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Form. 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calenda	ar year, or tax year beginning January 1 , 2011, and ending	Decen	nber 31	, 20 11		
В	Check if a	pplicable	C Name of organization	D Employe	er identification	number		
	Address o	change	Foremost Farms Charitable Foundation, Inc.		39-1964655			
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telepho	Telephone number			
닏	Initial retu			608-355-8793				
누	Terminate Amended		F Group	Exemption				
F	1	n pending	Baraboo, WI 53913-8115	Numbe	•			
G	Accoun	ting Method		heck ▶	If the organ	ization is not		
ı	Websit	•			attach Sched			
J	Tax-exer	npt status (che		•	990-EZ, or 99			
	Check ▶		e organization is not a section 509(a)(3) supporting organization or a section 527 organization	and its o	ross receipts a	re normally		
			0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may					
			oses to file a return, be sure to file a complete return		,	,		
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,				
	line 25, c	olumn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. •	S	105186		
	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the Ir	nstruction	ons for Part	1.)		
		Check if	the organization used Schedule O to respond to any question in this Part I			. ´ 🗆		
	1		ons, gifts, grants, and similar amounts received		1	104660		
	2	Program so	ervice revenue including government fees and contracts	🗀	2			
	3	Membersh	ip dues and assessments	. [:	3			
	4	Investment	t income	. [7	4	526		
	5a	Gross amo	ount from sale of assets other than inventory 5a					
	b	Less: cost	or other basis and sales expenses					
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	ic			
	6	Gaming an	d fundraising events					
_	a		ome from gaming (attach Schedule G if greater than					
Rovenie	<u> </u>	\$15,000) .	· · · · · · · · · · · · · · · · · · 6a					
ğ	b	Gross inco	me from fundraising events (not including \$ of contributions					
ď	2		aising events reported on line 1) (attach Schedule G if the					
	ľ	sum of suc	ch gross income and contributions exceeds \$15,000) . 6b					
	С		et expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subti	ract				
		line 6c) .		· · 6	d			
	7a	Gross sale	s of inventory, less returns and allowances					
	b		of goods sold	<u></u>				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7	c			
	8		nue (describe in Schedule O)	· -	3			
_	9				9_	105186		
	10		similar amounts paid (list in Schedule O)		0	40000		
	11		aid to or for members	1 ()/	1			
ğ	12		ther compensation, and employee benefits	1011	2			
Fynenses	2 13		al fees and other payments to independent contractors OGDEN, UT.		3	4500		
Š	14			, –	4			
u	- ·•		ublications, postage, and shipping	_	5			
	16	Other expe	enses (describe in Schedule O)	—	6	74319		
	17	Francis expe	enses. Add lines 10 through 16		7	118819		
Ž,	18 19		(deficit) for the year (Subtract line 17 from line 9)		8	(13633)		
Ü	֓֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	end-of-ves	r figure reported on prior year's return)	1 ~		40400-		
Not Accete	20				9	131998		
Ž	20		nges in net assets or fund balances (explain in Schedule 0)	_	0	118365		
	1 - 1	1101 000010	or rung paralles at end of year. Combile lines to infolicit /0	12		118305		

SCANNED JUN 2 6 2012

Form 9	90-EZ (2011)					Page
Pa	Balance Sheets. (see the instructions	•		5		
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			13199		11836
23	Land and buildings				- 23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			13199	8 25	11836
26	Total liabilities (describe in Schedule O)				26	•
27	Net assets or fund balances (line 27 of column				8 27	11836
Par	Statement of Program Service Accommoderation Check if the organization used Schedule	•		,	٦	Expenses
Wha	is the organization's primary exempt purpose?	o to respond to a	ny question in this	s Fartiir . L		juired for section c)(3) and 501(c)(4)
Desc as m perso	ribe the organization's program service accompleasured by expenses. In a clear and concise noise benefited, and other relevant information for e	nanner, describe the ach program title	e services provide	ed, the number of	orga 494	inizations and section 7(a)(1) trusts, optiona thers)
28	The Foundation provides 20, \$2000 scholarships fo (Grants \$ 40000) If this amount				. 28a	118819
29	teranto \$ 10000 / 11 tillo all'Iodin	r melades foreign gre	ints, check here .		200	11001
30	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 📙	29a	
31	Other program services (describe in Schedule O)				30a	-
	(Grants \$) If this amount	includes foreign gra	ants, check here .	🕨 🗌	31a	
	Total program service expenses (add lines 28a				32	118819
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule				e instru	ctions for Part IV.
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0-	(d) Health benefit contributions to emp C) benefit plans, and	loyee (e)	Estimated amount of their compensation
Mich	ael McDonald	President, less				
	89 Penny Lane, Baraboo, WI 53913-8115	than 1 hour				
E108	Chenoweth 89 Penny Lane, Baraboo, WI 53913-8115	Secy /Treasurer, less than 1 hour				
	y Reiger	Director, less than				
_	89 Penny Lane, Baraboo, Wi 53913-8115 Rosenthal	1 hour				
	89 Penny Lane, Baraboo, WI 53913-8115	Director, less than 1 hour	İ			
	Behr	Director, less than				
E108	89 Penny Lane, Baraboo, WI 53913-8115	1 hour				
		<u> </u>				
		.				
		 				
		-				

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		✓ ✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a ——Did the organization file Form 1120-POL for this year?	37b 38a		√ √
39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		h	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed. ► Wisconsin			
42a		608-35		
	Located at ► Foremost Farms USA, E10889 Penny Lane, Baraboo, WI ZIP + 4 ►	53913		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country. ▶	720		-
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	•		,
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	res	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		· /
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓ ✓
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1

Р	age 4	
;	No	

									Yes	No
		ne organization engage, directly or in			on beh	nalf of or	ın opposit	tion _		
		indidates for public office? If "Yes," of	<u> </u>			· · ·			16	1
Part V		Section 501(c)(3) organizations								
		501(c)(3) organizations and section			trusts	must ar	nswer qu	estions	; 47–49	b
		and 52, and complete the tables								
	-	Check if the organization used Sch	nedule O to respond	to any question i	n this I	Part VI			<u> </u>	<u>. 🖸</u>
									Yes	No
		ne organization engage in lobbying		section 501(h) elec	ction in	effect d	uring the	tax		
	year?	If "Yes," complete Schedule C, Part	11					4	17	/
48	Is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Sch	edule E		. 4	18	1
49a	Did th	ne organization make any transfers to	an exempt non-cha	ritable related orga	anizatio	n? .		. 4	9a	1
		s," was the related organization a se						. 4	9b	V
50	Comp	olete this table for the organization's	five highest compen	sated employees (other t	han offic	ers, direct	ors, tru	stees ar	nd key
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganızat	tion. If th	ere is non	e, enter	"None.	
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	con		o employee nd deferred		nated amo compensa	
									•	
				-	\dashv					
										
f	Total	number of other employees paid over	er \$100.000	<u> </u>						
		plete this table for the organization!								
		,000 of compensation from the orga			ent cor	ili actors	willo eaci	i receiv	eu more	e man
(a) N	Name a	nd address of each independent contractor pai	d more than \$100,000	(b) Type of	service		(c) Compen	sation	
						1				
	·			_						
				1						
				-						
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶	J				
		ne organization complete Schedule A	•	• •	ons and	d 4947(a)	(1)			
		xempt charitable trusts must attach a						✓ Y	∕es 🗌	No
		of perjury, I declare that I have examined this r						-		f, it is
rue, corr	ect, an	d complete Declaration of preparer (other than	onicer) is based on all info	mation of which prepa	ier nas a	<u> </u>				
0:-		re herower	 				- 14- 12			
Sign		Signature of officer				Date				
Here		Soe Chenoweth / Secy / Treasurer								
	L_	Type or print name and title	In		I D-/			1 5-	181	
Paid		Print/Type preparer's name	Preparer's signature		Date		Check _		II V	
Prepa	arer		<u> </u>				self-emplo	yed		
Use C		Firm's name ▶				Firm	s EIN ▶			
		Firm's address ▶				Phor	ie no			
way the	e IKS	discuss this return with the preparer	snown above? See	instructions , .				► ∐ Y	res 🗀	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Foremost Farms USA Charitable Foundation, Inc. 39-1964655 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public

8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross
	receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
ın	An organization organized and operated exclusively to test for public safety. See section 500/aVA

. •	- El 7 in organization organizes and operated excitatively to test for public safety. Occ section costanty.	
11	1 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry ou	ut the
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See se	ction
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.	
	a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Othe	er

	אַני בו יש	<i>7</i> C I	יאַעי 🗀 יאַ	וו כ	· -	Type III-L	unctionally if	negrateu	u L	jiype iii~i	Julei
e [By checkir	ng this box, I	certify that	the organiz	ation is n	ot controll	ed directly o	or indirectly b	y one or more	disqualified	persons
	other than	foundation i	managers a	nd other th	an one or	more pub	licly support	ted organizat	ions described	in section	509(a)(1)
	or section	509(a)(2).									
	10								_		

f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting
	organization, check this box
a	Since August 17, 2006, has the organization accepted any diff or contribution from any of the

following persons?			
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and		Yes	No
(iii) below, the governing body of the supported organization?	44-63		

•	, , , , , , , , , , , , , , , , , , , ,		
	(III) below, the governing body of the supported organization?	11g(i)	
(ii	i) A family member of a person described in (i) above?	11g(ii)	
(ii	ii) A 35% controlled entity of a person described in (i) or (ii) above?	110(11)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount o support	
			Yes	No	Yes	No	Yes	No		
(A)										
(B)									·-	
(C)										
(D)										
(E)										
Total	· · · · · ·									

described in section 170(b)(1)(A)(vi). (Complete Part II.)

A community trust described in section 470/EV/4V/AV/63 (Consider Book III)

							, ugc =
Paṛt	II Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked th	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support			,			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					·	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.					-	
	on B. Total Support	·		Ţ	1-		,
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			1			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the					12	on 501(c)(3)
10	organization, check this box and stop he	-			•		
Secti	on C. Computation of Public Suppor				<u> </u>	· · · · · ·	
14	Public support percentage for 2011 (line (.		1, column (fl)		14	%
15	Public support percentage from 2010 Sch					15	%
16a	331/3% support test—2011. If the organi			•	d line 14 is 331	/3% or more, o	
	box and stop here. The organization qua	-	• • •	-			- 🗀
b	331/3% support test—2010. If the organ check this box and stop here. The organ					9 15 is 33 ¹ /3%	or more, ► □
17a	10%-facts-and-circumstances test—26 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	inces" test, ch	eck this box ar	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization m Explain in Part IV how the organization m supported organization	tion meets the	e "facts-and-ci	rcumstances"	test, check th	nis box and st	top here.
18	Private foundation. If the organization di	d not chook a	hov on line 12				🗆
10	instructions		box on line 13				► □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support				_		
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees				_		
	received (Do not include any "unusual grants.")	82515	69122	43962	83791	104660	384050
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	82515	69122	43962	83791	104660	384050
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified				ļ	İ	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	*						
С 8	Add lines 7a and 7b				-		
J	line 6.)	_		, -	ا مو ² م الديم الج المحاسب الح		384050
Secti	on B. Total Support	<u></u>			7 3 4 4 2 6 4 2 E	7 4 27 727 7 3	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	82515	69122	43962	83791	104660	384050
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	10940	2903	31	2750	526	16340
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	3840	2903	31	2750	526	16340
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		-				
	loss from the sale of capital assets (Explain in Part IV.)			İ	İ		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	93455	72025	43993	86541	105186	400390
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he				-		. ▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentag	е				
15	Public support percentage for 2011 (line			3, column (f))		15	95.9 %
16	Public support percentage from 2010 Sci			<u> </u>	<u></u>	16	94.8 %
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (17	4.1 %
18	Investment income percentage from 2010					18	5.2 %
19a	331/3% support tests—2011. If the organ						
L	17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organize line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						
		- not officer a	557 OH III 6 14,	, , , a, , , , , , a, , , , , , , , , ,	ALCOR GIES DOX	and see modul	JUJ113 P

IV.	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
·V	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	······
	······································