTALS
NAME AND ADDRESS	JANA C. HEFT PO BOX 2566 OSHKOSH, WI 54903	

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

JANA C. HEFT P.O. BOX 2566 OSHKOSH, WI 54903-2566 920-233-9206

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

ALL REQUESTS FOR FUNDING MUST BE RECEIVED IN WRITING AND INCLUDE BACKGROUND INFORMATION ON THE ORGANIZATION, DOLLAR AMOUNT REQUESTED, SUMMARY OF PROGRAM OR PROJECT TO BE FUNDED, AND TAX EXEMPT STATUS OF ORGANIZATION.

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

FOCUS IS ON ORGANIZATIONS WITHIN CLOSE PROXIMITY OF WHERE OSHKOSH CORPORATION HAS OPERATIONS AND WHERE ITS EMPLOYEES LIVE. THE FOUNDATION ALSO SUPPORTS ORGANIZATIONS THAT HAVE A DIRECT RELEVANCE TO THE CORPORATION'S BUSINESS SEGMENTS. ORGANIZATIONS FOCUSING ON BASIC NEEDS AND CULTURAL DEVELOPMENT ARE PREFERRED.

OSHKOSH CORPORATION FOUNDATION, INC 990-PF, PART XV, Line 3n - Total Grants and Contributions Paid During the Year YEAR ENDED 9/30/2011

Recipient Name and Address	Relationship	Foundation Status	Purpose of Grant	Ā	Amount	
QUALIFIED CONTRIBUTIONS:		-				
AMERICAN CANCER SOCIETY INC P O BOX 3565 OSHKOSH, WI 54903	NONE	\$01(C)(3) & 170(b)(1)(A)(V1)	TO SUPPORT CANCER RESEARCH PROGRAMS	<b>5</b>	2,900	
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	\$01(C)(3) & 170(b)(1)(A)(V1)	TO SUPPORT HEART DISEASE AND STROKE RESEARCH PROGRAMS	•	800	
AMERICAN RED CROSS 1302 E WISCONSIN A VENUE APPLETON, WI 54911	NONE	501(C)(3) & 170(b)(1)(A)(VI)	TO SUPPORT DISASTER RELIEF - \$10,000 TO SUPPORT SOCIAL SERVICE PROGRAMS - \$35,200	•	45,200	
BEAMING, INC 1190 SYMPHONY BLVD NEENAH, WI \$4956	NONE	\$01(C)(3) & 170(b)(1)(A)(VI)	TO SUPPORT EQUINE ASSISTED ACTIVITIES FOR PEOPLE WITH DISABILITIES	<b>6</b>	000*1	
BOYS & GIRLS BRIGADE ASSOCIATION, INC PO BOX 665 NEBNAH, WI 54957	NONE	\$01(C)(3) & 170(b)(1)(A)(VI)	TO SUPPORT CHARACTER EDUCATION PROGRAMS	•	2,500	
BOYS & GIRLS CLUB - FOND DU LAC 382 WALKER STREET FOND DU LAC, WI 54935	NONE	\$01(C)(3) & \$09(a)(2)	TO SUPPORT CHARACTER EDUCATION PROGRAMS	•	2,500	
BOYS & GIRLS CLUB OF THE FOX VALLEY, INC 160 S BADGER AVE APPLETON, WI 54914	NON	\$01(C)(3) & 170(b)(1)(A)(VI)	TO SUPPORT CHARACTER EDUCATION PROGRAMS	<b>~</b>	20,000	
BOYS & GIRLS CLUB OF AMERICA 1275 PEACHTREE ST NE ATLANTA, GA 30309	NONE	\$01(C)(3) & \$09(a)(2)	TO SUPPORT CHARACTER EDUCATION PROGRAMS	<b>6</b>	12,500	
CHRISTINE ANN DOMESTIC ABUSE SERVICES 124 W WASHINGTON AVENUE, SUITE 90 NEENAH, WI \$4957	NONE	\$01(C)(3) & 170(b)(1)(A)(VI)	TO SUPPORT FAMILY VIOLENCE SERVICES	S	25,000	
COMMUNITY CLOTHES CLOSET, INC 1465B OPPORTUNITY WAY MENASHA, WI 54952	NONE	\$01(C)(3) & 170(b)(1)(A)(VI)	TO SUPPORT PROVIDING CLOTHING TO FAMILIES IN NEED	ø	1,500	
CO I'S INC 913 S WEST AVENUE APPLETON, WI 54915	NONE	\$01(C)(3) & \$09(a)(2)	TO SUPPORT HOMELESS SHELTER OPERATIONS	<b>~</b>	000'01	
CIRL SCOUTS OF USA FOX RIVER AREA 4693 N LYNNDALE DR APPLETON WI 54913	NONE	\$01(C)(3) & 170(b)(1)(A)(VI)	TO SUPPORT CHARACTER EDUCATION PROGRAMS	•	10,000	
FOX CITIES PERFORMING ARTS CENTER 400 W COLLEGE AVENUE	NONE	501(C)(3) & 170(b)(1)(A)(VI)	TO SUPPORT PERFORMING ARTS CENTER OPERATIONS	•	50,000	

OSHKOSH CORPORATION FOUNDATION, INC 990-PF, PART XV, Line 3a - Total Grants and Contributions Paid During the Year YEAR ENDED 9/30/2011

25,000 50,000 15,000 12,500 10,000 20,000 25,000 10,000 2,500 10,000 2,000 98,225 8 Amount . • s s s • s 4 • TO SUPPORT NATIONAL AND STATE ACTIVITIES TO HONOR PALLEN FIGHTERS AND ASSIST THEIR SURVIVORS TO SUPPORT COMMUNITY FOOD PANTRY FOOD FOR THE NEEDY OF FOX VALLEY TO SUPPORT CHARACTER EDUCATION PROGRAMS TO SUPPORT CHARACTER EDUCATION PROGRAMS TO SUPPORT PROGRAM PROVIDING TO PROVIDE UNDERPRIVALEDGED STUDENTS WITH SCHOOL SUPPLIES TO SUPPORT SCHOLARSHIP FUND TO SUPPORT SOCIAL SERVICES TO SUPPORT SOCIAL SERVICES PROGRAMS TO SUPPORT SOCIAL SERVICE PROGRMAS TO SUPPORT LOW INCOME TO SUPPORT FIRE SAFETY EDUCATION PROGRAMS TO SUPPORT FINANCIAL LITERACY PROGRAMS HOUSING PROGRAMS PROGRAMS 501(C)(3) & 170(b)(1)(A)(VI) 501(C)(3) & 170(b)(1)(A)(VI) 501(C)(3) & 170(b)(1)(A)(VI) 501(C)(3) & 170(b)(1)(A)(VI) 501(C)(3) & 170(b)(1)(A)(VI) 501(C)(3) & 170(b)(1)(A)(VI) 501(C)(3) & 170(b)(1)(A)(VI) 501(C)(3) & 170(b)(1)(A)(1) Foundation Status 501(C)(3) & 509(a)(2) 501(C)(3) & 509(a)(2) 501(C)(3) & 509(a)(2) 501(C)(3) & 509(a)(2) 501(C)(3) & 509(a)(2) Relationship NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NATIONAL FALLEN FIREFIGHTERS FOUNDATION 16825 S SETON AVE P O DRAWER 498 EMMITSBURG, MD 21727-8920 OSHKOSH AREA COMMUNITY FOUNDATION 230 OHIO STREET NO 100 NEENAH-MENASHA EMERGENCY SOCIETY Recipient Name and Address APPLETON, WI 54912 HABITAT FOR HUMANITY OF OSHKOSH 1118 HIGH STREET OSHKOSH AREA COMMUNITY PANTRY 2551 JACKSON ST OSHKOSH, WI 54901 JUNIOR ACHIEVEMENT OF WISCONSIN 6924 N PORT WASHINGTON ROAD NATIONAL FIRE SAFETY COUNCIL REACH COUNSELING SERVICES **OSHKOSH COMMUNITY YMCA** OSHKOSH AREA UNITED WAY 36 BROAD STREET ST JOSEPH FOOD PROGRAM SALVATION ARMY 417 ALGOMA BOULEVARD OSHKOSH, WI 54901 1465A OPPORTUNITY WAY 3303 WEST 20TH AVENUE OSHKOSH, WI 54901 E7475 RAWHIDE ROAD NEW LONDON, WI 54961 MILWAUKEE, WI 53217 **OSHKOSH, WI 54901** OSHKOSH, WI 54902 OSHKOSH, WI \$4901 OSHKOSH, WI \$4901 101 COURT STREET OSHKOSH, WI 54901 NEENAH, WI 54957 36 BROAD STREET PO BOX 744 RAWHIDE

OSHKOSH CORPORATION FOUNDATION, INC 990-PF, PART XV, Line 3a - Total Grants and Contributions Paid During the Year YEAR ENDED 9/30/2011

Amount	\$ 10,000	000'0S <b>S</b>	000'05 <b>\$</b>	\$ 20,000
Purpose of Grant	TO SUPPORT OPERA HOUSE OPERATIONS	TO SUPPORT SOCIAL SERVICES PROGRAMS	TO SUPPORT SOCIAL SERVICES PROGRAMS	TO SUPPORT CHARACTER EDUCATION PROGRAMS
Foundation Status	\$01(C)(3) & 170(b)(1)(A)(V1)	\$01(C)(3) & 170(b)(1)(A)(VI)	S01(C)(3) & 170(b)(1)(A)(VI)	501(C)(3) & 509(a)(2)
Relationship	NONE	NONE	NONE	HONE
Recipient Name and Address MENASHA, WI 54952	THE GRAND OPERA HOUSE 222 PEARL AVENUE, P O BOX 1004 OSHKOSH, WI 54903-1004	UNITED WAY FOX CITIES, INC 1455 MIDWAY ROAD MENASHA, WI 54952	UNITED WAY OF OLMSTEAD COUNTY, INC 903 WEST CENTER STREET, NO 100 ROCHESTER, MN 55902	YMCA OF THE FOX CITIES 218 EAST LAWRENCE STREET

\$ 624,625 PART I, LINE 25, COL D & PART XV, LINE 3A

TOTAL QUALIFIED CONTRIBUTIONS PAID

39-6062129

FORM 990RE, PART XV - CONTRIBILITIONS APPROVED FOR FUTURE PAYMENT

4.54.07 PM

2/23/2012

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 9

50,000

501 (C) (3) &170 (B) (1) (VI

TO SUPPORT PERFORMING ARTS CENTER OPERATIONS

OSHKOSH AREA COMMUNITY FOUNDATION 230 OHIO STREET NO 100

FOX CITIES PERFORMING ARTS CENTER

400 WEST COLLEGE AVENUE

APPLETON, WI 54912

RECIPIENT NAME AND ADDRESS

NONE

TO SUPPORT SCHOLARSHIP FUND

100,000

OSHKOSH, WI 54902

501(C)(3)&170(B)(1)(VI

TOTAL CONTRIBUTIONS APPROVED

150,000

PAGE 32 ATTACHMENT 9

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### Form 8868

(Rev January 2011)

Department of the Treasury

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

OMB No. 1545-1709

File a separate application for each return. Internal Revenue Service • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Employer identification number Name of exempt organization Type or OSHKOSH CORPORATION FOUNDATION, INC 39-6062129 print Number, street, and room or suite no. If a P.O. box, see instructions File by the due date for P.O. BOX 2566 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See OSHKOSH, WI 54903 instructions 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 08 Form 990-EZ Form 4720 09 03 Form 990-PF Form 5227 04 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 • The books are in the care of ▶ JANA HEFT Telephone No ▶ 920 233-9206 FAX No ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 05/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 or 10/01 , 2010 , and ending 09/30,2011 ► X tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 522. nonrefundable credits. See instructions 3a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 522. estimated tax payments made. Include any prior year overpayment allowed as a credit 3b|\$ c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS 0. (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions