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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	caler	idar year 2011 or tax year beginning		, and e	nding				
Nai	ne of	foundation		<u> </u>	-	A Employe	r identification	number	
_		CARE CLINIC FOUNDATION,					2000503		
		nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephor		1.0	
_		NORTH BROADWAY			<u></u>	_	-490-90		
		own, state, and ZIP code				C If exemption	on application is p	ending, check here	, <b>P</b> L
		EN BAY, WI 54303	I losted estima of a fa		ho-th.	D 4 Foreign		abook boro	$\blacksquare$
u (	песк	all that apply: Initial return Final return	Initial return of a fo	rmer public c	marnly	i. Foreig	n organizations	s, check here	
		Address change	Amended return  Name change			Foreign	organizations me	eting the 85% test	
H (	hock	type of organization: X Section 501(c)(3) ex		<del></del>		1			
	_		Other taxable private founda	tion				tus was termina (A), check here	
L F			ing method: X Cash	Accr	ual	1			
		_ l <del></del>	ther (specify)		uui	I		60-month termi (B), check here	
,,,		184,481. (Part I, colu		asis)		"""	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	rt I	Analysis of Revenue and Expenses	(a) Revenue and		vestment	(c) Ad	justed net	(d) Disburs	sements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books		ome		come	for charitable (cash basi	
	1	Contributions, gifts, grants, etc., received	278,728.					<u> </u>	:
	2	Check if the foundation is not required to attach Sch. B							1
	3	Interest on savings and temporary cash investments					•		
	4	Dividends and interest from securities	1,075.		1,075.			STATEME	ENT 1
	5a	Gross rents						`	
	b	Net rental income or (loss)	4				REC	EIVED	
Ð	6a	Net gain or (loss) from sale of assets not on line 10							וטר_
nue	b	Gross sales price for all assets on line 6a	` .			၂၂၉		8 2012	18
Revenue	7	Capital gain net income (from Part IV, line 2)	, * '		0.	2	JUNI	0,2012	$ \vec{Q} $
	8	Net short-term capital gain				1	<u>L</u>		기 또
	9	Income modifications Gross sales less returns					_OGD	EN, UT	
	10a	and allowances	*** *			<u> </u>			
		Less Cost of goods sold				-			
	١	Gross profit or (loss)				-			
	11	Other income  Total Add lines 1 through 11	279,803.		1,075.		0.		
	12 13	Compensation of officers, directors, trustees, etc	275,005.		0.		0.		0.
	14	Other employee salaries and wages					•	-	
		Pension plans, employee benefits							-
es		Legal fees							
enses		Accounting fees				†			
EXP		Other professional fees							
ķ	17	Interest		-		1			
Operating and Administrative	18	Taxes							
nist	19	Depreciation and depletion							
<u> </u>	20	Occupancy							
١٩d	21	Travel, conferences, and meetings				<u></u>			
anc	22	Printing and publications				<u> </u>			
пg	23	Other expenses STMT 2	10,762.		4,136.	<u> </u>	0.	- 6	626.
rati	24	Total operating and administrative					^		
Эре		expenses. Add lines 13 through 23	10,762.		4,136.	<b>ļ</b>	0.	1 26	5,626.
J		Contributions, gifts, grants paid	263,750.			<del> </del>		263	3,750.
	26	Total expenses and disbursements.	074 510		4 120		^	077	1 276
		Add lines 24 and 25	274,512.		4,136.	<del> </del>	0.	2/0	),376.
	ļ	Subtract line 26 from line 12;	F 201						
	١.	Excess of revenue over expenses and disbursements	5,291.		0.	1		<del> </del>	
		Net investment income (if negative, enter -0-)			<u> </u>	1	0.	<del> </del>	
1235		Adjusted net income (if negative, enter -0-)					<u> </u>	Form <b>990</b> -	DE (2011)

Page 2

BAYCARE CLINIC FOUNDATION, LTD.

Pa	<u>-</u>	Balance Sheets Attached schedules and amounts in the description	beginning of year	Elia oi	<u> </u>
L		column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
$\Box$	1	Cash - non-interest-bearing	136,952.	115,968.	115,968.
	2	Savings and temporary cash investments		15,000.	15,000.
		Accounts receivable			14 2 - 1
	-	Less: allowance for doubtful accounts			
	A	Pledges receivable			-
	7	Less: allowance for doubtful accounts	•	- ~ "	'
	_				
ł		Grants receivable			
ŀ	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			B
ŀ	7	Other notes and loans receivable			. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
ŀ		Less: allowance for doubtful accounts			
\$	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۲	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 3	39,655.	50,930.	53,513.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			*
		Less accumulated depreciation			10 May 200 May
- 1	12	Investments - mortgage loans			
- 1		Investments - other			
- 1		Land, buildings, and equipment: basis			**
	"			*	•
	15	Less accumulated depreciation			
	13	Other assets (describe >)			
			176 607	101 000	101 101
_		Total assets (to be completed by all filers)	176,607.	181,898.	184,481.
- 1		Accounts payable and accrued expenses			.*.
- I	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			"
iab	21	Mortgages and other notes payable			
-	22	Other liabilities (describe )			
					· *
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			<b>*</b>
lances	24	Unrestricted			
aŭ	25	Temporarily restricted			
	26	Permanently restricted			
Fund Ba		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
6	27	Capital stock, trust principal, or current funds	0.	0.	
ا ئة	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
1ss	29	Retained earnings, accumulated income, endowment, or other funds	176,607.	181,898.	
£		Total net assets or fund balances	176,607.	181,898.	
Ž	30	Total net assets of fund darances	170,007.	101,050.	
- 1		Total Habilities and not constant and belongs	176,607.	181,898.	
	31	Total liabilities and net assets/fund balances	170,007.	101,090.	
Pa	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1 7	'oto	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		<u> </u>
			30	•	176,607.
		st agree with end-of-year figure reported on prior year's return)		1	5,291.
		r amount from Part I, line 27a		2	
		r increases not included in line 2 (itemize)	··· -	3	0.
		lines 1, 2, and 3		4	181,898.
		eases not included in line 2 (itemize)		5	0.
6	ota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6_	181,898.
					Form <b>990-PF</b> (2011)

Page 3

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			1 P	low ac - Purc - Dona	nase i '	(c) Date a		(d) Date sold (mo., day, yr.)		
1a										
b NO	NE	<del></del>			┞					
C			<del> </del>		+					
<u>d</u>					+					
(e) Gross sales price		preciation allowed or allowable)		it or other basis xpense of sale					ain or (loss) (f) minus (	
a										
b										
C										
d			-	· · · · · · · · · · · · · · · · · · ·						<u></u>
Complete only for assets showing		lump (h) and owned by	the foundation	on 12/21/60			//	Coupe /C	ol (h) ooun	minus
Complete only for assets showin		Adjusted basis		cess of col. (i)	$\dashv$			(k), but n	ol. (h) gain ot less thai	1 -0-) or
(i) F.M.V. as of 12/31/69		s of 12/31/69		col. (j), if any	- 1			Losses	(from col. (	h)) ´
a					$\dashv$					
b					$\neg$					
C										
d	-		†··							
е										
2 Capital gain net income or (net ca	nital loss)	If gain, also ent	er in Part I, line	7	}	2				
, ,				•	ر ا '					
<ol> <li>Net short-term capital gain or (los If gain, also enter in Part I, line 8,</li> </ol>			ana (6):		٦١					
If (loss), enter -0- in Part I, line 8	column (c).				<b> </b>	3	1			
Part V   Qualification U	nder Se	ction 4940(e) fo	r Reduced	Tax on Net	t Inv	estn	nent Inco	ome		
If section 4940(d)(2) applies, leave the  Was the foundation liable for the sect  If "Yes," the foundation does not qual  Enter the appropriate amount in a	tion 4942 ta ify under se	x on the distributable a ction 4940(e). Do not c	complete this pa	rt.						Yes X No
(a) Base period years		(b) Adjusted qualifying d	etributions	Net value of no	(c)		uca accate		Distrit	(d) oution ratio
Calendar year (or tax year beginnii	ng in)			Net value of III	JiiGiiai				(col. (b) alv	nded by col. (c)) 2 • 0 6 4 6 9 4
2010			48,967. 24,539.				0,583 1,338			2.458331
2009			96,190.				0,413			2.439780
2007			48,319.				2,929			2.356926
2006			19,611.				5,092			1.837568
		<del> </del>	,	, ,			•			
2 Total of line 1, column (d)								2		11.157299
3 Average distribution ratio for the	5-year base	period - divide the tota	l on line 2 by 5,	or by the number	r of ye	ars				
the foundation has been in exister	nce if less th	nan 5 years						3		2.231460
4 Enter the net value of noncharitab	le-use asse	ts for 2011 from Part X	K, line 5					4		155,669
5 Multiply line 4 by line 3								5		347,369
6 Enter 1% of net investment incom	ne (1% of P	art I, line 27b)						6		0
7 Add lines 5 and 6	•							7		347,369
8 Enter qualifying distributions fron	n Part XII. lu	ne 4						8		270,376
If line 8 is equal to or greater than See the Part VI instructions.			ne 1b, and comp	olete that part usi	ng a 1	% tax	rate.		1	

Form **990-PF** (2011)

Part VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		2000 - see ii			Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	· · · ·				1
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	<u>.                                    </u>			0.
of Part I, line 27b					1
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	ļ			0.
3 Add lines 1 and 2	3				0.
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-	5	<u> </u>			0.
6 Credits/Payments:			,		ا استانیا
a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 36.			, }		1
b Exempt foreign organizations - tax withheld at source	}				
c Tax paid with application for extension of time to file (Form 8868)	1	Ì		>	,
d Backup withholding erroneously withheld					٠.٠٠
7 Total credits and payments. Add lines 6a through 6d	7	ļ			36.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	ļ			<del></del>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				36.
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ 36 . Refunded ▶	11	<u> </u>			0.
Part VII-A Statements Regarding Activities				V	<u> </u>
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ea or		"		, ,
distributed by the foundation in connection with the activities			الما		X
c Did the foundation file Form 1120-POL for this year?			1c		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			ŀ		. 1
(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.	•		l		;
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					3/ 1
managers. > \$			١,		x
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		
If "Yes," attach a detailed description of the activities			ŀ		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	Л		3		х
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			4a		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	•,	5		X
If "Yes," attach the statement required by General Instruction T			١Ť		<del></del>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
By language in the governing instrument, or					
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul>	e law				
remain in the governing instrument?			6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
If "Yes," complete Part II, col. (c), and Part XV.					
8a Enter the states to which the foundation reports or with which it is registered (see instructions)				1	
WI			l	l	
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			86	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc	endar				
year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	1	Х
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
		Ear	<u>~ 000</u>	DE	2011)

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Form **990-PF** (2011)

Form 990-PF (2011) BAYCARE CLINIC FOUNDATION, LTD.		2000503 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<del></del>
Total number of others receiving over \$50,000 for professional services  Part IX-A: Summary of Direct Charitable Activities		<b>▶</b> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	formation cuch as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A		
2		
3		
×		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form <b>990-PF</b> (2011)

Part X Minimum Investment Return (All domes	tic foundations must complete this part. Forei	gn foundations, see	instructions.)
1 Fair market value of assets not used (or held for use) directly in ca	rrying out charitable, etc., purposes.		
a Average monthly fair market value of securities	, ,, ,	1a	47,812.
b Average of monthly cash balances		1b	47,812. 110,228.
c Fair market value of all other assets		1c	0.
d Total (add lines 1a, b, and c)		1d	158,040.
e Reduction claimed for blockage or other factors reported on lines	1a and		
1c (attach detailed explanation)	l 1e l	0.	
2 Acquisition indebtedness applicable to line 1 assets		2	0.
3 Subtract line 2 from line 1d	•	3	158,040.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (	for greater amount, see instructions)	4	2,371.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3	-	5	155,669.
6 Minimum investment return. Enter 5% of line 5		6	7,783.
Part XI Distributable Amount (see instructions) (Se	ection 4942(j)(3) and (j)(5) private operating founda complete this part.)	tions and certain	
1 Minimum investment return from Part X, line 6		1	7,783.
2a Tax on investment income for 2011 from Part VI, line 5	2a		· · ·
b Income tax for 2011. (This does not include the tax from Part VI.)	2b		
c Add lines 2a and 2b		2c	0.
3 Distributable amount before adjustments. Subtract line 2c from lin	e 1	3	7,783.
4 Recoveries of amounts treated as qualifying distributions		4	0.
5 Add lines 3 and 4		5	7,783.
6 Deduction from distributable amount (see instructions)		6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Ente	er here and on Part XIII, line 1	7	7,783.
Part XII Qualifying Distributions (see instructions)			
1 Amounts paid (including administrative expenses) to accomplish of	charitable, etc., purposes.		
a Expenses, contributions, gifts, etc total from Part I, column (d),	line 26	[ 1a ]	270,376.
b Program-related investments - total from Part IX-B		16	0.
2 Amounts paid to acquire assets used (or held for use) directly in c	arrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a Suitability test (prior IRS approval required)		3a	
<b>b</b> 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	270,376.
5 Foundations that qualify under section 4940(e) for the reduced rat	te 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		6	270,376.
Note. The amount on line 6 will be used in Part V, column (b), in a 4940(e) reduction of tax in those years	subsequent years when calculating whether the four	dation qualifies for the	e section

Form **990-PF** (2011)

## Part XIII Undistributed Income (see instructions)

1		(a) Corpus	(b) Years prior to 2010	(c) 2010	( <b>d)</b> 2011
2 Undeschooled income, flare, as a fine seed at 2011 a fine and 2010 mby b Total for prior years; 3 Excess distributions carryover, if amy, to 2011; afrom 2006	1 Distributable amount for 2011 from Part XI,		-		7 793
a Enter amount for 2010 only b Total for prory years:  a Excess distributions carryover, if any, to 2011: a From 2006  116, 613. b From 2007  145, 331. b From 2009  192, 397. d From 2009  192, 397. d From 2009  219, 972.  1 Total of lines 5 through =  210, 972.  1 Total of lines 5 through =  917, 251.  4 Applied to 2010, but not more than ine 2a. Applied to 2010, but not more than ine 2a. Applied to 2010, but not more than ine 2a. Applied to 2010 through =  10		· · · · · · · · · · · · · · · · · · ·			7,703.
3 Excess disributions carryover, 4 any, to 2011; a from 2006	· • • • • • • • • • • • • • • • • • • •			n.	ا د په په د ا
3 Excess distributions carryover, if amy, to 2011: a From 2006	•			•	,
3 Excess distributions carryover, if any, to 2011 a from 2006	g rotal for prior years.		0.		
a From 2006	3 Excess distributions carryover if any to 2011:			<u> </u>	\$ 2 2 2 2 2 4 7 3 1
From 2007			,	, A	eller harrynam hande
From 2008	h From 2007 145 331.	, , , , ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	See server server minds
From 2019   242, 938.				.^	v 1
From 2010	dFrom 2009 219 972.		,	, * , *	
1 Total of lines 3s through e 4 Qualifying distributions for 2011 from Part XII, line 4 ► S 270 , 376 .  Appled to 2010, but not more than line 2a b Appled to 2010, but not more than line 2a b Appled to 2010 statistruburid out or of pror years (Election required - see instructions)  4 Appled to 2011 distributible amount e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2011 must be shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in distribution carryover applied to 2011 must be shown in calling 10, link the same amount in distribution carryover applied to 2011 must be shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in calling 10, link the same amount in the shown in link 10, link the same amount in the shown in link 10, link the same amount in the shown in link 10, link the same amount in link 10,				٧	
4. Onalitying distributions for 2011 from Part XII, line 4: PS 3 270, 376. a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) (Applied to 2011 distributable amount eRemaining amount distributed out of corpus (Election required - see instructions) (Applied to 2011 distributable amount eRemaining amount distributed out of corpus Excess distributions exception applied in colin (I) the same amount must be distributed out of corpus to excess distributions exception applied in line 40 from line 2b considerable to 2011 distributed before a colon (I) the same amount must be distributed income. Subtract line 40 from line 2b colon and the section 4942 (gi) tax has been priviously assessed distribution flower for which a notice of deficiency has been sissued, or on which the section 4942 (gi) tax has been priviously assessed amount - see instructions elimines 4d and 5 from line 1. This amount must be distributed in 2012 colon and the section 4942 (gi) tax has been insured to 2011. Subtract line 4a from line 2a. Taxable amount - see instructions elimines 4d and 5 from line 1. This amount must be distributed in 2012 colon and papied on line 5 or line 7 colon and 10		917 251			· .
Part XI, line 4 ► ► \$ 270, 376.  a Applied to 2010, but not more than line 2a by Applied to undistributed income of prior years (Election required - see instructions)  d Papiled to 2011 distributable amount elemaning amount distributed out of corpus (Election required - see instructions)  d Applied to 2011 distributable amount elemaning amount distributed out of corpus 5  Excess distributions carryower spelled to 2011 if an amount appears in column (a) if the same amount must be shown in column (a) if an amount appears in a column (a) if an amount appears in a column (a) if an amount (a) if	· ·	<del></del>		, , , , , , , , , , , , , , , , , , , ,	
a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior years (Election required -see instructions)  C Treated as distributions out of corpus (Election required -see instructions)  Applied to 2011 distributable amount e Remaining amount distributed out of corpus 5 creas distributions carryover applied to 2011 (if an amount appears in column (it). The same amount must be shown column (it). The same amount must be column (it). The same amount must be column (it). The same amount it is a shown column (it). The same amount must be column (it). The same amount it is a shown column (it). The sa		~ <b>%</b> }	,	2 / /	
b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2011 distributable amount eRemaining amount distributed out of corpus 5 Excess distributions carryover applied to 2011 (if an amount appears in column (ib)) 1 to same amount must be above in column (ib)) 1 to same amount must be above in column (ib)) 1 to same amount must be above in column (ib)) 1 to same amount indicated below: 1 to 10 call for instributed income st. 4c., and se. Subtract line 4 from line 2 to common to prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 494(2)al tax has been previously assessed Undistributed income for 2010. Subtract line 4 from line 2 to 10 c. 1 to 10 c.				0.	
years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Appleed to 2011 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2011 iff an amount appears in column (8). The amount mount mount of the section 494(a) tax has been previously assessed  Drinor years' undistributed momen. Subtract line 4 for from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 494(a) tax has been previously assessed  Subtract line 65 from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4 form line 2a. Taxable amount - see instructions e Undistributed income for 2011. Subtract line 4 form line 2. Taxable amount - see instructions e Undistributed income for 2011. Subtract line 4 form line 2. Taxable amount - see instructions e Undistributed income for 2011. Subtract lines 4 dand 5 from line 1. This amount must be distributed in 2012  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b) (1)(b) or 494(2)(3)  8 Excess fistributions carryover from 2006 not applied on line 5 or line 7  9 Excess distributions carryover from 2006 not applied on line 5 or line 7  9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a  0 Analysis of line 9:  1	• • • • • • • • • • • • • • • • • • • •				
c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2011 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2011 10 din amount appears in collium (6)) 6 Enter the net total of each column as indicated below:  1	•	,	0.	<b>,</b> , , , , , , , , , , , , , , , , , ,	
(Election required - see instructions) d Applied to 2011 distributable amount eremaining amount distributated out of corpus E emaining appears in column (d.) E times distributions carryover applied to 2011 (if an amount appears in column (d.)) E times distributions carryover applied to 2011 (if an amount appears in column (d.)) E time the total of each column as indicated below.  8 Cerpus Add lines 31, 4c, and 4e Subtract line 5 be Prior years' undistributed income. Subtract line 4b from line 2b. E c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which it es excline 494(a) tax has been previously assessed  8 Undistributed ine 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in core for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(f) or 4942(b)(3)  8 Excess distributions carryover from 2006 not applied on line 5 or line 7  P Excess distributions carryover trom 2006 not applied on line 5 or line 7  Analysis of line 9:  Analysis	, , , ,	;	· ·	*	<u> </u>
d Applied to 2011 distributable amount eRemaining amount distributed out of corpus 5 Excess distributions carryover appear to 2011 (if an amount appears in column (id), the same amount must be shown in column (id).  6 Enter the net total of each column as indicated below.  a Corpus Add lines 31, 4c, and 4e Subtract line 5 bPrior years' undistributed income. Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.  Subtract line 6c from line 6b. Taxable amount - see instructions eludistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instructions eludistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012  7 Amounts treated as distributions out of corpus to salky reguirements imposed by section 170(b)(1)(F) or 4942(g)(3)  8 Excess distributions carryover from 2006 not applied on line 5 or line 7 on 4942(g)(3)  8 Excess distributions carryover from 2001. Subtract line 9: a Excess from 2007  1 45 , 331 . b Excess from 2008  1 192 , 397 . c Excess from 2009  2 129 , 972 . c Excess from 2000  2 127 , 973 .	-	n			
e Remaining amount distributed out of corpus  5	' '	0.			7 783
5 Excess distributions carryover applied to 201 (first amount appears in column (6)) 6  Enter the net total of each column as indicated below:  a Corpus Add lines 3f. 4c., and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instructions e Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover from 2006. 20 Analysis of line 9: a Excess from 2007 1 45 7, 331. b Excess from 2008 1 192 7, 397 2. c Excess from 2009 2 19 7, 972 2. d Excess from 2009 2 19 7, 972 2. d Excess from 2000 2 12 42 7, 938 2.	• •	262 593		V 194 6 8 1 11	7,703.
If an amount appears in column (d), the same amount must be shown in column (a).  6 Enter the net total of each column as indicated below:  a Corpus Add ines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prory years' undistributed more for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instructions e Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distribution in 2012  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(f) or 4942(a)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover from 2006 Analysis of line 9: a Excess from 2007	·				0.
6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instructions e Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 0 Analysis of line 9: a Excess from 2007 1 45 , 331 . b Excess from 2008 1 192 , 397 . c Excess from 2009 2 19 , 972 . d Excess from 2009 2 242 , 938 .	(If an amount appears in column (d), the same amount	0.			
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be distributed in 2012  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)  8 Excess distributions carryover from 2006 not applied on line 5 or line 7  9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a  0 Analysis of line 9: a Excess from 2007	f Undistributed income for 2011. Subtract				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)  8 Excess distributions carryover from 2006 not applied on line 5 or line 7  9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a  0 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010  2 19 , 972. d Excess from 2010	lines 4d and 5 from line 1. This amount must				
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section 170(b)(1)(F) or 4942(g)(3)  8 Excess distributions carryover from 2006 not applied on line 5 or line 7  9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a  0 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010  242,938.	7 Amounts treated as distributions out of				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7  9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a  0 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 242,938.	corpus to satisfy requirements imposed by			:	
not applied on line 5 or line 7  9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a  1 , 0 6 3 , 2 3 1 .  0 Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010  2 4 2 , 9 3 8 .	section 170(b)(1)(F) or 4942(g)(3)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a  1 , 0 6 3 , 2 3 1 .  O Analysis of line 9: a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010  242 , 938 .	8 Excess distributions carryover from 2006				
Subtract lines 7 and 8 from line 6a	not applied on line 5 or line 7	116,613.			<u> </u>
0 Analysis of line 9: a Excess from 2007	9 Excess distributions carryover to 2012.				
a Excess from 2007	Subtract lines 7 and 8 from line 6a	1,063,231.			
b Excess from 2008 192,397. c Excess from 2009 219,972. d Excess from 2010 242,938.	0 Analysis of line 9:				
c Excess from 2009 219,972. d Excess from 2010 242,938.	a Excess from 2007   145,331.				
c Excess from 2009 219,972. d Excess from 2010 242,938.	b Excess from 2008 192,397.	]			
d Excess from 2010 242, 938.					
	e Excess from 2011 262,593.	<u> </u>			

	CLINIC FOU				00503 Page 10
Part XIV   Private Operating F	· · · · · · · · · · · · · · · · · · ·		I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective for	r 2011, enter the date of	the ruling	<b>▶</b>		
<b>b</b> Check box to indicate whether the found	lation is a private operatii	ng foundation described	in section	4942(j)(3) or 4!	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
<b>b</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					
exempt activities					1
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c		<b>'</b>			
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			ļ		
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)			<u> </u>		
(2) Support from general public					
and 5 or more exempt organizations as provided in			Ì		
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			tributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	section 507(d)(2).)			
SEE STATEMENT 5					
<ul> <li>b List any managers of the foundation who other entity) of which the foundation ha</li> </ul>			(or an equally large port	ion of the ownership of a p	partnership or
NONE	<b>J</b>				
2 Information Regarding Contribut	ion, Grant, Gift Loan	. Scholarship, etc. P	rograms:		
				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	<u> </u>				
SEE STATEMENT 6					
b The form in which applications should t	pe submitted and informa	ition and materials they s	hould include:		
Any pulmostan deadlings					
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of institutions, or	other factors	

3 Crash and Contributions Baid During the V		Doumo-+		
3 Grants and Contributions Paid During the Yo	If recipient is an individual		<u> </u>	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
=				
SEE ATTACHMENT				
				261,250.
		· ·		
			TO DEPOSED WITH CAMPING	
UW FOUNDATION 2420 NICOLET DRIVE			TO BETTER THE CAMPUS - DONATION OF BENCHES	
GREEN BAY, WI 54311-7001			DOMATION OF BENCIEDS	2,500.
GALLIA MIT, WI SISII , VOI				
Total			<b>▶</b> 3a	263,750.
b Approved for future payment				
			1	
NONE				
· · · · · · · · · · · · · · · · · · ·				
<u> </u>				<u> </u>
Total			<b>▶</b> 3b	0.

iter gross amounts unless otherwise indicated.	Unrelate	d business income		by section 512, 513, or 514	(e)
<u> </u>	(a)	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue:	Business code	Amount	code	Amount	function income
a					
<u> </u>	-				· · · · · · · · · · · · · · · · · · ·
	•				
ч 	-				
·					
	-	<del></del>	<del></del>		
- Face and contracts from covernment agencies	-				
Fees and contracts from government agencies	1		+		
Membership dues and assessments					
nterest on savings and temporary cash	1				
nvestments			11	1 075	
Dividends and interest from securities			14	1,075.	
Net rental income or (loss) from real estate:		* *.			
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal	[ [				
property					
Other investment income					
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					
Other revenue:					-
a			1		
b		-			
	-				-
C					
d	-		1 1	ľ	
d					
d e			0.	1,075.	
d e Subtotal. Add columns (b), (d), and (e)			0.	1,075.	1,0
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			0.	1,075.	1,0
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)				13	1,0
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)	to the Acce			13	1,0
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  Relationship of Activities		omplishment of	Exempt I	13 Purposes	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities ne No. Explain below how each activity for which inc	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other that	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  ART XVI-B Relationship of Activities ne No. Explain below how each activity for which inc	come is reported	omplishment of	Exempt 1	13 Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which incomplete the foundation's exempt purposes (other tha	come is reported	omplishment of	Exempt 1	13 Purposes	1,07
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which incomplete the foundation's exempt purposes (other tha	come is reported	omplishment of	Exempt 1	13 Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which incomplete the foundation's exempt purposes (other tha	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which incomplete the foundation's exempt purposes (other tha	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which incomplete the foundation's exempt purposes (other tha	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which incomplete the foundation's exempt purposes (other tha	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  the No. Explain below how each activity for which incomplete the foundation's exempt purposes (other that	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other that	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other that	come is reported	omplishment of	Exempt 1	13 Purposes	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  The No. Explain below how each activity for which incomplete the foundation's exempt purposes (other that	come is reported	omplishment of	Exempt 1	13 Purposes	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)  art XVI-B Relationship of Activities  ne No. Explain below how each activity for which incomplete the foundation's exempt purposes (other tha	come is reported	omplishment of	Exempt 1	13 Purposes	

# Part XVII | BAYCARE CLINIC FOUNDATION, LTD. 39-2000503 Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	•			with any other organization		on 501(c) of	1 1	162	NO
	•			7, relating to political organiza	ations?				4 14
a Transfe	ers from the reporting founda	ation to a noncharita	ble exempt org	anization of:					
(1) Ca							1a(1)		X
(2) Oth	ner assets						1a(2)		X
<b>b</b> Other to	ransactions;						' '	,	
(1) Sa	les of assets to a noncharital	ble exempt organiza	tıon				1b(1)		X
(2) Pu	rchases of assets from a nor	ncharitable exempt o	organization			-	1b(2)		X
(3) Re	ntal of facilities, equipment, (	or other assets					1b(3)		X
(4) Re	imbursement arrangements						1b(4)		X
( <b>5</b> ) Lo	ans or loan guarantees						1b(5)		X
(6) Pe	rformance of services or me	mbership or fundrai	sıng solicitatioi	ns .			1b(6)		X
c Sharing	g of facilities, equipment, mai	iling lists, other asse	ets, or paid emp	oloyees		-	1c		X
d If the ar	nswer to any of the above is	"Yes," complete the	following sche	dule. Column (b) should alwa	ys show the fair m	arket value of the goods, o	ther ass	ets,	
or servi	ices given by the reporting fo	oundation. If the fou	ndation receive	d less than fair market value	ın any transactıon	or sharing arrangement, s	how in		
column	(d) the value of the goods, (	other assets, or serv	rices received.						
a)Line no	(b) Amount involved	(c) Name of	f noncharitable	exempt organization	(d) Description	of transfers, transactions, and	sharing an	angeme	nts
			N/A						
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					-	<del>.</del>			
2a le the f	oundation directly or indirect	the affiliated with or	rolated to one	or more tay-exempt organiza	tions described				—
	on 501(c) of the Code (other	-		or more tax-exempt organiza	IIIONS described	Г	Yes	X	□No
	• • • • • • • • • • • • • • • • • • • •	•	(3)) or in sect	1011 527 7			163	43	7 140
D II YES,	complete the following sche (a) Name of org			(b) Type of organization		(c) Description of relations	hin		
	N/A	janization		(b) Type of organization		(0) Description of relations			—
	N/A					···			
1		W-11E	<u> </u>		latamento	host of my knowledge			
and				g accompanying schedules and st taxpayer) is based on all informat		. b = = = =	y the IRS irn with th	discuss	this
Sign		` \//	0		<b>L</b>	sho	wn below	(see ins	itr )?
Here		uncel			DIRECT	OR	X Yes	; L	J No∣
S	Signature of officer or trustee	}		Date	Title				
	Print/Type preparer's na	ame	Preparer's si	gnature	Date	Check if PTIN			
				27		self- employed			
Paid	DANIEL J.	YOUNG	DANIEL	J. YOUNG [ ]	5/15/12		0035		i
Prepare	Firm's name SCH	ENCK SC				Firm's EIN ► 39-1	$17\overline{31}$	31	
Use Onl									
	Firm's address ▶ P .	O. BOX 23	3819						
	1	EEN BAY,		05-3819		Phone no. (920	) 43	6-7	800
				<u> </u>			rm <b>99</b> 0		
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### 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

Employer identification number Name of the organization 39-2000503 BAYCARE CLINIC FOUNDATION, Organization type (check one): Filers of: Section: \_\_\_ 501(c)( ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III 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, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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).

religious, charitable, etc., contributions of \$5,000 or more during the year.

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

Employer identification number

# BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. AHMET DERVISH  778 STONEWOOD LANE  ONEIDA, WI 54155	\$15,170.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DR. AND MRS. KEVIN WIENKERS  2863 CIRCLE SHORE DR.  GREEN BAY, WI 54302	\$32,129.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DR. BRUCE NEAL  1515 BRADBURY COURT  GREEN BAY, WI 54313	\$11,493.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DR. JOHN LEE  3036 WARM SPRINGS DRIVE  GREEN BAY, WI 54311	\$5,632.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DR. PER ANDERAS  2824 MT. CAROL DRIVE  GREEN BAY, WI 54311	\$ 25,700.	Person X 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
6	DR. RICHARD HARRISON  984 HIGHLAND SPRINGS  ONEIDA, WI 54155	\$9,057.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

10958\_\_1

Name of organization

Employer identification number

## BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DR. ROBERT LIMONI  3072 BAY SETTLEMENT COURT  GREEN BAY, WI 54311	\$5,983.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DR. SCOTT GAGE  3071 GOTHIC COURT  GREEN BAY, WI 54313	\$80,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	DR. STEVEN STROMAN  2452 WILDWOOD DRIVE  GREEN BAY, WI 54302	\$7,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	DR. STEPHEN BRADA  700 TERRAVIEW DRIVE  GREEN BAY, WI 54301	\$5,650.	Person X 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
11	DR. MAX OTS  2455 SHIRLEY ROAD  DE PERE, WI 54115	\$5,500.	Person X 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
12	DR. CHRISTOPHER SORRELLS  3317 STAR CREEK CT  GREEN BAY, WI 54311	\$ 9,600.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

# BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

(a) No. The property given (b) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (c)	(d) Date received
(a) No. perm Description of noncash property given	
(a) No. Torm Description of noncash property given   (a) No. Torm Description of noncash property given   (b) S	(d) Date received
No. rom Description of noncash property given  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (see instructions)  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) No. rom Description of noncash property given  (a) No. rom Description of noncash property given  (b) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)	·
(a) No. rom Part I  (b) Description of noncash property given  \$  (c) FMV (or estimate) (see instructions)  \$  (a) No. rom Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  \$  (c) FMV (or estimate) (see instructions)	(d) Date received
No. (b) Pescription of noncash property given  S  (a) No. (b) Pescription of noncash property given  (b) S  (c) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (see instructions)	
(a) No. No. Part I  (b) FMV (or estimate) (see instructions)  \$	(d) Date received
No. Trom Description of noncash property given  Part I  See instructions  \$	
	(d) Date received
(0)	
(a) No. (b) FMV (or estimate) (art I  (c) FMV (or estimate) (see instructions)	(d) Date received

Transferee's name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Relationship of transferor to transferee

(e) Transfer of gift

123454 01-23-12

#### BayCare Clinic Foundation EIN 39-20000503

#### Part XV - Supplementary Informatin Grants and Contributions Paid During the Year

EL-T-1950E 1 to Tillitic Recipient on 1983, L. Wolf-1983	ELEVATION OF TAKEN IN PROPERTY AND Recipient Address a TOTAL TELEVISION OF A SECOND AND A SECOND AND A SECOND ASSESSMENT OF A SECOND ASSESSMENT AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT AND A SECOND ASSESSMENT ASSE	Recipient 7, Relationship	Status - 412	"Contribution »	- Amoun
CRS Foundation	4000 Legato Road, Ste 700 Fairlax VA 22033-9937	None		Gen. Operations	
sociated Bank - Turkey Trot and Jingle Bell Walk fees-	200 N Adams Green Bay WI 54301	None		Gen Operations	
liin College of Nursing	725 S Webster Avenue Green Bay Wi 54305	None	Public Charity		s 500
illin College of Nursing	3201 Eaton Road Green Bay Wi 54311	None	Public Charity		\$ 500
shop's Appeal Catholic Diocese	Catholic Foundation, PO Box 23001, Green Bay WI 54305-3001	None None	Public Charity	Gen Operations	\$ 500 \$ 500
arroll College	100 N East Avenue, Waukesha WI 53186	None		Gen Operations	
ombat Blindness Foundation oor County Land Trust	PO Box 5332, Madison WI 53705-0332 PO Box 65, Sturgeon Bay WI 54235	None		Gen Operations	
Ith Lutheran Church	2335 5 Webster Avenue, Green Bay W1 54301	None		Gen Operations	
mily Services	PO Box 22308, Green Bay, WI 54305-2308	None		Gen Operations	
rundation of American Academy of Opthalmology	655 Beach Street, San Francisco CA 94109-1336	None		Gen Operations	
x Valley Technical College	Attn. Financial Aid Office, 1825 N Bluemound Drive PO Box 2277, Appleton WI 54912-2277	None	Public Charlty	Education	\$ 500
hn Hopkins University	3400 N Charles Street, 146 Garland Hall, Baltimore MD 21216	None	Public Charity		\$ 500
arquette University	Office of Student Financial Aid, Attn. Scholarship Assistant, PO Box 1881, Milwaukee Wt 53201-1881	None	Public Charity		\$ 500
EW Community Shelter Inc.	301 Mather Street, Green Bay WI 54303	None		Gen Operations :	
eater Green Bay Habitat for Humanity	PO 80x 10263, Green Bay WI 54307	None		Cen Operations	
ul's Pantry Fund Orive	1529 Leo Frigo Way, Green Bay Wi 54302	None None		Gen Operations . Gen. Operations	
ninsula Players Theatre Foundation Inc.	W43S1 Peninsula Players Road, Fish Creek, WI 54212-9725 Attn Treasurer, 991 Pilgrim Way Green Bay WI 54304	None		Gen Operations	
igrim Congregational Church E International	6950 Hollister Avenue, Ste 250, Santa Barbara CA 93117-2896	None		Gen Operations	
Bernard Congregation	2040 Hillside Lane, Green Bay W1 54302-4098	None		Gen Operations	
Norbest College	100 Grant Street, De Pere WI 54115	None	Public Charity		\$ 500
ilversity of St Thomas	Mail AQU 328, 2115 Summit Avenue, St Paul MN 55105	None	Public Charity	Education	\$ 500
ilversity of Wisconsin LaCrosse Foundation	PO Box 1148, LaCrosse WI 54502-1148	None	<b>Public Charity</b>	Gen Operations	\$ 250
niversity of Wisconsin-Madison	Student of Financial Aid Office, 333 East Campus Mall, #9701, Madison WI 53715-1382	None	Public Charity	Education	\$ 2 00
olversity of Wisconsin Stevens Point	Financial Aid Office, 106 Student Services Center, Stevens Point Wi 54481	None	Public Charity		5 500
W Foundation	2420 Nicolet Orive Green Bay W1 54311-7001	None		Gen Operations	
olversity of Wisconsin-LaCrosse	Financial Aid Office, 1725 State Street, LaCrosse WI 54601	None	Public Charity		\$ 1000
niversity of Wisconsin-Madison	333 East Campus Mall #10501 Madison Wt 53715-1383	None	Public Charity		5 500 5 501
olversity of Wisconsin-Milwaukee	PO Box 500, Milwaukee WI 53201	None None	Public Charity	Gen Operations	
W-Platteville Foundation  b Scout Pack #4139	1 University Plaza Platteville Wt 53818-3099  Resurrention Catholic Parish 333 Million Other Creen Ray Wt 54301	None		Gen Operations	
ib Scout Pack #4139 surrection Catholic Parish	Resurrection Catholic Parish, 333 Hilltop Drive, Green Bay WI 54301 333 Hilltop Drive, Green Bay WI 54301	None		Gen Operations	
oncalli Newman Parish	1732 State Street, LaCrosse WI 54601	None		Gen Operations	
E W Curative Rehabilitation Inc.	PO Box 8027, Green Bay WI \$4308-8027	None		Gen Operations	
oursday Breakfast Optimist Club of Green Bay	1815 S Sunkist Circle, De Pere WI 54115	None		Gen Operations	5 10
semblees de Dieu/Mission Suedoise	BP 922 Bobo-Dioulasso Burkina Faso	None	Public Charity	Gen Operations	5 5 02
diana University Foundation	PO Box 660245 Indianapolis IN 46266-0245	None		Gen Operations	
teracy Green Bay	424 S Monroe, Green Bay, WI 54301	None		Gen Operations	
oung Life Green Bay	PO Box 11014, Green Bay WI 54307-1014	None		Gen Operations	
ith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None		Gen Operations	
grim Congregational Church	Attn Treasurer 991 Pilgrim Way, Green Bay WI 54304	None None	Public Charity	Gen Operations	S 200
Matthew School semblees de Dieu/Mission Suedoise	130 St Matthew Street, Green Bay W1 54301 BP 922 Bobo-Dioulasso Burkina Faso	None		Gan Operations	
ospice of Michigan	400 Mack Avenue Detroit MI 48201	None		Gen Operations	
semblees de Die#/Mission Suedaise	BP 922, Bobo-Dioulasso Burkina faso	None		Gen Operations	
ecial Olympics	2140 Holmgren Way Green Bay WI 54304	None		Gen Operations	
oung Life Green Bay	PO Box 11014, Green Bay WI \$4307~1014	None	<b>Public Charity</b>	Gen Operations	\$ 10
ith Lutheran Church	2335 S Webster Avenue Green Bay WI 54301	None	Public Charlty	Gen Operations	
lgrim Congregational Church	Attn Treasurer 991 Pilgrim Way Green Bay Wi 54304	None		Gen Operations	
riversity of Wisconsin LaCrosse Foundation	PO Box 1148 LaCrosse WI 54602-1148	None		Gen Operations	
diana University Foundation	PO Box 660245 Indianapolis IN 46256-0245	None		Gen Operations	
compass Early Eduation	1300 Bellevue Street, Green Bay W1 54302	None		Gen Operations	
ristian Foundation for Children and Aging	PO 80x 805105 Kansas City MO 64180-5105	None		Gen Operations	
venile Diabetes Research Foundation	1800 Appleton Road Ste 2, Menasha WI S4952 PO Box 2920, Colorado Springs CO 80901-2920	None None		Gen Operations Gen Operations	
oung Life Green Bay 2 Pere High School Track Team	Attn. Dan Baker. Head Coach. 706 Desplaine Road. De Pere WI 54115	None		Gen Operations	
lends of the Bay Beach Wildlife Sanctuary	1660 East Shore Drive Green Bay WI 54302-1285	None		Gen Operations	
sconsin Public Radio	PO Box 14197 Madison Wi 53708-0197	None		Gen Operations	
sconsin Public Television	821University Avenue Madison WI 53706-1497	None	<b>Public Charity</b>	Gen Operations	\$ 50
ith Lutheran Church	2335 S Webster Avenue, Green Bay WI \$4301	None		Gen Operations	
grim Congregational Church	Attn Treasurer 991 Pilgrim Way Green Bay W1 54304	None		Gen Operations	
ristian Foundation for Children and Aging	PO Box 805105 Kansas City, MO 64180-5105	None		Gen Operations	
olden House	1120 University Avenue Green Bay WI 54302	None		Gen Operations	
ry of De Pere Dog Park Fund	925 South Sixth Street, De Pere WI 54115	None		Cen Operations	
: Pere Track & Cross Country Booster Club : Pere High School	Jenny Greeneway: Treasurer, 1890 Old Valley Court: De Pere WI 54115 1700 Chicago Street, De Pere WI 54115	None None	Public Charity	Gen Operations Education	5 50
: Pere High School ke Hunt Pony Club	1700 Chicago Street, De Pere Wi 54115 1850 Cottonwood Ct, De Pere Wi 54115	None		Cen Operations	
ung Life Green Bay	PO Box 2920 Colorado Springs CO 80901-2920	None		Gen Operations	
Ith Lutheran Church	2335 S Webster Avenue Green Bay WI 54301	None		Gen Operations	
een Bay Youth Baseball Softball Association	Attn Bernard Carwardine 337B Celine Way, Green Bay WI 54311	None	Public Charity	Gen Operations	5 79
een Bay Botanical Garden	2600 Larson Road PO 80x 12644 Green Bay WI \$4307-9896	None	Public Charity	Cen Operations	5 100
grim Congregational Church	Attn Treasurer 99) Pilgrim Way Green Bay WI 54304	None		Gen Operations	
Saints Parish	PO Box 787 Denmark, WI 54208	None		Gen Operations	
erebral Palsy Inc	PO Box 1326, Green Bay WI 54305-1326	None		Gen Operations	
e Heritage Foundation	214 Massachusetts Ave NE, Washington DC 20002-4999	None		Gen Operations	
Pere High School Christy's Race	Attn. James G Boyd. Race Director. 151 Brule Road, De Pere WI 54115	None		Gen Operations	
Pere Track & Cross Country Booster Club	Attn Jenny Greeneway Treasurer 1890 Old Valley Road De Pere WI 54115	None None		Gen Operations Gen Operations	
ry Scouts of America cristlan Foundation for Children and Aging	PO Box 267 Appleton WI 54912-0267	None		Cen Operations	
ristian Foundation for Children and Aging W Community Shelter Inc	PO 80x 805105 Kansas City MO 64180-5105 301 Mather Street, Green Bay WI 54303	None		Gen Operations	
Broadway Inc	PO Box 2451 Green Bay WI 54306	None		Gen Operations	
its-To-Trails Conservancy	2121 Ward Court NW 5th Floor PO Box 96014 Washington DC 20077-7560	None		Gen Operations	
	Attn Joseph Fischer 3236 Liberty Bell Road, Green Bay WI 54313	None		Cen Operations	
ur De Force		None		Gen Operations	
	Attn Xim Ward, 2420 Nicolet Drive Green Bay Wi 54311~7001			Gen Operations	
Foundation	Attn: Xim Ward, 2420 Nicolet Drive: Green Bay WI 54311-7001 235 N Jefferson Street: Green Bay WI 54301	None	FUUIN CHAINS		
V Foundation ICA	Atin XIm Ward, 2420 Nicolet Drive Green Bay Wii 54311-7001 235 N Jefferson Street. Green Bay Wii 54301 PO Box 2920 Colorado Springs CO 80901-2920	None None		Gen Operations	
V Foundation ICA ung Life Green Bay	235 N Jefferson Street Green Bay WI 54301		Public Charity Public Charity	Gen Operations Gen Operations	\$ 50
V Foundation ACA Jung Life Green Bay Ith Lutheran Church	235 N Jelferson Street Green Bay Wi 54301 PO Box 2920 Colorado Springs CO 80901-2920	None	Public Charity Public Charity	Gen Operations	\$ 50
V Foundation ACA ung Life Green Say tith Lutheran Church grim Congregational Church	235 N Jelferson Street Green Bay W1 54301 PO Box 2920 Colorado Springs CO 80901-2920 2335 S Webster Avenue Green Bay W1 54301	None None	Public Charity Public Charity Public Charity	Gen Operations Gen Operations	S 500
our De Force  Y Foundation  ACA  Foung Life Green Bay  tish Lutheran Church  Igrim Congregational Church  Mark Evangefical Church  Sociated Bank - Miles for Smiles walk fees	235 N Jelferson Sireet: Green Bay WI 54301 PO Box 2920: Colorado Springs CO 80001-2920 2335 S Webster Avenue: Green: Bay WI 54301 Atm: Treasurer: 991 Piligrim Way: Green: Bay WI 54304	None None None	Public Charity Public Charity Public Charity Public Charity	Gen Operations Gen Operations Gen Operations	\$ 500 \$ 50 \$ 30 \$
W Foundation ACA Jung Life Green Ray Lift Luberan Church Igrim Congregational Church Mark Evangelistal Church	235 N Jelferson Sirect Green Bay Wi 54301 PO Box 2920 Colorado Springs CO 80001-2920 2335 S Webster Avenue Creen Bay Wi 54301 Atm Treaturer 991 Pilgrim Way Green Bay Wi 54304 2066 Lawrence Drive De Peter Wi 54135	None None None	Public Charity Public Charity Public Charity Public Charity Public Charity	Gen Operations Gen Operations Gen Operations Gen Operations	\$ 5 00 \$ 56 \$ 30 \$ 30 \$ 30
N Foundation «CA bung Life Green Ray Ith Lutheran Church ight Congregational Church Mark Evangetical Church Sociated Bank - Miles for Smiles walk fees	23S N Jelferson Street Green Bay W1 54301 PO Box 2920 Colorado Springs CO 80901-2920 2335 S Webster Avenue Green Bay W1 54301 Attn Treasurer 991 Pilgylim Way Green Bay W1 54304 2066 Lawrence Orive De Pere W1 54115 200 M Adams Green Bay W1 54301	None None None None	Public Charity	Gen Operations	\$ 500 \$ 50 \$ 30 \$ 30 \$ 25
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Say Area Humane Society A Animal Shelter Inc   1840 Radisson Street, Green Bay WI \$4303   None   Public Charity Cee   Operations   1 0000 00		130 St Matthew Street, Green Bay Wi 54301			
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Bishop's Appeal Catholic Diocese   PO Box 22128. Green Bay W 154305-2128   None   Public Charity Gen Operations   Source   Combat Bindhors's Foundation   PO Box 3322 Waldsom W 13795-6332   None   Public Charity Gen Operations   None   No		725 S Webster Avenue Green Bay WI 54305	None		
Combat Blundness Foundation   PO Box 5322 Madison Wi 53705-0332   None   Public Charity   Gen Operations   100 00	Bishop's Appeal Catholic Diocese				
Family Services  PO Box 22308 Green Bay WI \$4305-2308  None Public Charity Gen Operations \$ 100 00  Greater Green Bay Habitat for Humanity PO Box 10263 Green Bay WI \$4305-2308  None Public Charity Gen Operations \$ 100 00  Greater Green Bay Habitat for Humanity PO Box 10263 Green Bay WI \$4307  Green Bay Boy Choir and Cirl Choir 321 South Madison Street, Green Bay WI \$4301  None Public Charity Gen Operations \$ 100 00  NEW Community Shelter Inc 301 Mather Street, Green Bay WI \$4303  NONE Public Charity Gen Operations \$ 100 00  NEW Community Shelter Inc 301 Mather Street, Green Bay WI \$4303  None Public Charity Gen Operations \$ 100 00  Prevent Blindness - Wisconsin 759 North Minauskee Street, Milwaukee WI \$3202-3745  None Public Charity Gen Operations \$ 100 00  Research to Prevent Blindness - Wisconsin 645 Madison Avenue New York NY 10022-1010  None Public Charity Gen Operations \$ 100 00  SEE International 518 Bernard Congregation 6950 Hollster Avenue Ste 250 Santa Barbara CA 93117-2896  None Public Charity Gen Operations \$ 500 000  Brown County United Way PO Box 1593 Green Bay WI \$4305-1593  None Public Charity Gen Operations \$ 100 000  Brown County United Way PO Box S0000 San Francisco CA 94160-1932  None Public Charity Gen Operations \$ 100 000  Brown County United Way PO Box S0000 San Francisco CA 94160-1932  None Public Charity Gen Operations \$ 100 000  Brown County United Way PO Box S0000 San Francisco CA 94160-1932  None Public Charity Gen Operations \$ 100 000  Brown California Berkeley Foundation PO Box S148 California Berkeley Foundation PO Box S0000 San Francisco CA 94160-1932  None Public Charity Gen Operations \$ 100 000  Brown California Berkeley Foundation PO Box S0000 San Francisco CA 94160-1932  None Public Charity Gen Operations \$ 100 000  Brown California Berkeley Foundation PO Box S0000 San Francisco CA 94160-1932		PO 80x 5322 Madison WI 53705-0332			
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St Bernard Congregation 2040 Hillside Lane Green Bay Wi 54302-4008 None Public Charity Gen Operations \$ 10 000 00 Brown County United Way PO Box 1593 Green Bay wi 54305-1593 None Public Charity Gen Operations \$ 1 000 00 University of Wiscopsin LaCrosse Foundation PO Box 1600 Can Francisco CA 94160-1932 None Public Charity Gen Operations \$ 250 00 University of California Berkeley Foundation PO Box 60000 San Francisco CA 94160-1932 None Public Charity Gen Operations \$ 100 00 00 University of California Berkeley Foundation PO Box 60000 San Francisco CA 94160-1932					
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University of Wisconsin LaCrosse Foundation PO Box 1148 LaCrosse Wis 54602-1148 None Public Charity Gen Operations \$ 250.00 University of California Berkeley Foundation PO Box 60000 San Francisco CA 94160-1932 None Public Charity Gen Operations \$ 100.00					
University of California Berkeley Foundation PO Box 60000 San Francisco CA 94160-1932 None Public Charity Gen Operations \$ 100.00					
5 BOX 40000 320 7120 1332					
OFF-THRETHING FOUNDMENTON ( UNITED BY PARTICIPATE OF 100 DO NO. 10					-
	OH THERETINE FOUNDATION	· Ourselved Lists Learning at 33010-3032	HONE	,	

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUR	ITIES	ST	ATEMENT	1	
SOURCE					APITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT		
PERSHING	•		1,075	<del>-</del>	0.	1,075.			
TOTAL TO FM 990-PF, PART I, L	N 4	4 1,075.			0.		1,075.		
FORM 990-PF	0	THER E	XPENSES	-		SI	ATEMENT	2	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET IN MENT II	/EST-	(C) ADJUSTEI NET INCOM		(D) CHARITAE PURPOSE		
ADMINISTRATIVE EXPENSES REFUND OF BANK CHARGES FUNDRAISING EXPENSES		8,507. <237. 2,492.		1,254. <118.> 0.		0. 0. 0.	4,25 <11 2,49	L9.>	
TO FORM 990-PF, PG 1, LN 23	1	0,762.	4	1,136.		0.	6,62	 26. 	
FORM 990-PF	CO	RPORAT	E STOCK			SI	ATEMENT	3	
DESCRIPTION				вос	OK VALUE	FA	AIR MARKET VALUE	r	
VANGUARD BALANCED INDEX FD					50,930.		53,51	<u> </u>	
TOTAL TO FORM 990-PF, PART II	E 10B			50,930.		53,51	13.		

	ST OF OFFICERS, D D FOUNDATION MANA	STATI	EMENT 4	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JOSEPH HODGSON, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/PRESI 0.50	DENT 0.	0.	0.
PAUL SUMMERSIDE, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/SECRE 0.50	TARY/TREASUR 0.		0.
DIANNA BORDEWICK, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR 0.50	0.	0.	0.
JOHN LEE 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR 0.50	0.	0.	0.
BRUCE NEAL, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/VICE 0.50	PRESIDENT 0.	0.	0.
CHRISTOPHER SORRELLS, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR 0.50	0.	0.	0.
ANN SEIDL 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR OF MA 0.50	RKETING/PR 0.	0.	0.
PAULINE RIDGLEY 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/EMPLO 0.50	YEE REP	0.	0.
LESLEY O'CONNELL 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/EMPLO 0.50	OYEE REP	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

FORM 990-PF PART XV - LINE 1A STATEMENT 5
LIST OF FOUNDATION MANAGERS

## NAME OF MANAGER

JOSEPH HODGSON, M.D.
PAUL SUMMERSIDE, M.D.
BRUCE NEAL, M.D.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

6

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANN SEIDL 164 N BROADWAY GREEN BAY, WI 54303

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

920-405-5382

GENERAL GRANTS FOR COMMUNITY-BASED PROGRAMS, PROJECTS

AND SERVICES

FORM AND CONTENT OF APPLICATIONS

THE FORM FOR COMMUNITY-BASED PROGRAMS, PROJECTS AND SERVICES CAN BE DOWNLOADED AT

HTTP://WWW.BAYCARE.NET/WEBSITE/ABOUT/500--FOUNDATION/INDEX.ASP

#### ANY SUBMISSION DEADLINES

DEADLINES FOR GRANT REQUESTS ARE JANUARY 14, APRIL 14, JULY 14 AND OCTOBER 13.

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

GENERAL FINANCIAL SUPPORT GRANTS MUST RELATE TO THE OVERALL FOUNDATION MISSION OF PROMOTING THE HEALTH AND WELL-BEING OF NORTHEAST WISCONSIN RESIDENTS.

## NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANN SEIDL 164 N BROADWAY GREEN BAY, WI 54303

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

920-405-5382

HEALTHCARE SCHOLARSHIP PROGRAM

FORM AND CONTENT OF APPLICATIONS

THE FORM FOR SCHOLARSHIPS CAN BE DOWNLOADED AT HTTP://www.baycare.net/website/about/500--Foundation/index.asp

#### ANY SUBMISSION DEADLINES

THE DEADLINE FOR SCHOLARSHIP APPLICATIONS IS APRIL OF EVERY YEAR.

### RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS ARE AWARDED TO PRE-SELECTED REGIONAL HIGH SCHOOLS AND COLLEGES AND TO SCHOLARS PURSUING ADVANCED EDUCATION IN THE HEALTHCARE FIELD.