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**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

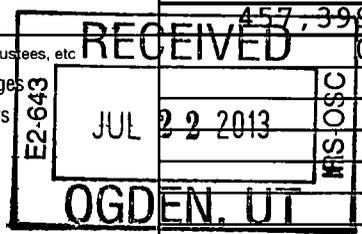
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2012 or tax year beginning

, and ending

Name of foundation THE BRUNSWICK FOUNDATION, INC.		A Employer identification number 36-6033576
Number and street (or P O box number if mail is not delivered to street address) 1 N. FIELD CT.	Room/suite	B Telephone number 847-735-4344
City or town, state, and ZIP code LAKE FOREST, IL 60045-4811		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,591,161. (Part I, column (d) must be on cash basis)	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
Revenue	1 Contributions, gifts, grants, etc., received	300,000.		N/A		
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
	3 Interest on savings and temporary cash investments					
	4 Dividends and interest from securities	133,222.	133,222.		STATEMENT 1	
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10	24,177.				
	b Gross sales price for all assets on line 6a	24,177.				
	7 Capital gain net income (from Part IV, line 2)		24,177.			
	8 Net short-term capital gain					
	9 Income modifications Gross sales less returns and allowances			18,933.		
	10a Less: Cost of goods sold					
b Gross profit or (loss)						
11 Other income						
12 Total. Add lines 1 through 11		457,399.	157,399.	18,933.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.		0.		0.	
	14 Other employee salaries and wages					
	15 Pension plans, employee benefits					
	16a Legal fees					
	b Accounting fees					
	c Other professional fees					
	17 Interest					
	18 Taxes	STMT 2	1,000.	0.		0.
	19 Depreciation and depletion					
	20 Occupancy					
21 Travel, conferences, and meetings						
22 Printing and publications						
23 Other expenses	STMT 3	26.	0.		0.	
24 Total operating and administrative expenses. Add lines 13 through 23		1,026.	0.		0.	
25 Contributions, gifts, grants paid		271,325.			267,113.	
26 Total expenses and disbursements. Add lines 24 and 25		272,351.	0.		267,113.	
27 Subtract line 26 from line 12						
a Excess of revenue over expenses and disbursements		185,048.				
b Net investment income (if negative, enter -0-)			157,399.			
c Adjusted net income (if negative, enter -0-)				18,933.		



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash - non-interest-bearing	70,189.	113,231.	113,232.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 4	2,248,764.	2,406,163.	2,477,929.
	c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis ▶				
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment; basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers)	2,318,953.	2,519,394.	2,591,161.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	27,698.	24,158.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	27,698.	24,158.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	2,291,255.	2,495,236.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances	2,291,255.	2,495,236.		
31 Total liabilities and net assets/fund balances	2,318,953.	2,519,394.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,291,255.
2 Enter amount from Part I, line 27a	2	185,048.
3 Other increases not included in line 2 (itemize) ▶ REFUND OF PRIOR YEAR GRANTS	3	18,933.
4 Add lines 1, 2, and 3	4	2,495,236.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,495,236.

Part IV Capital Gains and Losses for Tax on Investment Income

(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.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CAPITAL GAINS DIVIDENDS				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 24,177.			24,177.	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			24,177.	
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 24,177.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		{ }		3 N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	328,729.	2,388,489.	.137631
2010	437,824.	2,156,788.	.202998
2009	617,760.	5,482,334.	.112682
2008	673,750.	6,330,079.	.106436
2007	659,650.	7,105,865.	.092832
2 Total of line 1, column (d)			2 .652579
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 .130516
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5			4 2,435,196.
5 Multiply line 4 by line 3			5 317,832.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,574.
7 Add lines 5 and 6			7 319,406.
8 Enter qualifying distributions from Part XII, line 4			8 267,113.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 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 <input type="checkbox"/> and enter 1% of Part I, line 27b	1	3,148.
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	0.
3	Add lines 1 and 2	3	3,148.
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	3,148.
6	Credits/Payments:		
6a	2012 estimated tax payments and 2011 overpayment credited to 2012	6a	1,565.
6b	Exempt foreign organizations - tax withheld at source	6b	
6c	Tax paid with application for extension of time to file (Form 8868)	6c	
6d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	1,565.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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 SEE STATEMENT 5	9	1,583.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

N/A

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► BRUNSWICK CORPORATION Telephone no. ► 847-735-4344 Located at ► 1 N. FIELD CT., LAKE FOREST, IL ZIP+4 ► 60045-4811			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____, _____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012) N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** Yes No
 If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A**

	5b	X
	6b	X
	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activities, Expenses. Row 1: THE BRUNSWICK FOUNDATION DOES NOT CONDUCT ANY DIRECT CHARITABLE ACTIVITIES; THEREFORE, PART IX-A IS NOT APPLICABLE. 0.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investments, Amount. Row 1: THE BRUNSWICK FOUNDATION DOES NOT MAKE PROGRAM-RELATED INVESTMENTS; THEREFORE, PART IX-B IS NOT APPLICABLE. 0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	2,380,782.
b	Average of monthly cash balances	1b	91,498.
c	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	2,472,280.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,472,280.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	37,084.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,435,196.
6	Minimum investment return. Enter 5% of line 5	6	121,760.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	121,760.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	3,148.
b	Income tax for 2012. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	3,148.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	118,612.
4	Recoveries of amounts treated as qualifying distributions	4	18,933.
5	Add lines 3 and 4	5	137,545.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	137,545.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	267,113.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
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	267,113.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	267,113.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				137,545.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007	317,128.			
b From 2008	341,957.			
c From 2009	337,729.			
d From 2010	343,847.			
e From 2011	202,584.			
f Total of lines 3a through e	1,543,245.			
4 Qualifying distributions for 2012 from Part XII, line 4: ▶ \$ 267,113.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2012 distributable amount				137,545.
e Remaining amount distributed out of corpus	129,568.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	1,672,813.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	317,128.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	1,355,685.			
10 Analysis of line 9:				
a Excess from 2008	341,957.			
b Excess from 2009	337,729.			
c Excess from 2010	343,847.			
d Excess from 2011	202,584.			
e Excess from 2012	129,568.			

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	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
Name and address (home or business)				
a Paid during the year				
EDUCATION - DIRECT DONATIONS VARIOUS VARIOUS	NONE	501(C)(3)	EDUCATION GRANT	18,575.
EDUCATION - SCHOLARSHIP VARIOUS VARIOUS	NONE	INDIVIDUALS	SCHOLARSHIPS	215,538.
HEALTH - DIRECT DONATIONS VARIOUS VARIOUS	NONE	501(C)(3)	HEALTH GRANT	13,650.
WELFARE & CIVIC - DIRECT DONATIONS VARIOUS VARIOUS	NONE	501(C)(3)	WELFARE GRANT	17,975.
CULTURE - DIRECT DONATIONS VARIOUS VARIOUS	NONE	501(C)(3)	CULTURE GRANT	1,375.
Total				267,113.
b Approved for future payment				
D. DEALCALA LA MIRADA, CA 90637	NONE	INDIVIDUAL	SCHOLARSHIPS	1,250.
T. CHRISTIE EAST GREENWICH, RI 02818	NONE	INDIVIDUAL	SCHOLARSHIPS	2,000.
H. MESZAROS EGYETEM, HUNGARY	NONE	INDIVIDUAL	SCHOLARSHIPS	962.
Total				4,212.

▶ 3a

▶ 3b

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

2012

Name of the organization

THE BRUNSWICK FOUNDATION, INC.

Employer identification number

36-6033576

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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 religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization THE BRUNSWICK FOUNDATION, INC.	Employer identification number 36-6033576
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRUNSWICK CORPORATION 1 N. FIELD CT LAKE FOREST, IL 60045-4811	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization THE BRUNSWICK FOUNDATION, INC.	Employer identification number 36-6033576
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization THE BRUNSWICK FOUNDATION, INC.	Employer identification number 36-6033576
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 8
 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JUDITH P. ZELISKO 1 N. FIELD CT. LAKE FOREST, IL 60045	PRESIDENT AND DIRECTOR 0.50	0.	0.	0.
B. RUSSELL LOCKRIDGE 1 N. FIELD CT. LAKE FOREST, IL 60045	VICE PRESIDENT AND DIRECTOR 0.50	0.	0.	0.
WILLIAM L. METZGER 1 N. FIELD CT. LAKE FOREST, IL 60045	TREASURER AND DIRECTOR 0.50	0.	0.	0.
MARSHA T. VAUGHN 1 N. FIELD CT. LAKE FOREST, IL 60045	SECRETARY 0.50	0.	0.	0.
KRISTEN M. COLEMAN 1 N. FIELD CT. LAKE FOREST, IL 60045	ASSISTANT SECRETARY 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

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

STATEMENT 9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JUDITH P. ZELISKO
1 N. FIELD CT.
LAKE FOREST, IL 60045

TELEPHONE NUMBER

847-735-4344

FORM AND CONTENT OF APPLICATIONS

ALONG WITH THE INFORMATION REQUESTED IN OUR GRANT APPLICATION, DOLLARS FOR DOERS PROGRAM, AND THE BOARD OF DIRECTORS MATCHING GIFT PROGRAM, A COPY OF THE 501(C)(3) CERTIFICATION IS REQUIRED.

ANY SUBMISSION DEADLINES

SEE ATTACHED COPIES OF THE APPLICATION REQUIREMENTS.

RESTRICTIONS AND LIMITATIONS ON AWARDS

STUDENTS WHOSE PARENT OR GUARDIAN IS AN ACTIVE FULL-TIME BRUNSWICK CORPORATION EMPLOYEE WITH ONE YEAR OF CONTINUOUS SERVICE MAY BE AWARDED A SCHOLARSHIP TO PROVIDE \$2,500 PER YEAR TO A MAXIMUM OF \$10,000 FOR THE TENURE OF UNDERGRADUATE STUDIES AT AN ACCREDITED, NONPROFIT COLLEGE, UNIVERSITY OR VACATIONAL SCHOOL. APPLICANTS MAY BE EITHER HIGH SCHOOL SENIORS OR COLLEGE UNDERGRADUATES. SEPARATE APPLICATIONS ARE USED FOR HIGH SCHOOL AND COLLEGE STUDENTS. COPIES OF THE APPLICATION REQUIREMENTS ARE ATTACHED.

STUDENTS WHOSE PARENT OR GUARDIAN IS AN ACTIVE FULL-TIME EMPLOYEE OF AN ELIGIBLE BRUNSWICK CORPORATION DEALERSHIP AND HAS BEEN AN EMPLOYEE OF THAT DEALERSHIP FOR AT LEAST ONE YEAR MAY BE AWARDED A SCHOLARSHIP TO COLLEGE,

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A - 2D (CONTINUATION)

STATEMENT 10

RESTRICTIONS AND LIMITATIONS ON AWARDS

UNIVERSITY, OR VACATIONAL SCHOOL. APPLICANTS MAY BE EITHER HIGH SCHOOL SENIORS OR CURRENT COLLEGE FRESHMEN, SOPHOMORES, OR JUNIORS. SEPARATE APPLICATIONS ARE USED FOR HIGH SCHOOL AND COLLEGE STUDENTS. COPIES OF THE APPLICATION REQUIREMENTS ARE ATTACHED.

Schedule of Grants and Contributions Paid During The Year

THE BRUNSWICK FOUNDATION, INC.
2012 RETURN OF PRIVATE FOUNDATION
EXEMPT FROM INCOME TAX
EIN 38-6033576

FORM 990-PF -- PAGE 11 - PART XV - LINE 3a

Category and Payee	Scholarship Recipients	City and State	IRS Status	Type of Grant	Amount
Education					
Community Counseling Centers of Chicago		Chicago, IL	501 (c)(3)	Education	\$2,500 00
Bernard P Loriani Foundation		Lake Forest, IL	501 (c)(3)	Education	\$250 00
Unifted Catholic Schools of Oshkosh		Oshkosh, WI	501 (c)(3)	Education	\$75 00
Council for Adult and Experiential Learning		Chicago, IL	501 (c)(3)	Education	\$5,000 00
Harvard Business School		Cambridge, MA	501 (c)(3)	Education	\$5,000 00
Syracuse University		Syracuse, NY	501 (c)(3)	Education	\$5,000 00
University of Illinois Foundation		Chicago, IL	501(c)(3)	Education	\$750 00
					\$18,575 00
Culture					
Children's Museum of Fond du Lac		Fond du Lac, WI	501 (c)(3)	Culture	\$75 00
Fond du Lac Concert Assoc , Inc		Fond du Lac, WI	501 (c)(3)	Culture	\$75 00
Fond du Lac Concert Assoc , Inc		Fond du Lac, WI	501 (c)(3)	Culture	\$75 00
Fond du Lac Concert Assoc , Inc		Fond du Lac, WI	501 (c)(3)	Culture	\$75 00
Fond du Lac Concert Assoc , Inc		Fond du Lac, WI	501 (c)(3)	Culture	\$75 00
Lake Forest Lake Bluff Historical Society		Lake Forest, IL	501 (c)(3)	Culture	\$1,000 00
					\$1,375 00
Health					
American Cancer Soc - Midwest Div		Mendota Heights, MN	501(c)(3)	Health	\$250 00
American Cancer Society - FL		Tampa, FL	501(c)(3)	Health	\$250 00
American Cancer Society - Midwest Div.		Pewaukee, WI	501(c)(3)	Health	\$1,000.00
American Cancer Society - Northeast Indiana		Fort Wayne, IN	501(c)(3)	Health	\$75 00
Juvenile Diabetes Research Foundation		Knoxville, TN	501(c)(3)	Health	\$100 00
March of Dimes Birth Defects Foundation		Maitland, FL	501(c)(3)	Health	\$500 00
Muscular Dystrophy Association		Brookfield, WI	501(c)(3)	Health	\$1,400 00
National Council on Alcoholism &		New York, NY	501(c)(3)	Health	\$10,000 00
Susan G Komen Breast Cancer Fdn		Dallas, TX	501(c)(3)	Health	\$75 00
					\$13,650 00
Welfare					
American Red Cross		Washington, DC	501(c)(3)	Welfare	\$5,000 00
Bowlers to Veterans Link Inc		Fairfax, VA	501(c)(3)	Welfare	\$5,000.00
Boy Scout of America Troop 43		Neenah, WI	501(c)(3)	Welfare	\$125 00
Boy Scouts of Amer Natl Council - Pck 672		Highland Park, IL	501(c)(3)	Welfare	\$125 00
Center for Enriched Living		Riverwoods, IL	501(c)(3)	Welfare	\$5,000 00
Civil Air Patrol - Muskegon GLR M 119		Muskegon, MI	501(c)(3)	Welfare	\$125 00
Diocesan Coun. of Oriando		Cocoa Beach, FL	501(c)(3)	Welfare	\$125 00
Habitat for Humanity - Fond du Lac		Fond du Lac, WI	501(c)(3)	Welfare	\$250 00
Harbour Inc		Park Ridge, IL	501(c)(3)	Welfare	\$100 00
KUSD Thunder Hockey Inc.		Kenosha, WI	501(c)(3)	Welfare	\$75 00
No More Sidelines		North Muskegon, MI	501(c)(3)	Welfare	\$125 00
Northern Illinois Food Bank		Geneva, IL	501(c)(3)	Welfare	\$1,000 00
Northern Illinois Food Bank		Park City, IL	501(c)(3)	Welfare	\$250 00
Northern Illinois Food Bank		Geneva, IL	501(c)(3)	Welfare	\$500.00
Rotary Found. of Rotary Intern		Evanston, IL	501(c)(3)	Welfare	\$100 00
West Michigan Hockey Youth Found		Grand Rapids, MI	501(c)(3)	Welfare	\$75 00
					\$17,975 00
Scholarships					
University of Florida	Allie, Aneesa	Gainesville, FL		Scholarship	\$2,500 00
Northern Kentucky University	Antrobus, Haley	Highland Heights, KY		Scholarship	\$2,500 00
University of Illinois	Argueta, Sofia	Champaign, IL		Scholarship	\$2,500 00
Nova Southeastern University	Baum, Lindsay	Fort Lauderdale, FL		Scholarship	\$2,000 00
University of Wisconsin - Madison	Bertram, Jacob	Madison, WI		Scholarship	\$2,500 00
University of Wisconsin - Madison	Blakeslee, Tyler	Madison, WI		Scholarship	\$2,500 00
University of Minnesota - Twin Cities	Bossenbroek, Sara	Minneapolis, MN		Scholarship	\$2,500 00
Universite de Sherbrooke	Boucher, Sabna	Quebec CANADA		Scholarship	\$2,500 00
East Tennessee State University	Brendle, Nicholas	Johnson City, TN		Scholarship	\$2,500 00
Marquette University	Carran, Stephanie	Milwaukee, WI		Scholarship	\$2,000 00
Carson-Newman College	Christie, Mary	Jefferson City, TN		Scholarship	\$2,500 00
University of Kentucky	Clark, Shelby	Lexington, KY		Scholarship	\$2,000 00
Maryville College	Collins, Kathryn	Maryville, TN		Scholarship	\$1,250 00
Maryville College	Collins, Kathryn	Maryville, TN		Scholarship	\$1,250 00
University of San Francisco	Cooke, Ashley	San Francisco, CA		Scholarship	\$2,500 00
Cegep De Victoriaville	Cote-Fortier, Frederike	Quebec Canada		Scholarship	\$2,500 00
Appalachian State University	Davis, Madalyn	Boone, NC		Scholarship	\$2,000 00
Biola University	deAlcala, Danielle	La Mirada, CA		Scholarship	\$1,250 00
University of Wisconsin - Milwaukee	Erickson, Samuel	Milwaukee, WI		Scholarship	\$2,500 00
Albany College of Pharmacy	Esperti, Morgan	Albany, NY		Scholarship	\$2,000 00
University of Louisville	Flynn, Caitlin	Louisville, KY		Scholarship	\$2,000 00
University of Tennessee - Chattanooga	Franklin, Taylor	Chattanooga, TN		Scholarship	\$2,500 00
Case Western Reserve University	Fung, Nicholas	Cleveland, OH		Scholarship	\$2,500 00
University of Oklahoma -	Furnh, Rachelle	Oklahoma City, OK		Scholarship	\$2,500 00
Univers del Valle de Mexico	Galezzo Vanegas, Daniel Felipe	Jalisco C P MEXICO		Scholarship	\$2,500 00
Wayne State University	Gossman, Daniel	Detroit, MI		Scholarship	\$2,500 00
University of Wisconsin - Madison	Grosh, Colin	Madison, WI		Scholarship	\$2,500 00

Schedule of Grants and Contributions Paid During The Year

THE BRUNSWICK FOUNDATION, INC.
2012 RETURN OF PRIVATE FOUNDATION
EXEMPT FROM INCOME TAX
EIN 38-6033576

FORM 990-PF - PAGE 11 - PART XV - LINE 3a

Category and Payer	Scholarship Recipients	City and State	IRS Status	Type of Grant	Amount
University of Central Florida	Guadron, Heather	Orlando, FL		Scholarship	\$2,500.00
University of South Florida	Haberthier, Frances	Orlando, FL		Scholarship	\$2,500.00
Furman University	Hall, Maddison	Greenville, SC		Scholarship	\$2,000.00
University of Wisconsin - Madison	Halley, Megan L.	Madison, WI		Scholarship	\$1,250.00
University of South Florida	Hancock, Morgan	Orlando, FL		Scholarship	\$2,500.00
University of Central Florida	Hertweck, Leslie	Orlando, FL		Scholarship	\$2,500.00
Tennessee Wesleyan College	Ingram, Erica	Athens, TN		Scholarship	\$1,250.00
Minnesota State University - Moorhead	Iverson, Nancy	Moorhead, MN		Scholarship	\$2,500.00
Minnesota State Comm & Tech. College	Iverson, Samantha	Fergus Falls, MN		Scholarship	\$2,500.00
Northeastern University	Joyal, Kayla	Boston, MA		Scholarship	\$2,000.00
North Dakota State University	Kane, Kristin	Fargo, ND		Scholarship	\$2,500.00
Marquette University	Kati, Priya	Milwaukee, WI		Scholarship	\$2,500.00
Purdue University	Kelso, Lauren	West Lafayette, IN		Scholarship	\$2,500.00
Northwestern University	Knapp, Louis M	Evanston, IL		Scholarship	\$2,500.00
Butler University	Koester, Caroline	Indianapolis, IN		Scholarship	\$2,000.00
Grand Valley State University	Kolbe, Kayla	Allendale, MI		Scholarship	\$2,500.00
East Carolina University	Kosco, Eric	Greenville, NC		Scholarship	\$2,500.00
Eastern Illinois University	Krch, Amanda	Charleston, IL		Scholarship	\$2,500.00
University of California, Berkeley	Kush, Nicole	Berkeley, CA		Scholarship	\$2,000.00
University of Wisconsin - Madison	Lemancik, Mark	Madison, WI		Scholarship	\$2,500.00
University of Wisconsin - Madison	Luedtke, Joseph	Madison, WI		Scholarship	\$2,500.00
Stonehill College	Lyman, Timothy	Easton, MA		Scholarship	\$1,000.00
University of Wisconsin - Whitewater	Mackie, Dayna	Whitewater, WI		Scholarship	\$2,500.00
California Polytechnic State Univ	Magaziner, Jennifer	San Luis Obispo, CA		Scholarship	\$2,500.00
Central Methodist University	Marks, Jesse	Fayette, MO		Scholarship	\$2,500.00
University of Tennessee, Knoxville	Marlow, Drew	Knoxville, TN		Scholarship	\$2,500.00
Texas State University - San Marcos	Mazoch, Alexandra	San Marcos, TX		Scholarship	\$2,000.00
University of Wisconsin-Fond du Lac	McDemot, Brenna	Fond du Lac, WI		Scholarship	\$2,500.00
Veres-Csetneki, Erika (bookstore) Pannon Egyetem	Meszaros, Brigitta	Egyetem Hungary		Scholarship	\$175.00
Pannon Egyetem	Meszaros, Brigitta	Egyetem Hungary		Scholarship	\$1,363.22
University of Iowa	Meyer, Hayley	Iowa City, IA		Scholarship	\$2,500.00
Minneapolis College of Art and Design	Mullin, Blake	Minneapolis, MN		Scholarship	\$2,000.00
University of Delaware	Nesnav, Olivia	Newark, DE		Scholarship	\$2,000.00
Indiana University	Niebuhr, Eric	Bloomington, IN		Scholarship	\$2,500.00
University of Wisconsin-Oshkosh	Nipko, Eric	Oshkosh, WI		Scholarship	\$2,500.00
California State Univ. San Marcos	Pollard, Alexs	San Marcos, CA		Scholarship	\$2,000.00
University of California, Santa Barbara	Pollard, Connor	Santa Barbara, CA		Scholarship	\$2,000.00
University of Wisconsin - La Crosse	Pugh, Adam	La Crosse, WI		Scholarship	\$2,500.00
Ripon College	Quackenboss, Abigail	Ripon, WI		Scholarship	\$2,500.00
Grand Valley State University	Rau, Erika	Allendale, MI		Scholarship	\$2,000.00
Belmont University	Ray, Stephanie	Nashville, TN		Scholarship	\$1,250.00
University of North Carolina-Chapel Hill	Reitz, Stephanie	Chapel Hill, NC		Scholarship	\$2,000.00
Montcalm Community College	Rich, Brianna	Sidney, MI		Scholarship	\$2,500.00
Cegep De Victoriaville	Samson, Marc-Gabriel	Victoriaville, Quebec Canada		Scholarship	\$2,500.00
University of Wisconsin-Oshkosh	Scheel, Lindsey	Oshkosh, WI		Scholarship	\$2,500.00
University of Wisconsin - La Crosse	Schrader, Robert	La Crosse, WI		Scholarship	\$2,500.00
Concordia University Wisconsin	Selbel, Kelly	Mequon, WI		Scholarship	\$2,500.00
Grand Valley State University	Shelton, Brooke	Allendale, MI		Scholarship	\$2,000.00
University of Wisconsin-Oshkosh	Siewert, Ashley	Oshkosh, WI		Scholarship	\$2,500.00
University of North Carolina-Chapel Hill	Spain, Kyla	Chapel Hill, NC		Scholarship	\$2,500.00
Missouri Univ. Sciences & Tech	Spaulding, Lauren	Rolla, MO		Scholarship	\$2,000.00
Carthage College	Strittmater, Karoline	Kenosha, WI		Scholarship	\$2,500.00
George Washington University	Stroukoff, Maria	Philadelphia, PA		Scholarship	\$2,500.00
University of British Columbia	Suitor, Katherine	Kelowna, BC CANADA		Scholarship	\$2,500.00
Western Michigan University	Swain, Emily	Kalamazoo, MI		Scholarship	\$2,500.00
Marian University	Thelsen, Alexander	Fond du Lac, WI		Scholarship	\$2,500.00
Riverside Community College	Trinh, Melissa	Riverside, CA		Scholarship	\$2,500.00
University of South Florida	Vakhovsky, Hannah	Tampa, FL		Scholarship	\$2,500.00
University of West Georgia	Vo, Nghia	Carrollton, GA		Scholarship	\$2,500.00
University of Illinois	Wagner, Melissa	Champaign, IL		Scholarship	\$2,500.00
University of Texas	Watkins, Ernest	Austin, TX		Scholarship	\$2,000.00
University of South Florida	Whiddon, Shannen	Orlando, FL		Scholarship	\$2,500.00
Arkansas Tech University	Whitlow, Lysie	Russellville, AR		Scholarship	\$2,000.00
Drury University	Whitmore, Dennis	Springfield, MO		Scholarship	\$2,000.00
Central Michigan University	Wier, David	Mount Pleasant, MI		Scholarship	\$2,500.00
State Univer of NY Col - Cortland	Willis, Hannah	Cortland, NY		Scholarship	\$2,000.00
University of Wisconsin-Oshkosh	Wirtz, Sara	Oshkosh, WI		Scholarship	\$2,500.00
Dickinson State University	Yon, Danielle	Dickinson, ND		Scholarship	\$2,000.00
California State Univ San Marcos	Zinda, Joel	San Marcos, CA		Scholarship	\$2,500.00
					\$215,538.22

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions THE BRUNSWICK FOUNDATION, INC.	Enter filer's identifying number, see instructions Employer identification number (EIN) or 36-6033576
	Number, street, and room or suite no. If a P.O. box, see instructions 1 N. FIELD COURT	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LAKE FOREST, IL 60045-4811	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A -	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ THE BRUNSWICK FOUNDATION, INC.

Telephone No. ▶ 847-735-4700 FAX No. ▶ 847-735-4287

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 20 12 or

▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	800
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	1565
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

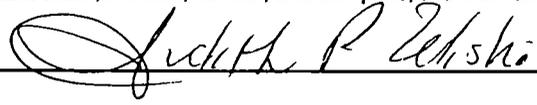
- The books are in the care of Telephone No. FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **PRESIDENT** Date **4/10/13**

Dollar for Doers Program

Check Request Form



DFD request may be delay if this form is not attached.

Date: _____ Human Resource Signature: _____

Checks to be returned to: (Please Print)

HR Representative _____ Division or Group _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

*(ORIGINAL Dollar For Doers Request Form **MUST BE ATTACHED** – As a reminder –a check will not be issued prior to the event.)*

Organization Official Name: _____

Address: _____

Employee: _____

Name

Location

Brunswick Foundation Use Only

Amount Approved	Signature	Date Check Issued	Grant Number

Organization Official Name: _____

Address: _____

Employee: _____

Name

Location

Brunswick Foundation Use Only

Amount Approved	Signature	Date Check Issued	Grant Number

Organization Official Name: _____

Address: _____

Employee: _____

Name

Location

Brunswick Foundation Use Only

Amount Approved	Signature	Date Check Issued	Grant Number

Organization Official Name: _____

Address: _____

Employee: _____

Name

Location

Brunswick Foundation Use Only

Amount Approved	Signature	Date Check Issued	Grant Number

Organization Official Name: _____

Address: _____

Employee: _____

Name

Location

Brunswick Foundation Use Only

Amount Approved	Signature	Date Check Issued	Grant Number

Organization Official Name: _____

Address: _____

Employee: _____

Name

Location

Brunswick Foundation Use Only

Amount Approved	Signature	Date Check Issued	Grant Number

Organization Official Name: _____

Address: _____

Employee: _____

Name

Location

Brunswick Foundation Use Only

Amount Approved	Signature	Date Check Issued	Grant Number

THE BRUNSWICK FOUNDATION, INC.

BOARD OF DIRECTORS MATCHING GIFT PROGRAM

Purpose: The Board of Directors Matching Gift Program is established to provide support to charitable organizations deemed important to Brunswick's Board of Directors. This program offers a way of combining personal contributions of the Directors with those of the Brunswick Foundation, thereby creating the ability to contribute substantially more to organizations of particular interest.

Eligibility: The donor must be a current member of the Board of Directors of Brunswick Corporation. Eligible organizations must be non-profit and granted exemption under section 501(c)(3) and ruled to be publicly supported under section 509(a) of the Internal Revenue Code.

Type of Gift to be Matched: The Foundation will only match cash gifts personally donated (not merely pledged) by the director. The cash distribution must be in check form from their individual/trust account only. Stock donations cannot be matched until the shares are sold and the cash value is received by the 501(c)(3) organization. There are no exceptions to this rule.

Organizations Eligible for Matching Gifts: Gifts will be limited to non-profit, tax-exempt organizations focused within four major subject areas:

1. **Youth & Family:** Organizations whose primary purpose is the support of youth or family concerns: scouting programs, youth leadership, day care organizations, recreational programs, youth clubs, family crisis and counseling centers, or community shelters.
2. **Arts & Culture:** Art, science, or history museums, libraries, professional and community orchestras, theaters, dance groups, public television and radio, zoos, botanical gardens, and archeological or historical societies.
3. **Education:** Accredited public and independent primary and secondary education programs, accredited four-year colleges and universities, graduate and professional schools, junior and community colleges, special schools for the mentally and physically handicapped; tax-exempt college funds, foundations, or associations whose purpose is to transmit funds to an institution described above; eligible educational institutions operated by religious or fraternal organizations, if their services are offered to the general public.
4. **Health:** Other tax-exempt organizations not described above that add to the quality of life (i.e. disease awareness, medical research, hospitals, etc.)

Amount of Contributions: The Foundation will match up to a maximum of \$5,000 contributed per director per a program year (December 1 – November 30). In order for the contribution to be accounted for in the current year, the Foundation **must receive this form by December 20; if received after this date it will be accounted for in the following year.** The minimum individual gift to be matched by the Foundation is \$1,000.

Restrictions: Matching contributions **will not** be made to the following types of organizations: United Way campaigns, fraternal, social, political, union or veteran organizations; specific churches or religious groups; government agencies; or organizations that limit their services to one religious group; athletic organizations; dues to national or local alumni groups. In addition, bequests or gifts of property or payment in exchange for services rendered (e.g. tickets, memberships, tuition, subscriptions, advertising or dinners) will not be allowed.

Instructions for Matching Gift Request:

1. Board member completes Part A of Request for Matching Gift Form
2. Submit Request for Matching Gift Form with your personal donation to the qualifying organization
3. Organization completes Part B of Request for Matching Gift Form
4. Organization returns the request along with their 501(c)(3) verification to The Brunswick Foundation
5. Upon receipt, The Brunswick Foundation will issue a check to the qualifying organization in the same amount as the Board members donation (up to the maximum of \$5,000).



Board of Directors Matching Gift Program Request for Matching Gift Form

PART A

To be completed by the eligible individual, then forwarded with your donation to the organization.

Name of Board of Director (Print) Phone Number Social Security Number

Home Address Street City State Zip

Dollar Amount of Cash to be Matched \$ (Minimum \$1,000) Date of Donation

Name of Organization (Must be a 501 (c)(3) organization)

Type of Organization

- Youth & Family**
 - Scouting Program Youth Leadership Day Care Organization Recreational Program
 - Youth Club Family Crisis/Counseling Center Community Shelter Other
- Arts & Culture**
 - Art/Science/History Museum Library Zoo Professional or Community Orchestra Theater
 - Dance Group Public TV/Radio Botanical Garden Archeological/Historical Society
- Education**
 - Public/Independent Primary & Secondary Program Four Year College/University
 - Graduate & Professional School Education for the Mentally/Physically Handicapped
 - Tax-exempt College Fund/Foundation/Association
- Health**
 - Disease Awareness Medical Research Hospital Quality of Life Organization

I certify that the above information is correct and that my donation fully complies with the provisions of the program as set forth on this form. I understand that falsification of data will result in termination of my eligibility to participate in this program in the future. This gift was made strictly as a donation with no tangible benefit received as a result of it.

Signature Date

PART B

To be completed by the receiving organization, then mailed to the address shown below.

Legal Name of Organization Phone Number

Address Street City State Zip

I hereby certify that the \$ cash donation described above was received on (date).

This organization is eligible to receive a matching gift as set forth on this form and currently has a 501(c)(3) status (Copy of verification must be attached.). I understand that misuse of this program or falsification of data will result in the termination of any further donations to this organization by The Brunswick Foundation. This gift was a cash donation with no tangible benefit received by the donor as a result of it. (A copy of Donor's check must be attached.) This form must be received by the Foundation by December 20.

Name (print or type) Date Signature

Submit the completed request to:
THE BRUNSWICK FOUNDATION, 1 N. FIELD CT., LAKE FOREST, IL 60045

GUIDELINES FOR GRANTSEEKERS

Brunswick Corporation is a multi-national company serving outdoor and indoor recreation markets with consumer products that include bowling, billiards, boats, engines, and cardiovascular/training equipment. The Brunswick Foundation ("Foundation") is a private foundation funded by and serving as the Philanthropic Arm of Brunswick Corporation.

FOCUS

The focus of The Brunswick Foundation is to support causes and/or projects that are salutary to the business interests of Brunswick Corporation, support the volunteer activities of their employees, and assist their employees in their efforts to provide a higher education for the children of Brunswick Corporation and its subsidiaries.

For Direct Donations: Given the size of the Foundation, the Foundation will consider applications by invitation only by one or more of the Foundation's trustees. The Foundation prefers to follow their employees who volunteer and support causes related to boating, indoor recreation, fitness and other organizations associated with Brunswick's products. These donations are determined by the Board of Directors of The Brunswick Foundation, Inc.

Contributions are made only to 501 (c)(3) organizations (verification must be attached), never to individuals. Contributions are not made to religious organizations for religious purposes; for any form of political activity; to non-qualified military veteran organizations, fraternal orders or labor groups; for loans of any kind; or, for trips, tours, dinners, tickets or advertising. The Foundation does not have and is not able to donate equipment or products.

PROCEDURE

- WHO:** The Brunswick Foundation manages all donations from the Lake Forest Headquarters.
- WHAT:** A completed application form and the attachments listed on the back of the form. This form may be duplicated and/or retyped. Common applications are also accepted. **Verification from the IRS must be attached to the application to verify the organization is a 501 (c)(3).**
- WHEN:** Meetings are tentatively scheduled on a quarterly basis. If your proposal falls within the scope of the Foundation and its current interests, it will appear on the agenda for the next meeting. If your proposal does not fall within these areas of interest, we will notify you in writing.
- Where:** Completed applications can be submitted to:

**The Brunswick Foundation, Inc.
1 N. Field Court
Lake Forest, Illinois 60045**



BRUNSWICK

The Brunswick Foundation

GRANT APPLICATION

SEND COMPLETED APPLICATION TO:

████████████████████
Brunswick Foundation, Inc
1 N. Field Court
Lake Forest, IL 60045
████████████████████

PLEASE TYPE OR PRINT

Answer each question within the space provided. Also note the required attachments listed on this form. Additional attachments are not encouraged unless they are absolutely essential to our understanding of your project. We will contact you should we need further information on which to base a decision.

Organization

Organization Name _____ Phone Number _____

Address

Street _____ City _____ State _____ Zip Code _____

Contact Person

Contact Name _____ Title _____

Title and Brief Description of Funding Request (no more than 25 words)

Description _____

Geographic Area to be Served

Client Group to be Served

Size of Group to be Served

Anticipated Project/ Program Period

Type of Request

Project Program General Operating Support

Total and source(s) of Firm Pledges/Commitments to Date

\$ _____ Source _____

\$ _____ Source _____

\$ _____ Source _____

\$ _____ Source _____

Amount Requested from the Brunswick Foundation

\$ _____

Other Funding Sources and Amounts Applied to for this Purpose

\$ _____ Source _____

\$ _____ Source _____

\$ _____ Source _____

\$ _____ Source _____

PURPOSE - What will this project or program accomplish?

NEED - What are the problems that this project will try to solve?

APPROACH - How do you plan to implement this project?

COORDINATION - Who else in your community is working on this problem? How will you coordinate with them?

EVALUATION - How will you determine that the project is working and that it is accomplishing its purpose? (Provide quantitative measurements.)

COMPETENCE - What evidence can you give of the ability of your organization to implement this successfully?

SUPPORT - What kind of local support is there?

RELEVANCE - Why should the Brunswick Foundation support this project?

GRANT USE - Specifically, how would a grant from the Brunswick Foundation be used?

FUTURE SUPPORT - How will this be financed in the future?

ADDITIONAL INFORMATION - What else would you like us to know about your project?

Please attach the following

- General financial information of your organization. Include your total current budget and the principal sources and amounts of ongoing annual support.
- A listing of your Board of Directors.
- A copy of verification from the IRS that your organization is filed as a 501 (c)(3) exemption.

Signed

Date

Title



BRUNSWICK

The Brunswick Foundation

PRIVACY / SECURITY ALERT!!!

PLEASE NOTE - YOU MAY RECEIVE THE FOLLOWING PROMPT UPON USING THIS PDF:

“The Auto-Complete feature can remember your keystrokes to auto-populate the fields on this form, which can save time when filling out similar forms. However, using this feature is not recommended, and may not be appropriate, if you are using computers in public setting (e.g., a library or Internet cafe) because previously entered information could be recalled and displayed (e.g., Social Security number, home address, etc.). Would you like to enable this feature? Preferences for the AutoComplete feature are found in the Forms panel of the Edit > Preferences dialog.”

Our team suggest you choose “No” for security reasons.

BRUNSWICK FOUNDATION
2012 SONS & DAUGHTERS SCHOLARSHIP PROGRAM
- High School Senior Application Procedure -

For more than 50 years, The Brunswick Foundation has supported causes and programs that complement the business interests of Brunswick Corporation and enhance the interests of the Company's employees and the communities in which they live and work. One such program is the Sons & Daughters Scholarship Program. We are pleased that you are going to attend college and have decided to apply for a Brunswick Foundation Sons & Daughters Scholarship. Detailed below are the scholarship program guidelines, as well as the scholarship application process.

AWARDS AND ELIGIBILITY

Students applying for this scholarship program are eligible for a single-year scholarship of up to \$2,500 (with a maximum of up to \$10,000 per recipient).

Eligible applicants must be 23 years of age or younger (exception for military duty) as of February 24, 2012, and are students.

- currently in the final year of high school;
- with a grade point average of 2.0 or higher on a 4.0 scale;
- who are entering an accredited, nonprofit college, university or vocational school by the Fall of 2012;
- whose parent, stepparent or guardian is employed as a full-time employee of Brunswick Corporation, or one of its divisions/subsidiaries on February 24, 2012 and who has worked for Brunswick for at least one year of continuous service in the previous five years. Employees and spouses of employees are not eligible to apply.

SELECTION OF RECIPIENTS

Selections are made by an impartial, outside committee comprised of professionals from prominent universities. No representatives of Brunswick Corporation or The Brunswick Foundation are involved in the selection process.

No preference is accorded to an applicant by reason of a parent's position or length of employment. Consideration for all awards is based on the applicant's academic record, achievement test scores, and leadership abilities as demonstrated by extracurricular activities and work record. Financial need is an additional consideration for half of the awards.

All scholarship winners will be individually notified of the committee's decision no later than May 1, 2012.

RULES AND REGULATIONS

- The application must be completed by the student applicant only (**in English**), otherwise the application will not be accepted. No materials will be returned back to recipient.
- Scholarship recipients are required to complete a sufficient number of college credit hours each year to complete degree requirements within the normal time period. **The funds provided must be used only for educational expenses** (e.g. tuition, books and fees).
- It is the intent of The Brunswick Foundation to avoid granting a student financial aid in excess of educational expenses. In accordance with Internal Revenue Service regulations, financial aid in excess of actual education expenses will result in taxable income to the recipient.
- Checks will be disbursed each July, are made payable to the school, and mailed directly to the institution.
- Recipients of **single-year scholarships may reapply for the scholarship of up to \$2,500 each year** of their undergraduate studies (maximum of \$10,000 per recipient).
- Past recipients of **multi-year scholarships may not apply for any further assistance** from The Brunswick Foundation.
- The scholarship may not be used for graduate school or master degree.
- Copies or prior scholarship application forms will not be accepted.
- Scholarship recipients are not required to accept employment with Brunswick Corporation or any of its related subsidiaries upon graduation.
- Completing this application does not guarantee that you will receive a scholarship.
- The administration and financing of this program is exclusively the responsibility of The Brunswick Foundation, which has full authority to make rules and regulations governing the program and to make final decisions in all matters arising in connection therewith except for the selection of scholarship recipients. The Foundation may modify or discontinue the program at anytime.

*Questions may be directed to your parent's or guardian's local Human Resource Office
or Lisa DeBartolo at (847) 735-4344.*

DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.

CHECKLIST FOR APPLICATION PROCESS

– Retain This Sheet For Your Own Information And Guidance –

The instructions below should help you through the application process. Check each box when you have completed that step of the process. **International applications and transcripts must be in English, otherwise the application will not be accepted.**

FORM I - APPLICATION

- Student must complete entire application (type or print for legible reproduction) If something is not applicable, mark "N/A"
- Review your application carefully, then sign, date, and **have your parent or guardian complete SECTION A of the Brunswick Employee Verification section of FORM I**
- Make a photocopy for your records.**
- Return your completed application to your parent's or guardian's Human Resource Department for employee verification. If your application is not verified by the HR department, it will be returned and may not make the deadline.**
(No copies or old applications will be accepted)
- The date that you submitted FORM I to your parent's or guardian's HR department / /
Mo /Day/Yr

FORM II AND III - TRANSCRIPT INFORMATION FORM

- Complete SECTION A of FORM II Sign and date the form Your parent or legal guardian must also sign if you are under age 18
- If you are receiving college credits while attending high school, you also must complete FORM III.**
- Affix proper postage to an envelope(s) addressed to
The Brunswick Foundation, 1 N. Field Ct , Lake Forest, IL 60045
- Deliver form and envelope to your High School Official (and College Official if applicable) and request that they complete SECTION B of FORM II (and FORM III if applicable) and **attach an official current transcript.** The official(s) may return the form(s) and transcripts directly to The Brunswick Foundation, or you may attach to your application
- The date you delivered FORM II (and FORM III if applicable) to the officials / /
Mo /Day/Yr

FORM IV - REFERENCES FORM

- Complete SECTION A of FORM IV Maximum of two reference letters - others will be discarded.
- Affix proper postage to an envelope addressed to
The Brunswick Foundation, 1 N. Field Ct , Lake Forest, IL 60045
- Deliver FORM IV and an envelope to a counselor/administrator/faculty member of your school Ask them to complete SECTION B and return the form directly to The Brunswick Foundation in the return envelope that you have provided.
- The date you delivered FORM IV / /
Mo /Day/Yr

Use only the forms provided; do not submit additional materials or letters of recommendation You will be notified if we have not received all of your documents pertaining to your application Remember – it is your responsibility to see that all forms are submitted to The Brunswick Foundation on time.

DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.

**BRUNSWICK FOUNDATION
2012 SONS & DAUGHTERS SCHOLARSHIP PROGRAM**

FORM I - HIGH SCHOOL SENIOR APPLICATION (PRINT OR TYPE)

Complete this form **in English** and forward it to your parent's or guardian's local Human Resource Department

1 APPLICANT DATA

Last Name	First Name	Middle Initial	Email
Address		City	State Zip Country
Date of Birth	Male / Female	Daytime Phone Number	Social Security Number

2 EDUCATION (IF YOU ARE ATTENDING HIGH SCHOOL AND COLLEGE, PLEASE INDICATE BELOW.)

Name of College Attending, if applicable	City	State / Country	No. of Yr(s) Attended
Name of High School Attending	City	State / Country	No. of Yr(s) Attended
High School Graduation Date (Anticipated)	Any Military Duty, if yes how many years		

List the colleges to which you have applied to in the order of your preference

First Choice College Name	City	State / Country
Second Choice College Name	City	State / Country

If you have already decided your major field of study, what is it? If not, indicate undecided. _____

Have you decided what career you hope to pursue upon graduation? If so, what are your career aspirations?

On a per week basis, state the approximate number of hours you spend in the classroom, lab and doing homework.

Classroom Hours	Lab Hours	Homework
-----------------	-----------	----------

Do you feel that your grades are an accurate reflection of your ability? If not, what circumstances prevented you from doing better?

3 ACTIVITIES AWARDS AND HONORS

List all school activities in which you have participated during high school (i.e., student government, music, etc.).

Activity	No. Yrs	Awards/Honors	Offices Held

List all outside of school activities in which you have participated without pay during school (i.e., civic involvement, volunteer work, family responsibilities, etc.)

Organization	No. Yrs	Awards/Honors	Describe Involvement

4 WORK EXPERIENCE

Indicate history of employment.

Company	Position	Dates		Average Hrs /Week	Salary \$/Hour
		From - Mo /Yr	To - Mo /Yr		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		

5 APPLICATIONS FOR SCHOLARSHIPS/GRANTS/FINANCIAL AID FROM OTHER ORGANIZATIONS

List all scholarships, grants and financial aid programs that you have received/applied for or given and indicate amount awarded or indicate amount for which you are still waiting for notification.

Name of Scholarship/Grant/Financial Aid Program	Amount Awarded	Amount Applied For

6 ESSAY

Write an essay of no more than 500 words about the following question. If you could be one person from the 20th century for a day, who would it be and why?

7 CERTIFICATION

I certify that all statements contained in this application are true and correct, that I believe myself eligible, and I hereby apply for The Brunswick Foundation Sons & Daughters Scholarship.

Signed

Applicant

Date



8 BRUNSWICK EMPLOYEE VERIFICATION

SECTION A Brunswick employee is to complete this section and then submit the completed application to their Human Resource Department for verification.

Applicant's Name _____ Email _____

Employee's Name: _____ Social Security No _____ Phone No _____

Relationship to Applicant Parent _____ Stepparent* _____ Guardian* _____ Employee Email _____

Employee's Location _____ Division/Group _____ City _____ State _____ Country _____

*If the relationship is that of stepparent or guardian, the applicant must reside with the qualifying employee on a full time basis. Spouses of employees are not eligible to apply.

----- **APPLICANT: DO NOT WRITE BELOW THIS LINE** -----

SECTION B Employee's local Human Resource Department is to complete this section.

To qualify, the employee must have been working as a full-time employee of Brunswick Corporation or one of its divisions/subsidiaries on February 24, 2012 and must have had at least one year of continuous service in the previous five years. Certain aspects of the selection process require salary information. Complete the information as to the qualifying employee - **if two employees qualify the applicant, include information on both.**

Position Held (Title) _____

Position Held (Title) _____

Date of Hire _____ / _____ / _____ _____ / _____ / _____

Base Salary _____ / _____ _____ / _____

Under Over Under Over
\$60,000 \$60,000 \$60,000 \$60,000

I verify that the above information is correct and that the applicant is qualified to compete for The Brunswick Foundation Sons & Daughters Scholarship based on this information.

Print Name of Person Approving Eligibility / Title Phone No Fax No

Signature Name of Person Approving Eligibility Date Approved

Division/Group City State Country

Approved application should be submitted to:
The Brunswick Foundation, 1 N. Field Ct., Lake Forest, IL 60045

DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.



FORM II - HIGH SCHOOL SENIOR TRANSCRIPT FORM

SECTION A Applicant is to complete this section (in English) and forward to your high school.

Applicant's Name Social Security No Phone Number Email

Employee (Parent Name) Division/Group City Email

STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18.

Therefore, to complete The Brunswick Foundation Sons & Daughters Scholarship Program Application, this consent form must be signed prior to the high school official completing SECTION B of this application

"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete the Brunswick Foundation Sons & Daughters Scholarship Program Application"

Parent's/Guardian's Signature Date

Applicant's Signature (if 18 or older) Date

----- APPLICANT: DO NOT WRITE BELOW THIS LINE -----

SECTION B High School Official, please complete the following and attach a current official transcript.

Applicants ranks _____ in a class of _____. Cumulative grade point average _____ /4.0 scale. If grading scale is other than a 4.0, please include grade comparison explanation.

ACT English _____ Math _____ Reading _____ Science _____ Composite _____

SAT Critical Reading _____ Math _____ Writing _____

High School Official:

Print Name Signature

Date Title

High School Phone Number

School Address City State Zip

Please attach transcript to this form and return to The Brunswick Foundation, 1 N. Field Ct., Lake Forest, IL 60045, or hand deliver to student in a sealed envelope.

DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.



FORM III - COLLEGE TRANSCRIPT INFORMATION FORM (INCLUDING COLLEGE CREDITS WHILE IN HIGH SCHOOL)

SECTION A Applicant is to complete this section (in English) and forward to your college.

Applicant's Name Social Security No Phone Number Email

Employee (Parent Name) Division/Group City Email

STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18

Therefore, to complete The Brunswick Foundation Sons & Daughters Scholarship Program Application, this consent form must be signed prior to the college official completing SECTION B of this application

"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete The Brunswick Foundation Sons & Daughters Scholarship Program Application"

Parent's/Guardian's Signature Date

Applicant's Signature (if 18 or older) Date

APPLICANT: DO NOT WRITE BELOW THIS LINE

SECTION B College Official, please complete the following and attach a current official college transcript.

Cumulative grade point average /4.0 scale If grading scale is other than a 4.0, please include grade comparison explanation

ACT English Math Reading Science Composite

SAT Critical Reading Math Writing

School Official

Print Name Signature

Date Title

College Phone Number

School Address City State Zip

Please attach transcript to this form and return to The Brunswick Foundation, 1 N. Field Ct., Lake Forest, IL 60045, or hand deliver to student in a sealed envelope

DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.

FORM IV - REFERENCE FORM (PRINT OR TYPE)

SECTION A Applicant is to complete this section (in English) and forward to your school counselor, administrator or member of the faculty.

Applicant's Name	Social Security Number	Phone No	Email
------------------	------------------------	----------	-------

Employee Parent Name	Division/Group	Phone No	Email
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----- **STUDENT DO NOT WRITE BELOW THIS LINE** -----

SECTION B A counselor, administrator or faculty personnel must complete this section in English language

Please complete this form and mail it to The Brunswick Foundation. (If you know the applicant well enough, it would be very helpful to the Selection Committee if you could offer a brief example of the student's actions or behavior that leads you to the rating you assign below.)

The applicant's choice of a post-secondary education program is.

Extremely Appropriate Very Appropriate Appropriate Inappropriate No Basis for Judgement

Comment

The applicant's achievements reflect his/her ability.

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comment

The applicant's ability to set realistic and attainable goals is:

Excellent Good Fair Poor No Basis for Judgement

Comment

The quality of the applicant's commitment to school and community is.

Excellent Good Fair Poor No Basis for Judgement

Comment

The applicant is able to seek, find, and use learning resources:

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comment

The applicant demonstrates curiosity and initiative:

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comment

The applicant demonstrates good problem-solving skills, follows through and completes tasks:

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comment

The applicant's respect for others is.

Excellent Good Fair Poor No Basis for Judgement

Comment



The ability of this applicant to assume leadership roles is

[] Excellent [] Good [] Fair [] Poor [] No Basis for Judgement

Comment _____

The level of maturity displayed by the applicant is:

[] Excellent [] Good [] Fair [] Poor [] No Basis for Judgement

Comment _____

The overall success in higher education predicted for this applicant will probably be:

[] Excellent [] Good [] Fair [] Poor [] No Basis for Judgement

Comment _____

Has the applicant ever been disciplined by the school? If yes, explain.

[] No [] Yes _____

Have the applicant's studies been seriously affected by outside work, illness or other factors? If yes, explain

[] No [] Yes _____

In your opinion, has this applicant been working up to his or her true level of ability?

[] No [] Yes _____

SUPPLEMENTAL INFORMATION

Please complete this section, as it is very helpful to the Selection Committee while reviewing the application. Are there any other facts or impressions which you feel the Selection Committee should know about this student? Using the school's letterhead, please attach any further comments and/or personal recommendations, if needed

Print Name _____ Signature _____

Title _____ Date _____

School Name _____ Phone Number _____

School Address _____ City _____ State _____ Zip _____ Country _____

You have the option to waive the right of future access to this person's recommendation/evaluation. (Please check one.)

[] I hereby waive my right to future access to this person's recommendation/evaluation

[] I hereby do not waive my right to future access to this person's recommendation/evaluation

Please return this form to:
The Brunswick Foundation, 1 N. Field Ct., Lake Forest, IL 60045
DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.



BRUNSWICK

The Brunswick Foundation

PRIVACY / SECURITY ALERT!!!

PLEASE NOTE - YOU MAY RECEIVE THE FOLLOWING PROMPT UPON USING THIS PDF:

“The Auto-Complete feature can remember your keystrokes to auto-populate the fields on this form, which can save time when filling out similar forms. However, using this feature is not recommended, and may not be appropriate, if you are using computers in public setting (e.g., a library or Internet cafe) because previously entered information could be recalled and displayed (e.g., Social Security number, home address, etc.). Would you like to enable this feature? Preferences for the AutoComplete feature are found in the Forms panel of the Edit > Preferences dialog.”

Our team suggest you choose “No” for security reasons.

**BRUNSWICK FOUNDATION
2012 SONS & DAUGHTERS SCHOLARSHIP PROGRAM
- College Undergraduate Application Procedure -**

For more than 50 years, The Brunswick Foundation has supported causes and programs that complement the business interests of Brunswick Corporation and enhance the interests of the Company's employees and the communities in which they live and work. One such program is the Sons & Daughters Scholarship Program. We are pleased that you are going to attend college and have decided to apply for a Brunswick Foundation Sons & Daughters Scholarship. Detailed below are the scholarship program guidelines, as well as the scholarship application process.

AWARDS AND ELIGIBILITY

Students applying for this scholarship program are eligible for a single-year scholarship of up to \$2,500 (with a maximum of \$10,000 per recipient).

Eligible applicants must be 23 years of age or younger (exception for military duty) as of February 24, 2012, and are students:

- who are current college freshmen, sophomores or juniors;
- with a grade point average of 2.0 or higher on a 4.0 scale;
- who are entering an accredited, nonprofit college, university or vocational school by the Fall of 2012;
- whose parent, stepparent or guardian is employed as a full-time employee of Brunswick Corporation, or one of its divisions/subsidiaries on February 24, 2012 and who has worked for Brunswick for at least one year of continuous service in the previous five years. Employees and spouses of employees are not eligible to apply.

SELECTION OF RECIPIENTS

Selections are made by an impartial, outside committee comprised of professionals from prominent universities. No representatives of Brunswick Corporation or The Brunswick Foundation are involved in the selection process.

No preference is accorded to an applicant by reason of a parent's position or length of employment. Consideration for all awards is based on the applicant's academic record, achievement test scores, and leadership abilities as demonstrated by extracurricular activities and work record. Financial need is an additional consideration for half of the awards.

All scholarship winners will be individually notified of the committee's decision no later than May 1, 2012.

RULES AND REGULATIONS

- The application must be completed by the student applicant only (**in English**), otherwise the application will not be accepted. No materials will be returned back to recipient.
- Scholarship recipients are required to complete a sufficient number of college credit hours each year to complete degree requirements within the normal time period. **The funds provided must be used only for educational expenses** (e.g. tuition, books and fees).
- It is the intent of The Brunswick Foundation to avoid granting a student financial aid in excess of educational expenses. In accordance with Internal Revenue Service regulations, financial aid in excess of actual education expenses will result in taxable income to the recipient.
- Checks will be disbursed each July, are made payable to the school, and mailed directly to the institution.
- Recipients of **single-year scholarships may reapply for the scholarship of up to \$2,500 each year** of their undergraduate studies (maximum of \$10,000 per recipient).
- Past recipients of **multi-year scholarships may not apply for any further assistance** from The Brunswick Foundation.
- The scholarship may not be used for graduate school or master degree.
- Copies or prior scholarship application forms will not be accepted.
- Scholarship recipients are not required to accept employment with Brunswick Corporation or any of its related subsidiaries upon graduation.
- Completing this application does not guarantee that you will receive a scholarship.
- The administration and financing of this program is exclusively the responsibility of The Brunswick Foundation, which has full authority to make rules and regulations governing the program and to make final decisions in all matters arising in connection therewith except for the selection of scholarship recipients. The Foundation may modify or discontinue the program at anytime.

*Questions may be directed to your parent's or guardian's local Human Resource Office
or Lisa DeBartolo at (847) 735-4344.*

DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.

CHECKLIST FOR APPLICATION PROCESS

- Retain This Sheet For Your Own Information And Guidance -

The instructions below should help you through the application process. Check each box when you have completed that step of the process. **International applications and transcripts must be in English, otherwise the application will not be accepted.**

FORM I - APPLICATION

- Student must complete entire application (type or print for legible reproduction). If something is not applicable, mark "N/A"
- Review your application carefully, then sign, date, and **have your parent or guardian complete SECTION A of the Brunswick Employee Verification section of FORM I.**
- Make a photocopy for your records.**
- Return your completed application to your parent's or guardian's Human Resource Department for employee verification. If your application is not verified by the HR department, it will be returned and may not make the deadline.**
(No copies or old applications will be accepted)
- The date that you submitted FORM I to your parent's or guardian's HR department. _____
Mo /Day/Yr

FORM II AND III - TRANSCRIPT INFORMATION FORM

- Complete SECTION A of FORM II Sign and date the form. Your parent or legal guardian must also sign if you are under age 18
- All first year college students must complete Form III along with a high school transcript.**
- Affix proper postage to an envelope(s) addressed to
The Brunswick Foundation, 1 N. Field Ct., Lake Forest, IL 60045
- Deliver form and envelope to your College Official (and High School Official if applicable) and request that they complete SECTION B of FORM II (and FORM III if applicable) and **attach an official current transcript.** The official(s) may return the form(s) and transcripts directly to The Brunswick Foundation, or you may attach to your application
- The date you delivered FORM II (and FORM III if applicable) to the officials _____
Mo /Day/Yr

FORM IV - REFERENCES FORM

- Complete SECTION A of FORM IV. Maximum of two reference letters - others will be discarded
- Affix proper postage to an envelope addressed to
The Brunswick Foundation, 1 N. Field Ct., Lake Forest, IL 60045
- Deliver FORM IV and an envelope to a counselor/administrator/faculty member of your school Ask them to complete SECTION B and return the form directly to The Brunswick Foundation in the return envelope that you have provided
- The date you delivered FORM IV: _____
Mo /Day/Yr

Use only the forms provided; do not submit additional materials or letters of recommendation You will be notified if we have not received all of your documents pertaining to your application Remember – it is your responsibility to see that all forms are submitted to The Brunswick Foundation on time.

DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.

**BRUNSWICK FOUNDATION
2012 SONS & DAUGHTERS SCHOLARSHIP PROGRAM**

FORM I - COLLEGE UNDERGRADUATE APPLICATION (PRINT OR TYPE)

Complete this form **in English** and forward it to your parent's or guardian's local Human Resource Department.

1 APPLICANT DATA

Last Name	First Name	Middle Initial	Email
Address		City	State Zip Country
Date of Birth	Male / Female	Daytime Phone Number	Social Security Number

2 EDUCATION

Name of High School Attended	City	State	Country	Date Graduated
ACT English _____	Math _____	Reading _____	Science _____	Composite _____
SAT Critical Reading _____	Math _____	Writing _____	Cumulative H.S. GPA _____ /4.0 scale	
Number _____ Out of _____ Students (Class rank at the end of H.S.)		Military Duty? If yes how many years? _____		
Name of College Currently Attending	City	State	College Graduation Date (Anticipated)	

What will be your grade level in the Fall of 2012? (Example: 2nd semester freshman) _____

If you are planning to transfer to another school to complete your degree requirements, name the school to which you intend to transfer and when this transfer will occur.

Name of College	Month / Year
-----------------	--------------

If you have already decided your major of study, what is it? If not, indicate undecided. _____

Have you decided what career you hope to pursue upon graduation? If so, what are your career aspirations?

On a per week basis, state the approximate number of hours you spend in the classroom, lab and doing homework.

Classroom Hours	Lab Hours	Homework
-----------------	-----------	----------

Do you feel that your grades are an accurate reflection of your ability? If not, what circumstances prevented you from doing better?

3 ACTIVITIES AWARDS AND HONORS

List all school activities in which you have participated during high school/college (i.e., student government, music, etc.).

Activity	No. Yrs	Awards/Honors	Offices Held

List all outside of school activities in which you have participated without pay during school (i.e., civic involvement, volunteer work, family responsibilities, etc.).

Organization	No. Yrs	Awards/Honors	Describe Involvement

4 WORK EXPERIENCE

Indicate history of employment.

Company	Position	Dates		Average Hrs /Week	Salary \$/Hour
		From - Mo /Yr	To - Mo./Yr		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		

5 APPLICATIONS FOR SCHOLARSHIPS/GRANTS/FINANCIAL AID FROM OTHER ORGANIZATIONS

List all scholarships, grants and financial aid programs that you have received/applied for or given and indicate amount awarded or indicate amount for which you are still waiting for notification.

Name of Scholarship/Grant/Financial Aid Program	Amount Awarded	Amount Applied For
---	----------------	--------------------

PRIOR YEAR

CURRENT YEAR

6 ESSAY

Write an essay of no more than 500 words about the following question: If you could be one person from the 20th century for a day, who would it be and why?

7 CERTIFICATION

I certify that all statements contained in this application are true and correct, that I believe myself eligible, and I hereby apply for The Brunswick Foundation Sons & Daughters Scholarship.

Signed

Applicant

Date



8 BRUNSWICK EMPLOYEE VERIFICATION

SECTION A Brunswick employee is to complete this section and then **submit** the completed application to their Human Resource Department for verification.

Applicant's Name _____ Email _____

Employee's Name: _____ Social Security No _____ Phone No _____

Relationship to Applicant: Parent _____ Stepparent* _____ Guardian* _____ Employee Email _____

Employee's Location _____ Division/Group _____ City _____ State _____ Country _____

*If the relationship is that of stepparent or guardian, the applicant must reside with the qualifying employee on a full time basis Spouses of employees are not eligible to apply

----- **APPLICANT: DO NOT WRITE BELOW THIS LINE** -----

SECTION B Employee's local Human Resource Department is to complete this section.

To qualify, the employee must have been working as a full-time employee of Brunswick Corporation or one of its divisions/subsidiaries on February 24, 2012 and must have had at least one year of continuous service in the previous five years. Certain aspects of the selection process require salary information. Complete the information as to the qualifying employee – **if two employees qualify the applicant, include information on both.**

Position Held (Title) _____

Position Held (Title) _____

Date of Hire _____ / _____ / _____ _____ / _____ / _____

Base Salary _____ / _____ _____ / _____
Under Over Under Over
\$60,000 \$60,000 \$60,000 \$60,000

I verify that the above information is correct and that the applicant is qualified to compete for The Brunswick Foundation Sons & Daughters Scholarship based on this information

Print Name of Person Approving Eligibility Title Phone No Fax No

Signature Name of Person Approving Eligibility Date Approved

Division/Group City State Country

Approved application should be submitted to:
The Brunswick Foundation, 1 N. Field Ct., Lake Forest, IL 60045

DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.



FORM II - COLLEGE UNDERGRADUATE TRANSCRIPT INFORMATION FORM

SECTION A Applicant is to complete this section (in English) and forward to your college.

Applicant's Name Social Security No. Phone Number Email

Employee (Parent Name) Division/Group City Email

STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18.

Therefore, to complete The Brunswick Foundation Sons & Daughters Scholarship Program Application, this consent form must be signed prior to the school official completing SECTION B of this application

"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete The Brunswick Foundation Sons & Daughters Scholarship Program Application"

Parent's/Guardian's Signature Date

Applicant's Signature (if 18 or older) Date

----- APPLICANT: DO NOT WRITE BELOW THIS LINE -----

SECTION B College Official, please complete the following and attach a current official college transcript.

Cumulative grade point average ____ /4.0 scale If grading scale is other than a 4.0, please include grade comparison explanation

ACT English ____ Math ____ Reading ____ Science ____ Composite ____

SAT Critical Reading ____ Math ____ Writing ____

School Official

Print Name Signature

Date Title

College Phone Number

School Address City State Zip

Please attach transcript to this form and return to The Brunswick Foundation, 1 N. Field Ct., Lake Forest, IL 60045, or hand deliver to student in a sealed envelope.

DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.



FORM III - HIGH SCHOOL TRANSCRIPT FORM (MUST BE COMPLETED BY FIRST YEAR COLLEGE STUDENT)

SECTION A Applicant is to complete this section (in English) and forward to your high school.

Applicant's Name Social Security No. Phone Number Email

Employee (Parent Name) Division/Group City Email

STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18.

Therefore, to complete The Brunswick Foundation Sons & Daughters Scholarship Program Application, this consent form must be signed prior to the school official completing SECTION B of this application

"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete The Brunswick Foundation Sons & Daughters Scholarship Program Application"

Parent's/Guardian's Signature Date

Applicant's Signature (if 18 or older) Date

----- APPLICANT: DO NOT WRITE BELOW THIS LINE -----

SECTION B High School Official, please complete the following information and attach an official high school transcript.

Applicants ranks _____ in a class of _____ Cumulative grade point average _____ /4.0 scale If grading scale is other than a 4.0, please include grade comparison explanation

ACT English _____ Math _____ Reading _____ Science _____ Composite _____

SAT Critical Reading _____ Math _____ Writing _____

Print Name Signature

Date Title

High School Phone Number

School Address City State Zip

Please attach transcript to this form and return to The Brunswick Foundation, 1 N. Field Ct., Lake Forest, IL 60045, or hand deliver to student in a sealed envelope

DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.

FORM IV - COLLEGE REFERENCE FORM (PRINT OR TYPE)

SECTION A Applicant is to complete this section (in English) and forward to your school counselor, administrator or member of the faculty.

Applicant's Name	Social Security Number	Phone No.	Email
------------------	------------------------	-----------	-------

Employee Parent Name	Division/Group	Phone No.	Email
----------------------	----------------	-----------	-------

----- STUDENT DO NOT WRITE BELOW THIS LINE -----

SECTION B A counselor, administrator or faculty personnel must complete this section in English language.

Please complete this form and mail it to The Brunswick Foundation (If you know the applicant well enough, it would be very helpful to the Selection Committee if you could offer a brief example of the student's actions or behavior that leads you to the rating you assign below.)

The applicant's choice of a post-secondary education program is:

Extremely Appropriate Very Appropriate Appropriate Inappropriate No Basis for Judgement

Comment

The applicant's achievements reflect his/her ability:

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comment

The applicant's ability to set realistic and attainable goals is:

Excellent Good Fair Poor No Basis for Judgement

Comment

The quality of the applicant's commitment to school and community is:

Excellent Good Fair Poor No Basis for Judgement

Comment

The applicant is able to seek, find, and use learning resources:

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comment

The applicant demonstrates curiosity and initiative:

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comment

The applicant demonstrates good problem-solving skills, follows through and completes tasks.

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comment

The applicant's respect for others is:

Excellent Good Fair Poor No Basis for Judgement

Comment



The ability of this applicant to assume leadership roles is

[] Excellent [] Good [] Fair [] Poor [] No Basis for Judgement

Comment

The level of maturity displayed by the applicant is:

[] Excellent [] Good [] Fair [] Poor [] No Basis for Judgement

Comment

The overall success in higher education predicted for this applicant will probably be:

[] Excellent [] Good [] Fair [] Poor [] No Basis for Judgement

Comment

Has the applicant ever been disciplined by the school? If yes, explain.

[] No [] Yes

Have the applicant's studies been seriously affected by outside work, illness or other factors? If yes, explain

[] No [] Yes

In your opinion, has this applicant been working up to his or her true level of ability?

[] No [] Yes

SUPPLEMENTAL INFORMATION

Please complete this section, as it is very helpful to the Selection Committee while reviewing the application. Are there any other facts or impressions which you feel the Selection Committee should know about this student? Using the school's letterhead, please attach any further comments and/or personal recommendations, if needed

Print Name

Signature

Title

Date

School Name

Phone Number

School Address

City

State

Zip

Country

You have the option to waive the right of future access to this person's recommendation/evaluation. (Please check one)

[] I hereby waive my right to future access to this person's recommendation/evaluation

[] I hereby do not waive my right to future access to this person's recommendation/evaluation

Please return this form to:

The Brunswick Foundation, 1 N. Field Ct., Lake Forest, IL 60045

DEADLINE FOR RECEIPT OF ALL MATERIAL IS February 24, 2012.

THE BRUNSWICK FOUNDATION
2012 DEALER SONS & DAUGHTERS SCHOLARSHIP PROGRAM
APPLICATION PROCEDURE

We are pleased that you are going to attend college or are currently attending college and have decided to apply for The Brunswick Foundation Dealer Sons & Daughters Scholarship. Below is general scholarship program information for your reference.

Awards and Eligibility – A group of scholarships will be awarded to provide a single payment of up to \$2,000, with a maximum of \$8,000 per recipient. Eligible applicants must be 23 years or younger as of June 1, 2012 and are students:

- ❖ who are currently in their final year of high school or are current college freshmen, sophomores or juniors,
- ❖ with a grade point average of 2.0 or higher on a 4.0 scale;
- ❖ who are enrolled in or are entering an accredited, nonprofit college, university or vocational school by the fall of 2012,
- ❖ whose parent, stepparent or guardian is currently working as a full-time employee of an eligible Brunswick Corporation dealership and has been employed at that dealership for at least one year as of June 1, 2012. Eligible Brunswick Corporation dealers are those who have achieved "Gold" or "Platinum" level status as determined by Brunswick Dealer Advantage. Dealership employees and spouses are not eligible to apply.

Selection of Recipients – Selections are made by an impartial, outside committee comprised of professionals from prominent universities. No representatives of Brunswick are involved in the selection process.

No preference is afforded to an applicant by reason of a parent's position, length of employment, relationship with Brunswick or by the dealerships standing with Brunswick Corporation. Consideration for all awards is based on the applicant's academic record, achievement test scores, and leadership abilities as demonstrated by extracurricular activities and work record. Financial need is also an additional consideration for the awards. All scholarship winners will be individually notified of the committee's decision no later than mid July 2012.

General

- ❖ Application must be completed by the student applicant only and in English, otherwise it will not be accepted.
- ❖ The funds provided must be used only for educational expenses (tuition, books and fees). All checks will be made payable and mailed directly to the school on behalf of the award recipient.
- ❖ Checks will generally be disbursed in August.
- ❖ It is the intent to avoid having a student receive financial aid in excess of educational expenses. In accordance with Internal Revenue Service regulations, financial aid in excess of actual education expenses results in taxable income to the recipient.
- ❖ Recipients may reapply for another award each year assuming eligibility criteria are still met (maximum of \$8,000, per recipient).
- ❖ Grant can not be used for graduate school or master degree.
- ❖ No copies or prior scholarship application forms will be accepted.
- ❖ Scholarship recipients are not required to accept employment with Brunswick or any of its related subsidiaries upon graduation.
- ❖ **Completing this application does not guarantee that you will receive a scholarship.**
- ❖ The administration and financing of this program is exclusively the responsibility of The Brunswick Foundation, which has full authority to make rules and regulations governing the program and to make final decisions in all matters arising in connection therewith except for the selection of scholarship recipients. The Brunswick Foundation may modify or discontinue the program at anytime.
- ❖ **Questions regarding the application process may be directed to Lisa DeBartolo, the Program Coordinator, at (847) 735-4379 or lisa.debartolo@brunswick.com.**
- ❖ **Questions regarding dealer eligibility may be directed to a Dealer Advantage Specialist at (877) GO-ADVTG (462-3884).**
- ❖ **Completed applications need to be mailed to the following address:**
The Brunswick Foundation - Dealer, Attn: Lisa DeBartolo, 1 N. Field Ct., Lake Forest, IL 60045

DEADLINE FOR APPLICATION IS JUNE 1, 2012

**RETAIN THIS SHEET FOR
YOUR OWN INFORMATION AND GUIDANCE
CHECKLIST FOR APPLICATION PROCESS**

The instructions below should help you through the application process. Check each box when you have completed that step of the process. All applications and transcripts must be in English.

FORM I – APPLICATION

- Student applicant must complete entire application (type or print). If something is not applicable, mark "N/A".
- If you're currently attending college, you must complete the Education Section.**
- Review your application carefully and then sign and date it.

FORM II – BRUNSWICK DEALERSHIP EMPLOYEE VERIFICATION

- It is very important that Form II – Section A is completed and returned to your parent's/guardian's employer for dealer employee verification. If this form is not verified by your parent's/guardian's employer, it will be returned and may not make the deadline. Employer should return Form back to employee. Employee cannot verify their own child's application. Someone else in the office must do the verification.**

FORM III and IV – TRANSCRIPT FORM

- Complete Section A of the Transcript Form applicable to you and sign and date. Your parent or legal guardian must also sign if you are under age 18.
 - If you are a **High School Senior** you need to **complete Form III.**
 - If you are a **High School Senior and receiving college credits** you need to **complete Form III and IV.**
 - **If you have only completed one year of college – you're required to complete Form III and IV.**
 - **If you have completed more than two years of college - you need to complete only Form IV.**
- Once you have completed Section A forward the document to a **school official to complete Section B and to receive a current official transcript(s).** The school should return the Form(s) and Transcript(s) back to you or mail it to The Brunswick Foundation.

FORM V – REFERENCE FORM

- Complete Section A of the Reference Form.
- Deliver Reference Form to a counselor/administrator/faculty member of your current school. Maximum of two reference letters – others will be discarded. Ask them to complete Section B and mail to address provided. Return the Form V directly to The Brunswick Foundation in the return envelope that you should provide.

MAILING OF THE APPLICATION

- Make photocopy of everything for your records.** No materials will be returned back to the recipient.
- Use only the forms provided; do not submit additional materials.
- Once you have completed the application along with the appropriate current official transcript(s) you can mail it to:

The Brunswick Foundation - Dealer, Attn: Lisa DeBartolo, 1 N. Field Ct., Lake Forest, IL 60045

Remember - It is your responsibility to see that you have completed all of the forms before submitting it to The Brunswick Foundation on time. If there are missing materials, an email will be sent to you.

DEADLINE FOR APPLICATION IS JUNE 1, 2012

DEADLINE FOR APPLICATION IS JUNE 1, 2012



THE BRUNSWICK FOUNDATION 2012 DEALER SONS & DAUGHTERS SCHOLARSHIP PROGRAM

FORM I – APPLICATION - Applicant is to complete this form in English.

Applicant Data (print or type)

Last Name		First Name		MI	Email	
Address	Street	City	State	Zip	Country	
/ /	Male	Female	()			
Date of Birth		Daytime Phone Number		Social Security Number		

Education – (Must be completed - even if you are in College.)

Name of High School (Attending or Attended)	City	State	Date of Graduation
---	------	-------	--------------------

ACT English _____ Math _____ Reading _____ Science _____ Composite _____
SAT CR _____ Math _____ Writing _____ Cumulative Grade Point Average in High School _____ /4.0 scale
Number _____ Out of _____ Students (Class rank in HS) Any Military Duty, if yes how many years _____

If currently in high school, list the colleges to which you have applied to in the order of your preference

First Choice	College Name	City	State
Second Choice	College Name	City	State

Name of College Currently Attending (if applicable)	City	State	College Graduation Date (Anticipated)
---	------	-------	---------------------------------------

Upon returning to college in the fall of 2012, what will be your grade level? (Example: 1st semester sophomore)

If you are planning to transfer to another school to complete your degree requirements, name the school to which you intend to transfer and when this transfer will occur

Name of College	Transfer Date (Month / Year)
-----------------	------------------------------

If you have already decided your major of study, what is it? If not, indicate undecided _____

Have you decided what career you hope to pursue upon graduation from college? If so, what? _____

On a per week basis, state the approximate number of hours you spend in the classroom, lab and doing homework

Classroom Hours	Lab Hours	Homework
-----------------	-----------	----------

Do you feel that your grades are an accurate reflection of your ability? If not, what circumstances prevented you from doing better?

Activities Awards and Honors

List all **school** activities in which you have participated during high school/college (i.e., student government, music, etc.)

Activity	No. Yrs	Awards/Honors	Offices Held

List all outside of school activities in which you have participated without pay during school (i.e., civic involvement, volunteer work, family responsibilities, etc.)

Organization	No. Yrs	Awards/Honors	Describe Involvement

Work Experience

Indicate history of employment

Company	Position	Dates		Average Hrs /Week	Salary \$/Hour
		From - Mo /Yr	To - Mo /Yr		

Applications for Scholarships/Grants/Financial Aid from Other Organizations

List all scholarships, grants and financial aid programs that you have received/applied for in the prior and current years and also indicate current year amounts. (Also include amounts for which you are still waiting for notification.)

Name of Scholarship/Grant/Financial Aid Program	Amount Awarded	Amount Applied For
Prior Year		

Current Year

2012 Brunswick Dealership Employee Verification

FORM II - Employee (i.e., parent/guardian) is to complete Section A and then submit to **their employer** for verification

Section A

Applicant's Name _____		Email _____	
Employee's Name _____	Phone No _____	Email _____	
Employee's Address _____	Street _____	City _____	State _____ Zip _____ Country _____
Relationship to Applicant _____	Parent _____	Stepparent * _____	Guardian * _____
Employee's Location _____	Dealership Name _____	City _____	State _____ Dealer # _____

* If the relationship is that of step-parent or guardian, the applicant must reside with the qualifying Employee on a full-time basis. Spouses of employees are not eligible to apply

DO NOT WRITE BELOW THIS LINE

Section B – Employee's Dealership Employer is to complete this section.

To qualify, the employee must be currently working as a full-time employee of your dealership with at least one-year of continuous service whose date of hire was not later than June 1, 2011. Further, the dealership must be either a "Gold" or "Platinum" dealership as determined by Brunswick Dealer Advantage as of the application date. Complete the information as it applies to who is qualifying the above applicant. If two employees qualify the applicant, include information on both. After completion of this verification, please return this form back to the employee. **Employee cannot verify own child's application.**

Position Held (Title) _____	Date of Hire _____ / _____ / _____
Position Held (Title) _____	Date of Hire _____ / _____ / _____

I verify that the above information is correct and that the applicant is qualified to compete for The Brunswick Foundation Dealer Sons & Daughters Scholarship based on this information and also the Dealership has achieved either "Gold" or "Platinum" level status with Brunswick Dealer Advantage. **Employee cannot verify it's own child's application.**

Print Name of Person Approving Eligibility _____	Title _____	Phone Number _____	Email _____
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Signature Name of Person Approving Eligibility _____	Date Approved _____	Fax Number _____
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Dealership Name _____	City _____	State _____	Dealer # _____
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Specify which Brunswick Brand Association (i.e., Billiards, Boat and/or Engine, Life Fitness): _____

Name of Primary Brunswick Corporation Contact (i.e., Sales Rep) _____	Phone Number _____
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Note: Should it be later determined that the applicant is not related to the employee or that the applicant's parent/guardian/stepparent is not an eligible employee of your dealership, The Brunswick Foundation reserves the right to revoke the award at any time and or seek reimbursement of any monies previously granted.

DEADLINE FOR APPLICATION IS JUNE 1, 2012

**THE BRUNSWICK FOUNDATION
2012 DEALER SONS & DAUGHTERS SCHOLARSHIP PROGRAM**

FORM III – HIGH SCHOOL TRANSCRIPT FORM (If you have only completed one year of college this form must be completed.)

Section A: - Applicant is to complete this section (in English) and forward to the High School

Applicant's Name _____ Phone No _____ Email _____

Employee (Parent Name) _____ Dealership Name _____ City _____ State _____ Email _____

STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18.

Therefore, to complete The Brunswick Foundation Dealer Sons & Daughters Scholarship Program Application, this consent form must be signed prior to the school registrar/principal/guidance counselor completing Section B of Form III and Form IV of this application

"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete The Brunswick Foundation Dealer Sons & Daughters Scholarship Program Application "

Parent's/Guardian's Signature _____ Date _____

Applicant's Signature (if 18 or older) _____ Date _____

Section B: High School Official – Please complete the following information:

Transcript Information: Attach Official High School Transcript

Applicants ranks _____ in a class of _____ Cumulative Grade Point Average _____/4.0 scale If grading scale is other than a 4.0, please include grade comparison explanation

ACT English _____ Math _____ Reading _____ Science _____ Composite _____

SAT Critical Reading _____ Math _____ Writing _____

High School Official:

Print Name _____ Signature _____

Date _____ Title _____

High School _____ ()
Phone Number _____

School Address _____ City _____ State _____ Zip _____ Country _____

DEADLINE FOR APPLICATION IS JUNE 1, 2012

**THE BRUNSWICK FOUNDATION
2012 DEALER SONS & DAUGHTERS SCHOLARSHIP PROGRAM**

FORM IV – COLLEGE UNDERGRADUATE TRANSCRIPT FORM

Section A: - Applicant is to complete this section (in English) and forward to their college.

Applicant's Name	Phone No	Email
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Employee (Parent Name)	Dealership Name	City	State	Email
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STUDENT/PARENTAL CONSENT TO RELEASE INFORMATION

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the student is under the age of 18.

Therefore, to complete The Brunswick Foundation Dealer Sons & Daughters Scholarship Program Application, this consent form must be signed prior to the school registrar/principal/guidance counselor completing Section B of Form III and Form IV of this application

"I, hereby, consent to allow my (son's/daughter's) school to release all pertinent scholastic and educational information regarding me (my son/daughter) requested below and contained herein to properly complete The Brunswick Foundation Dealer Sons & Daughters Scholarship Program Application"

Parent's/Guardian's Signature	Date
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Applicant's Signature (if 18 or older)	Date
--	------

Section B: College Official – Please complete the following information:

Transcript Information: *Attach Current Official College Transcript*

Cumulative Grade Point Average _____ /4.0 scale *If grading scale is other than a 4.0, please include grade comparison explanation*

ACT English _____ Math _____ Reading _____ Science _____ Composite _____

SAT Critical Reading _____ Math _____ Writing _____

School Official:

Print Name	Signature
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Date	Title
------	-------

College Name	() Phone Number
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School Address	City	State	Zip	Country
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DEADLINE FOR APPLICATION IS JUNE 1, 2012

**THE BRUNSWICK FOUNDATION
2012 DEALER SONS & DAUGHTERS SCHOLARSHIP PROGRAM**

FORM V – REFERENCE FORM

SECTION A: - Applicant is to complete this section (in English) and forward to the school.

Applicant's Name _____ Phone No _____ Email _____

Employee Parent Name _____ Dealership Name _____ Email _____

SECTION B: - Counselor, administrator or faculty personnel must complete this section in English language

Please complete this Form and mail to The Brunswick Foundation in the attached envelope provided by the applicant. If you know the applicant well enough, it would be very helpful to the Selection Committee if you could offer a brief example of the student's actions or behavior that leads you to the rating you assign below.

The applicant's choice of a post-secondary education program is

Extremely Appropriate Very Appropriate Moderately Appropriate Inappropriate No Basis for Judgement

Comments: _____

The applicant's achievements reflect his/her ability

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments _____

The applicant's ability to set realistic and attainable goals is

Excellent Good Fair Poor No Basis for Judgement

Comments: _____

The quality of the applicant's commitment to school and community is

Excellent Good Fair Poor No Basis for Judgement

Comments _____

The applicant is able to seek, find, and use learning resources

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments _____

The applicant demonstrates curiosity and initiative

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments _____

The applicant demonstrates good problem-solving skills, follows through and completes tasks

Extremely Well Very Well Moderately Well Not Well No Basis for Judgement

Comments _____

The applicant's respect for others is

Excellent Good Fair Poor No Basis for Judgement

Comments _____

The ability of this applicant to assume leadership roles is

Excellent Good Fair Poor No Basis for Judgement

Comments _____

The level of maturity displayed by the applicant is

Excellent Good Fair Poor No Basis for Judgement

Comments _____

The overall success in higher education predicted for this applicant will probably be

Excellent Good Fair Poor No Basis for Judgement

Comments _____

Has the applicant ever been disciplined by the school? If yes, explain –

No Yes _____

Have the applicant's studies been seriously affected by outside work, illness or other factors? If yes, explain –

No Yes _____

In your opinion, has this applicant been working up to his or her true level of ability?

No Yes _____

SUPPLEMENTAL INFORMATION: Please complete this section, as it is very helpful to the Selection Committee while reviewing the application. Are there any other facts or impressions, which you feel the selection committee should know about this student? Should you require additional space to provide further comments and/or personal recommendations, please use the school's letterhead and reference the applicant on the page

Print Name _____

Signature _____

Title _____

Date _____

School Name _____

Phone No _____

School Address _____

City _____

State _____

Zip _____

Country _____

I understand that I have the option to waive my right of future access to this person's recommendation/evaluation. (Check One)

- I hereby waive my right to future access to this person's recommendation/evaluation
- I hereby do not waive my right to future access to this person's recommendation/evaluation

**Complete and Mail back to:
The Brunswick Foundation - Dealer
Attn: Lisa DeBartolo
1 N. Field Ct.
Lake Forest, IL 60045**



**THE BRUNSWICK FOUNDATION
2012 DEALER SONS & DAUGHTERS SCHOLARSHIP PROGRAM**

(Please attach with completed application.)

Should you be selected, we would like the opportunity to publicly announce the names of the award recipients and would like you and your parents/guardian to indicate consent for our use of your name for this purpose. We will only disclose your name upon your and your parent's/guardian's approval as indicated below. Not signing this acknowledgement has no impact on the decision making process for the award (i.e., no preference is afforded to an applicant who signs this acknowledgement).

- I hereby authorize The Brunswick Foundation, Brunswick Corporation or its related entities to identify me as a scholarship recipient in any publication promoting the scholarship program. This consent is limited to the use of my name and picture, if so provided

Signature(s):

Applicant Name (print)

Signature

Parent or Guardian (if recipient under 18) (print)

Signature

Date

DOLLARS FOR DOERS PROGRAM



INDIVIDUAL PARTICIPATION AND PERSONAL COMMITMENT ARE VITAL TO THE SUCCESS OF ANY PHILANTHROPIC EFFORT

The Dollars for Doers Program is offered to recognize the volunteer efforts of Brunswick Corporation Employees for nonprofit organizations.

WHO IS ELIGIBLE?

Active, Full-Time Employees of Brunswick Corporation.

WHICH ORGANIZATIONS ARE ELIGIBLE?

Eligible organizations must be federally tax exempt, nonprofit that have been granted exemption under section 501(c)(3) (**Attach copy of verification from the IRS.**) and ruled to be publicly supported under section 509(a) of the Internal Revenue Code. Contributions are not made to religious organizations for religious purposes; for any form of political activity; to non-qualified military veteran organizations, fraternal orders or labor groups; for loans of any kind; or, for trips, tours, dinners, tickets or advertising. The Foundation does not have and is not able to donate equipment or products.

WHAT TYPES OF VOLUNTEER ACTIVITIES ARE ELIGIBLE?

Examples of eligible volunteer activities include long-term efforts such as serving on a nonprofit Board of Directors or committee, scout leaders, etc. Participation in single short-term events such as a bowl-a-thon or food drive also qualifies. *Group Volunteer Service must;*

- be performed without pay or compensation of any kind;
- demonstrate that a meaningful, positive contribution has been made to the nonprofit organization.

HOW MUCH IS AWARDED?

Individual volunteer grants range from \$75 to \$125. Group volunteer grants range up to \$1,000, depending on the number of employees involved, the amount of money raised and the time spent. **A check will not be issued prior to the event.** Individual and group grants will be reviewed and approved by the Brunswick Foundation. Organizations are eligible for one award per employee per calendar year for long-term efforts.

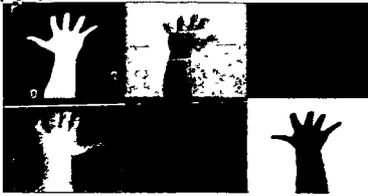
HOW DO I APPLY?

Employees obtain forms from their local Human Resources Office or on BC One under the Foundation Site. Single employee must complete "For Individual Volunteer Service" section and a group of employees must complete "For Group Volunteer Service" section on Part A of the request form, **plus attach a copy of the 501(c)(3) verification (from the IRS).** The form is then returned to their local Human Resources Office for employee verification (Part B) and then forwarded to the Brunswick Foundation, 1 N. Field Ct., Lake Forest, IL 60045.

WHAT HAPPENS NEXT?

Checks will be issued in September and February. **Checks will be mailed directly to the organization. It is important that the address given is the correct mailing address. Employee and local HR Department will receive a letter confirming of the donation.**

The administration and financing of this program is exclusively the responsibility of The Brunswick Foundation, which has full authority to make rules and regulations governing the program and to make final decisions in all matters arising in connection therewith. The Foundation may modify or discontinue the program at anytime



REQUEST FOR A DOLLARS FOR DOERS GRANT

PART A - To be completed by the Brunswick Employee

Brunswick Employee's Name Title Email Address

Division/Group Location (city, state) Work Phone Number

** Print Clearly **

Official Name of Organization (Attach copy of 501(c)(3)) Chapter/Division/Troop # Attention To

Mailing Address City State Zip Code

Specific Volunteer Service Performed:

For Individual Volunteer Service: I volunteer for the above organization: *(Please Check One)*

Weekly Once Monthly Annually/Seasonal

One Day Event Date of Event. _____ Amount Collected by the Individual: \$ _____

For Group Volunteer Service: There were _____ Brunswick Employees involved in this effort. The **date of the event** was _____. A total of _____ hours were donated raising \$_____ for this cause.

List names of other Brunswick Employees involved in this effort (attach additional sheet if necessary)

I certify that the above information is correct and fully complies with the provisions of the program as set forth on the reverse side of this form. I receive no compensation of any kind in exchange for my volunteer work.

Signature (Brunswick Employee) Date

PART B - To be Completed by Brunswick Employee's Human Resources Office

I approve the activity described above for submission and request that a grant be considered for this effort.

Signature Title Date