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Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For	cale	ndar year 2011 or tax year beginning		, and ending				
		foundation WM. F. AND SANDRA L. S	CHNEIDER		A Employer identification	number		
_F	AM	ILY FOUNDATION, INC.			39-1869772			
		and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number			
	_	4 OAK RIDGE CIRCLE			(920)336-5	603		
		own, state, and ZIP code PERE, WI 54115			C If exemption application is p	ending, check here		
G (heck	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here		
		Final return	Amended return					
		Address change	Name change		Foreign organizations me 2. check here and attach co	eting the 85% test, imputation		
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated		
<u>L</u>			Other taxable private found	ation	under section 507(b)(1)			
		·	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination		
			ther (specify)	 	under section 507(b)(1)	(B), check here		
	\$	323,900. (Part I, colu	· · · · · · · · · · · · · · · · · · ·	basis)		1		
<u> Pa</u>	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received	10,000.		N/A			
	2	Check It if the foundation is not required to attach Sch. B.						
	3	cash investments	0.740	0 740		(m) mp)/p) m 4		
	4	Dividends and interest from securities	8,740.	8,740.		STATEMENT 1		
		Gross rents			 			
		Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10						
Ę	b	Gross sales price for all			F DEC	EIVED		
Revenue	7	Capital gain net income (from Part IV, line 2)		0.	REC	OI		
ď	8	Net short-term capital gain	-		a Luav	0 1 2012		
	9	Income modifications			E MAI	2 1 2012 G		
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold			OGI	FN. UI		
		Gross profit or (loss)						
	11	Other income	10 740	0 740				
	12	Total. Add lines 1 through 11	18,740.	8,740.				
	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	- 0.	- 0 1		0.		
	15	Pension plans, employee benefits						
nses		Legal fees						
ens		Accounting fees STMT 2	770.	0.	,	770.		
Š		Other professional fees						
.≥	17	Interest						
Operating and Administrative Exper	18	Taxes STMT 3	67.	0 .		0.		
nist	19	Depreciation and depletion						
ᆵ	20	Occupancy						
Š	21	Travel, conferences, and meetings						
ā	22	Printing and publications						
iing	23	Other expenses			<u> </u>			
erat	24	Total operating and administrative	837.	0.		770		
Ö	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	17,985.	<u> </u>	· 	770. 17,985.		
	26	Total expenses and disbursements.	17,303.		-	11,303.		
	"	Add lines 24 and 25	18,822.	0.		18,755.		
_	27	Subtract line 26 from line 12:				10,733.		
		Excess of revenue over expenses and disbursements	-82.					
		Net investment income (if negative, enter -0-)		8,740.	,			
	_ c	Adjusted net income (if negative, enter -0-)			N/A			
1235	1	L HA For Panerwork Reduction Act Notice see	instructions			Form QQO-DF (2011)		

Form 990-PF (2011) FAMILY FOUNDATION, INC.

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Part II Balance Sheets Attached schedules and amounts in the description			Beginning of year		End of year			
<u>P</u>	art	Balance Sneets Column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
_	1	Cash - non-interest-bearing						
	2	Savings and temporary cash investments	831.	749.	749.			
	3	Accounts receivable ►						
		Less: allowance for doubtful accounts ▶	-					
	4	Pledges receivable ▶						
		Less: allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other		-				
		disqualified persons						
	7	Other notes and loans receivable						
		Less; allowance for doubtful accounts	1					
ø	8	Inventories for sale or use						
Assets		Prepaid expenses and deferred charges			_			
As	l .	Investments - U.S. and state government obligations						
	ı	Investments - corporate stock STMT 4	314,473.	314,473.	323,151.			
	ı	Investments - corporate bonds	311,1731	311,173	323,131.			
	11	· .						
	''	Investments - land, buildings, and equipment basis						
	1,2	Less accumulated depreciation						
	ı	Investments - mortgage loans Investments - other		<u> </u>				
								
	'*	Land, buildings, and equipment basis	-					
	۱.,	Less accumulated depreciation						
	13	Other assets (describe						
	۱.,	*	215 204	215 222	222 000			
_	_	Total assets (to be completed by all filers)	315,304.	315,222.	323,900.			
	17	Accounts payable and accrued expenses						
	18	Grants payable						
Liabilities	19	Deferred revenue						
Ē	20	Loans from officers, directors, trustees, and other disqualified persons						
Ē	21	Mortgages and other notes payable						
	22	Other liabilities (describe						
	١.,	T . 10 100 / 114 . 47 / 100	۱ ،	ا م				
_	23	Total liabilities (add lines 17 through 22)	0.	0.				
		Foundations that follow SFAS 117, check here						
ces	۱.,	and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted	-					
<u>a</u>	25	Temporarily restricted						
B	26	Permanently restricted						
5		Foundations that do not follow SFAS 117, check here						
ŗ	l	and complete lines 27 through 31.		ا م				
ţ	27	Capital stock, trust principal, or current funds	0.	0.				
Net Assets or Fund Balan	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.				
Ĭ,	29	Retained earnings, accumulated income, endowment, or other funds	315,304.	315,222.				
ž	30	Total net assets or fund balances	315,304.	315,222.				
			245 204	245 222				
_	31	Total liabilities and net assets/fund balances	315,304.	315,222.	 _			
P	art	Analysis of Changes in Net Assets or Fund B	alances					
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30					
	(mus	st agree with end-of-year figure reported on prior year's return)		1	315,304.			
2	Ente	r amount from Part I, line 27a		2	-82.			
3	Othe	r increases not included in line 2 (itemize)		3	0.			
		lines 1, 2, and 3		4	315,222.			
		eases not included in line 2 (itemize)		5	0.			
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	315,222.			

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FAMILY FOUNDATION, INC.

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(a) List and describ	nd Losses for Tax on I be the kind(s) of property sold (e. chouse; or common stock, 200 st	g., real estate,		Į`Ρ	How ac - Purc - Dona			acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a									
b NON	E					_			
C	··-··			L_					
d				┢					
<u>e </u>	/f) Depression allowed	(a) Co.	ot or other been	Ц,		ŀ	(b) C	(!	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus (
b b									
c		 							
d		 							
e		-							
Complete only for assets showing	gain in column (h) and owned by	the foundation	n on 12/31/69			- 0	Gains (C	ol. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (I)				(k), but r	not less than (from col. (n -0-) or
a									
b		†		_					
c					_				
d	· · · · · · · · · · · · · · · · · · ·							-	
e		1							
	∫ If gain, also ente	er in Part I line	7	\neg					
2 Capital gain net income or (net capi	tal loss) { If (loss), enter -	0- in Part I, line	7)	2	_			
3 Net short-term capital gain or (loss)		ind (6):		٦					
If gain, also enter in Part I, line 8, co	olumn (c).			- }					
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Section 4940(e) fo	r Reduced	Tay on Net	Inv	estn	ent Inc	ome	_	
Vas the foundation liable for the section if "Yes," the foundation does not qualify Enter the appropriate amount in ea	under section 4940(e). Do not c	omplete this pa	art.				_		Yes X No
(a)	(b)		iniaking any enin	es. (c)	·	_	ı		(d)
Base periód years Calendar year (or tax year beginning	in) Adjusted qualifying di		Net value of no		rıtable-			Distrib (col. (b) div	(d) oution ratio oided by col. (c))
2010		12,870.				5,061			.035254
2009		25,648.				9,828			.077762
2008		38,879. 22,669.		_		2,222 7,779		-	.08597
2007		16,838.				$\frac{7,779}{8,153}$.03016
2000	I.	10,030.				0,133	+		. 03010
2 Total of line 1, column (d)							2		.267723
3 Average distribution ratio for the 5-	year base period - divide the total	on line 2 by 5.	or by the number	of ve	ars				,
the foundation has been in existence			,	,			3		.05354
4 Enter the net value of noncharitable	-use assets for 2011 from Part X,	, line 5					4		372,777
5 Multiply line 4 by line 3							5		19,960
6 Enter 1% of net investment income	(1% of Part I, line 27h)						6		87
	(
7 Add lines 5 and 6							7		20,047
8 Enter qualifying distributions from F	Part XII, line 4						8		18,755
If line 8 is equal to or greater than li	ne 7, check the box in Part VI, lin	e 1b, and comp	olete that part usin	g a 1	% tax r	rate.			
See the Part VI instructions.									

DR. WM. F. AND SANDRA L. SCHNEIDER

Part VI Excise Tax Based on Investment Income (Section 4940(B), 4940(B), or 4948 - see instructions)	Form 990-PF (2011) FAMILY FOUNDATION, INC.	9-1869	772		Page 4
Dues to fruing or determination letter:	Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c)	8 - see i	nstrı	ıctio	ns)
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of the 175 of Part I, line 12 oct (9). of Part I, line 12 oct (10). of Part II, line 12 oct (10). of Part III, line 12 oct (10).	1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
of Part I, line 27b. c All other domestic boundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section \$11 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 4 Subitità R (notione) taxi (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 De Credits -0 zero de control or less on the control or less of the control or less of the control or less on th	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
c All other domestic foundations enter 2% of the 27b. Exempt forego organizations enter 4% of Part I, Ine 12, col. (b). 2 Tax under section 511 (6mestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 175. 4 Subtité A (income) bix (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3, Il zero rises, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3, Il zero rises, enter -0- 6 Credist/Payments: a 2011 estimated tax payments and 2010 overpayment credited to 2011 5 Exempt foregin organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 5 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 over 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% ▶	1		1	<u>75.</u>
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 1.75_5. 4 Subbrile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax dee. If the control of extension of time to lite (from 8868) 6 Category in the subtract line 4 from 10 trust line 2 from 8868) 6 Category in the 2 from 10 zero or less, enter the amount over 6 Category in the 2 from 220 statached 7 Total credits and payments. Add lines 5 is through 60 8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 statached 9 Tax dee. If the total of lines 5 and 8 is more than line 7, enter amount over 9 If 7 Subtraction 10 veryapyment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2012 statistant of tax. Part 10 trust lines 1 trust lines	of Part I, line 27b				
3 Subtrible A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on Investment Incomes. Subtract lime 4 from line 3. If zero or less, enter -0- 5 Tax based on Investment Incomes. Subtract lime 4 from line 3. If zero or less, enter -0- 5 Tax based on Investment Incomes. Subtract lime 4 from line 3. If zero or less, enter -0- 5 Cordst-Payments; a 2011 estimated tax payments and 2010 overpayment credited to 2011 b Exempl foreign organizations - Lax withheld at source 6 Cap and with application for extension of time to lite (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 8a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here □ If Form 2220 is attached 9 Tax dee. If the total of lines 5 and 8 is more than line 7, enter amount ower 9 Tax dee. If the total of lines 5 and 8 is more than line 7, enter amount ower 10 Tenter the amount of line 10 to be; Credited to 2012 estimated tax. 11 Enter the amount of line 10 to be; Credited to 2012 estimated tax. 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campain? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campain? 14 If the answer is "Yes" to 1 ₉ or 1 ₁₀ , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 15 During the tax year, did the foundation in political expenditures (section 4955) imposed during the year? 16 Enter the reimbursement (if any) to any on political expenditures (section 4955) imposed during the year? 17 If the answer is "Yes" to 1 ₉ or 1 ₁₀ , attach a conformed copy of the changes of incorporation, or bythws, or other mind in terminates that have not previously been reported to the IRS?	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
4 Subtlet A (income) bits (domestic section 4947(a)1) irrusts and taxable (boundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from hins 3. if zero or less, enter -0- 5 Credits-Pyriments: a 2011 estimated tax payments and 2010 overpayment credited to 2011 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Exempt foreign organizations with the classification organization organiza	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			
5 Tax based on investment income. Subtract line 4 from kine 3. If zero or less, enter-0-6 Credits/Payments: a 2011 estimated tax payments and 2010 overpayment credited to 2011 b Exempt foreign organizations - tax withheld at source C Tax paid with application for extension of time to life (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add innes 6a through 6d 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 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpald 11 Enter the amount of line 50 to be: Credited the 2012 estimated tax ▶ Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did is spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to Tap or Tab., attach a detailed description of the activities and copies of any materials published or distributed by the foundation in if rorm 11-20-01, for this year? If the chindrian like Form 11-20-01, for this year? If the chindrian like Form 11-20-01, for this year? If Yes, attach a detailed description of the activities S at Sat the foundation. For Form 11-20-01, for this year? If Yes, attach a detailed description of the activities If Yes, attach a detailed description of the activities If Yes, attach a detailed description of the activities If Yes, attach a detailed description of the activities If Yes, attach a detailed description of the activities If Yes, attach a detailed description of the activities If Yes, attach a detailed description of	3 Add lines 1 and 2	3		1	
6 Credits/Payments: a 2011 estimated tax payments and 2010 overpayment credited to 2011 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 5a through 6d 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 hime 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than hime 7, enter amount owed 9 Tax due. If the total of lines 5 and 8, enter the amount overpaid 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to 9 is Credited to 2012 estimated tax. Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagn? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campagn? 5 Did it is spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1a X X Intervent to the state of the st	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			
a 2011 estimated ax payments and 2010 overpayment credited to 2011 b Exempt foreign organizations - is ax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 6 Enter any penalty for underpayment of estimated tax. Check here in 1 Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check here in 1 Form 2220 is attached 9 Tax due. If the total of times 5 and 8 is more than line 7, enter amount ower 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2012 estimated tax ▶ Refunded ▶ 10 11 Enter the amount of line 10 to be; Credited to 2012 estimated tax ▶ Refunded ▶ 11 Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 16 If the answer is "Yes" to 1 ₁₀ or 1 ₀ , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1 Did it spend on the 10 to 10 this year? 1 C) On the foundation. S S O. (2) On foundation managers. S O. 2 Has the foundation of the 10 to this year? 2 A S Was there a liquidation, termination, dissolution, or substantial contraction during the year? 3 A S Was there a liquidation, termination, dissolution, or substantial contraction during the year? 3 A Y S Was there a liquidation, termination, dissolution, or substantial contraction during the year? 3 A Y S Was there a liquidation, termination, dissolution, or substantial contraction during the year? 4 A Y S Was there a liquidation, termination, dissolution, or substantial contraction during the year? 4 Pyes, ca	<u> </u>	5		1	<u>75.</u>
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c Tax paid with application for extension of time to file (Form 8868) 6 d 8 Backup withholding erroneously withhold 7 Total credits and payments. Add lines 5a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Iform 2220 is attached 9 Tax due. If the lotal of lines 5 and 8 is more than the total of lines 5 and 8, enter than 10 to the 10 to be; Credited to 2012 estimated tax 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2012 estimated tax Refunded 11					
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7 Total credits and payments. Add lines 6a through 6d 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 the total of lines 5 and 8, enter the amount owed ▶ 9 17.5. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 11 Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
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 10 10 10 10 10 10 10					
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10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2012 estimated tax ▶ Refunded ▶ 11 Peart VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any pollucal campaign? 1a	8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
Enter the amount of line 10 to be: Credited to 2012 estimated tax Part VII-A Statements Regarding Activities	· · · · · · · · · · · · · · · · · · ·	9		1	<u>75.</u>
Part VII-A Statements Regarding Activities	10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for definition)? 1if the answer is "Yes" to *1a or *1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities 1c Did the foundation hie Form 1120-PDL for this year? 2 Did the foundation hie Form 1120-PDL for this year? 3 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation hie Form 1120-PDL for this year? 4 Enter the reimbursement (if any) baid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 5 D. 2 2 Has the foundation engaged in any activities that have not previously reported to the IRS? 1i "Yes," attach a detailed description of the activities 3 Has the foundation have unrelated business gross income of \$1,000 or more during the year? 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 1i "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: 9 By language in the governing instrument? 2 Did the foundation have at least \$5,000 in assets at any time during the year? 1i "Yes," complete Part II, cot (c), and Part XV 8 Enter the states to which 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 9 Is the foundation claiming status as a p		<u> </u>			
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	Tes, attach a schedule usung their names and addresses	For		-PF	

X

X

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4a

N/A

b If "Yes," did it have excess business holdings in 2011 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 period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2011)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

DE PERE, WI 54115	1.00	0.	. 0.	0
2 Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none	e, enter "NONE."		<u> </u>
(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, othe allowances
NONE				
	_			
	-			
Total number of other employees paid over \$50,000				

123551 12-02-11

4515 OAK RIDGE CIRCLE

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Total. Add lines 1 through 3

All other program-related investments. See instructions.

For	m 990-PF (2011) FAMILY FOUNDATION, INC.	39-1869772	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see instructions.)	
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 374,	873. 581.
b	Average of monthly cash balances	1b 3,	,581.
C	Fair market value of all other assets	1c	_
đ	Total (add lines 1a, b, and c)	1d 378	,454.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d		,454.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		<u>,677.</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		777.
6	Minimum investment return. Enter 5% of line 5	6 18	639.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1 18	,639.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	175.
3	Distributable amount before adjustments. Subtract line 2c from line 1		464.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 18	464.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		464.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 18,	<u>,755.</u>
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., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 18,	755.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		755.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for the section	

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				18,464.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2011:			_	
a From 2006	1			
b From 2007				
c From 2008 5,126.				
dFrom 2009 9,261.				
e From 2010				
f Total of lines 3a through e	14,387.			
4 Qualifying distributions for 2011 from				· · · · · · · · · · · · · · · · · · ·
Part XII, line 4: ▶\$ 18,755.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	<u>. </u>			
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				18,464.
e Remaining amount distributed out of corpus	291.			10,1010
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u>~.</u>
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	14,678.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	-			
undistributed income for which a notice of		!		
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract	-			
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006			 _	
not applied on line 5 or line 7	0.]
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	14,678.			
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008 5,126.				
c Excess from 2009 9, 261.				1
d Excess from 2010				
e Excess from 2011 291.				
				Form 990-PF (2011)

Part XIV Private Operating Fo	oundations (see in		-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	t it is a private operating			
foundation, and the ruling is effective for		-	. ▶ 🖳		
b Check box to indicate whether the founda		ng foundation described i		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2010	Prior 3 years	(4) 0000	(a) Takal
income from Part I or the minimum	(a) 2011	(8) 20 10	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed			<u> </u>		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed d Amounts included in line 2c not					
used directly for active conduct of		ļ			
exempt activities					
e Qualifying distributions made directly		<u> </u>			
for active conduct of exempt activities.		İ			
Subtract line 2d from line 2c		i			
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in 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)	i			:	
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Informat any time during the			if the foundation	had \$5,000 or m	ore in assets
Information Regarding Foundation List any managers of the foundation who year (but only if they have contributed m	have contributed more		ributions received by the	foundation before the clo	se of any tax
SEE STATEMENT 5					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	on of the ownership of a p	artnership or
NONE	-				
2 Information Regarding Contribution Check here ► X if the foundation or the foundation makes gifts, grants, etc. (nly makes contributions	to preselected charitable	organizations and does r	not accept unsolicited requ complete items 2a, b, c, and	vests for funds. If d d.
a The name, address, and telephone numb	per of the person to who	m applications should be	addressed:	·	
b The form in which applications should be	e submitted and informa	tion and materials they st	nould include;		
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields,	kinds of institutions, or o	other factors:	
123601 12-02-11					Form 990-PF (201

FAMILY FOUNDATION, INC.

39-1869772 Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NEVILLE PUBLIC MUSEUM NONE PUBLIC CHARITY GENERAL SUPPORT PO BOX 325 GREEN BAY, WI 54305 110. ST. MARY CATHOLIC COMMUNITY NONE PUBLIC CHARITY RELIGIOUS - GENERAL SUPPORT 4805 SPORTSMAN DR. DE PERE, WI 54115 3,650. YWCA WOMEN OF VISION NONE PUBLIC CHARITY GENERAL SUPPORT 235 N. JEFFERSON ST. GREEN BAY, WI 54301 125. CATHOLIC FOUNDATION BISHOP'S APPEAL NONE PUBLIC CHARITY RELIGIOUS - GENERAL 1825 RIVERSIDE DR. SUPPORT GREEN BAY, WI 54301 2,500. MEDICAL COLLEGE OF WISCONSIN NONE PUBLIC CHARITY EDUCATIONAL - GENERAL 744 S. WEBSTER AVE. SUPPORT GREEN BAY, WI 54305 500. SEE CONTINUATION SHEET(S) Total ▶ 3a 17,985. b Approved for future payment NONE Total **▶** 3b

Part XVI-A Analysis of Income-Producing Activities

	0	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a			+		
b	_		 		
С			\dagger		
d			T		
e					
1		············	1		
g Fees and contracts from government agencies					
2 Membership dues and assessments			1		
Interest on savings and temporary cash	_			,_	
investments					
Dividends and interest from securities			14	8,740.	· · · · · · · · · · · · · · · · · · ·
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property				· · · · · · · · · · · · · · · · · · ·	
Net rental income or (loss) from personal					
property					
Other investment income			1		
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory		·-· ·	1		
Other revenue:					
a					
b				· ·	
C					
d			T		
e					
-		0.		8,740.	0
Subtotal. Add columns (b), (d), and (e)	<u> </u>		-	13	8,740
	<u> </u>			10	0,/40
Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	0,740
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation	·		xemp	-	0,740
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti Line No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	
ine No. Explain below how each activity for which	es to the Acco	omplishment of E		t Purposes	

123621 12-02-11

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

1	Did the or	ganization directly or indir	rectly engage in any	of the following	ig with any other organization	ation des	cribed in section	on 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?											
a Transfers from the reporting foundation to a noncharitable exempt organization of:											
	(1) Cash								1a(1)		X
	(2) Other	assets							1a(2)		X
b	Other tran	sactions:									
	(1) Sales	of assets to a noncharital	ble exempt organiza	ation	-				1b(1)		_X_
	(2) Purch	nases of assets from a nor	ncharitable exempt	organization					1b(2)		X
	(3) Renta	il of facilities, equipment, (or other assets						1b(3)		X
		bursement arrangements							1b(4)		X
		s or loan guarantees							1b(5)		Х
		rmance of services or me							1b(6)		X
	_	f facilities, equipment, mai	•		•				1c		<u> </u>
d		ver to any of the above is								ets,	
		s given by the reporting fo				alue in ai	ny transaction	or sharing arrangemen	t, show in		
/a.\.		1) the value of the goods,									
(a)L	ine no	(b) Amount involved	(c) Name (e exempt organization		(0) Description	of transfers, transactions, a	nd sharing arr	angeme	nts
				N/A							
	_	-									
								<u> </u>			
						-					
					·· -	-					
											
								· · · · · · · · · · · · · · · · · · ·			
					 	_					
											
	- -										
						-					
										_	
							-				
				·				-			
2a	Is the four	ndation directly or indirect	lly affiliated with, or	related to, one	or more tax-exempt orga	anizations	s described				
		501(c) of the Code (other	•		· -				Yes	X	No
b	If "Yes," co	omplete the following sche	edule.								
		(a) Name of org	anization		(b) Type of organizatio	n	(c) Description of relatio	nship	-	
		N/A									
	and he	penalties of perjury, I declare telef, at is true, correct, and com						hae any knowledge	May the IRS o		
Sig	gn 📐	1,75//	1 / 0	, 1	14MAY20			, , , , , , , , , , , , , , , , , , ,	return with the shown below		
He		(Wullam 5	T. Wenn	uder.	<u></u>	<u>''</u>	PRESID	ENT	X Yes		No
	Sign	ature of officer or trustee			Date		itle	L			
		Print/Type preparer's na		Preparer's s	ignature	Date		Check if PTI	N		
_		KARELYN J.	BECK,	L				self- employed			
Pa		CPA		KARELY	N J. BECK,	05/	/08/12		00474		
	eparer	Firm's name ► KOL	R+CO. SC					Firm's EIN ► 39-	12143	45	
US	e Only	Ciemto addessa 5 4 3	400 570	ADIC 13	110 G11700 3	0.0					
		Firm's address ► 13			•	00			01851	<u> </u>	^ ^
BROOKFIELD, WI 53005 Phone no. (262)754								-94	<u> </u>		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

DR. WM. F. AND SANDRA L. SCHNEIDER

FAMILY FOUNDATION, INC.

Organization type (check one).

Employer identification number

39-1869772

Filers of:	Section:							
Form 990 or 990-E	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	inization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one or Complete Parts I and II							
Special Rules								
509(a)(1)	etion 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% nount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II							
total con	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
contribut If this bo purpose.	etion 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, ions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. It is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions of \$5,000 or more during the year							

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

DR. WM. F. AND SANDRA L. SCHNEIDER

Employer identification number 39-1869772

FAMILY FOUNDATION, INC.

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. WILLIAM F. SCHNEIDER 4424 OAK RIDGE CIRCLE DEPERE, WI 54115	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
123452 01-2		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011)

39-1869772

Employer Identification number

DR. WM. F. AND SANDRA L. SCHNEIDER FAMILY FOUNDATION, INC

Y FOUNDATION, INC.		39-1869772
Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	_
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Noncash Property (see instructions). Use duplicate copies of Part (b) Description of noncash property given Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Description of noncash property given (e) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Description of noncash property given (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions)	

Name of org	1. F. AND SANDRA L. SCH		(01(c)(/), (8), or (10) organ	Employer identification number 39-1869772 izations that total more than \$1,000 for the		
	Exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	he following line entry. For organ c., contributions of \$1,000 or les lal space is needed	izations completing Part III, is for the year. (Enter this informat	enter		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	(d) Description of how gift is held		
		(e) Transfer o	f gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	gift (c) Use of gift		(d) Description of how gift is held		
-	Transferee's name, address, a	(e) Transfer o		of transferor to transferee		
-/->						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
	Transferee's name, address, a	(e) Transfer o		of transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held		
	Transferee's name, address, a	(e) Transfer o		of transferor to transferee		

Part XV Supplementary Information 3 · Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient HERITAGE HILL FOUNDATION NONE PUBLIC CHARITY GENERAL SUPPORT 2640 S. WEBSTER AVE. GREEN BAY, WI 54301 300. ST. NORBERT COLLEGE NONE PUBLIC CHARITY EDUCATIONAL - GENERAL 100 GRANT STREET SUPPORT DE PERE, WI 54115 100. CATHOLIC CHARITIES NONE PUBLIC CHARITY RELIGIOUS - GENERAL 1825 RIVERSIDE DR. SUPPORT GREEN BAY, WI 54301 250. CATHOLIC RELIEF SERVICES NONE PUBLIC CHARITY RELIGIOUS - GENERAL PO BOX 17090 SUPPORT BALTIMORE, MD 21203 500. ROTARY CLUB OF WEST ALLIS FOUNDATION NONE PUBLIC CHARITY GENERAL SUPPORT 2824 S. 128TH ST. NEW BERLIN, WI 53151 500. BELLIN COLLEGE OF NURSING NONE PUBLIC CHARITY EDUCATIONAL - GENERAL 3201 EATON RD. SUPPORT GREEN BAY, WI 54311 1,000. PUBLIC CHARITY GENERAL SUPPORT FOUNDATION FOR CHILDREN IN NEED NONE 1417 E. MINER ST. ARLINGTON HEIGHTS, IL 60004 275. WISCONSIN RIGHT TO LIFE VERITAS NONE PUBLIC CHARITY GENERAL SUPPORT 10625 W. NORTH AVE. SUITE LL MILWAUKEE, WI 53226 500. GREEN BAY BOTANICAL GARDEN NONE PUBLIC CHARITY GENERAL SUPPORT 2600 LARSEN RD. GREEN BAY, WI 54303 150. ASPIRO PUBLIC CHARITY GENERAL SUPPORT NONE 1673 DOUSMAN ST. GREEN BAY, WI 54303 100. Total from continuation sheets 11,100.

Part XV Supplementary Information				
3 * Grants and Contributions Paid During the You				
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		
ST. JOHN'S HOMELESS SHELTER 413 S. JOHN ST. GREEN BAY, WI 54301	NONE	PUBLIC CHARITY	GENERAL SUPPORT	1,000.
FREEDOM HOUSE MINISTRIES 2997 SAINT ANTHONY DRIVE GREEN BAY, WI 54311	NONE	PUBLIC CHARITY	GENERAL SUPPORT	1,000.
GOLDEN HOUSE 1120 UNIVERSITY AVE. GREEN BAY, WI 54302	NONE	PUBLIC CHARITY	GENERAL SUPPORT	1,000.
HOUSE OF HOPE 1660 CHRISTINA ST. GREEN BAY, WI 54303	NONE	PUBLIC CHARITY	GENERAL SUPPORT	1,000.
PAUL'S PANTRY 1529 LEO FRIGO WAY GREEN BAY, WI 54302	NONE	PUBLIC CHARITY	GENERAL SUPPORT	2,000.
EQUESTRIAN ORDER OF THE HOLY SEPULCHRE 202 ANNAPOLIS DR. VERNON HILLS, IL 60061	NONE	PUBLIC CHARITY	RELIGIOUS - GENERAL SUPPORT	1,200.
BROWN COUNTY MEDICAL SOCIETY ALLIANCE PO BOX 363 GREEN BAY, WI 54305	NONE	PUBLIC CHARITY	GENERAL SUPPORT	225.
Total from continuation sheets		<u> </u>	<u> </u>	

FORM 990-PF DIVIDENT	S AND	INTER	EST F	ROM	SECUF	RITIES	STATEMENT	1
SOURCE		GROSS AMOUNT		CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT		
WELLS FARGO INVESTMENTS			8,7	40.		0.	8,7	40.
TOTAL TO FM 990-PF, PART I, I	LN 4		8,7	40.		0.	8,7	40.
FORM 990-PF	AC	COUNTI	NG FE	ES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS						
PROFESSIONAL FEES		770.		-	0.		7	70.
TO FORM 990-PF, PG 1, LN 16B		770.			0.		7	70.
FORM 990-PF		TAX	ES				STATEMENT	3
DESCRIPTION	EXPE	A) INSES BOOKS	NET	INVI	EST- COME	(C) ADJUSTEI NET INCOM		
2010 990-PF TAX DUE		67.	-		0.			0.
TO FORM 990-PF, PG 1, LN 18		67.			0.			0.
FORM 990-PF	CC	RPORAT	E STO	CK			STATEMENT	4
DESCRIPTION					вос	OK VALUE	FAIR MARKE VALUE	T
1,207 SHARES INTEL CORP. 6,174 SHARES JP MORGAN CHASE 730 SHARES AT&T INC. 2,000 SHARES JP MORGAN CHASE 2,000 SHARES INDYMAC BANCORP	& CO.					20,518. 198,303. 21,170. 57,702. 16,780.	29,2 205,2 22,0 66,5	86. 75.
TOTAL TO FORM 990-PF, PART II	I, LIN	E 10B				314,473.	323,1	51.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

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NAME OF MANAGER

DR. WILLIAM F. SCHNEIDER SANDRA L. SCHNEIDER