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# Form **990-PF**

**Return of Private Foundation** 

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	cale	ndar year 2013 or tax year beginning		, and ending		
Na	me o	f foundation			A Employer identification	number
		BAECHER FAMILY FOUNDATI				
	<u>:/0</u>	ROBERT C. ARZBAECHER	26-1148157			
		and street (or P O box number if mail is not delivered to street	B Telephone number	<i>C</i> <b>A</b>		
		25 MORNINGVIEW COURT			262-821-13	64
		own, state or province, country, and ZIP or foreign p OKFIELD,WI 53045	ostal code		C If exemption application is p	ending, check here
		all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	mputation lest,
H (	Check	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
$\Box$	<u> </u>	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1)	(A), check here
I F	air ma	arket value of all assets at end of year   J Accounti	ng method X Cash	Accrual	F If the foundation is in a	60-month termination
			her (specify)		under section 507(b)(1)	(B), check here
<u> </u>	\$	7,804,217. (Part I, colu	mn (d) must be on cash b	asis.)	<u> </u>	(4)
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not inacessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,463,200.		N/A	
	2	Check In the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	9,737.	9,737.		STATEMENT 1
	4	Dividends and interest from securities	60,384.	60,032.		STATEMENT 2
	5a	Gross rents				
	b	Net rental income or (loss)				
e)	6a	Net gain or (loss) from sale of assets not on line 10	88,256.			
ğ	b	Gross sales price for all assets on line 6a 1,380,917.			REC	EIVED
Revenue	7	Capital gain net income (from Part IV, line 2)		88,256.		<u>U</u>
Œ	8	Net short-term capital gain			S NOV	7 2014 0
	g	Income modifications	" "		B NOV	1 COLA POL
	10a	Gross sales less returns and allowances		<del></del>		K
	b	Less Cost of goods sold			OGD	en. ut
	C	Gross profit or (loss)				
	11	Other income		150 005	<u> </u>	
	12	Total. Add lines 1 through 11	1,621,577.	158,025.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
<b>2</b> 4-	14	Other employee salaries and wages				
		Pension plans, employee benefits			<del> </del>	
		Legal fees		<del> </del>		
	l	Accounting fees				<u> </u>
	i	Other professional fees		<del> </del>		
	Į.	Interest			<u> </u>	
stra	18	Taxes				<del></del>
ΞË	19	Depreciation and depletion			<del> </del>	
装	20	Occupancy Travel conferences and meetings			<del> </del>	
	21 22	Travel, conferences, and meetings		. <del></del>		<del></del>
Sec.		Printing and publications Other expenses STMT 3	35,551.	21,482.	<del> </del>	14,036.
Operating and Administrative Expense		Total operating and administrative	33,3311			= 1,
era	-7	expenses Add lines 13 through 23	35,551.	21,482.		14,036.
o	25	Contributions, gifts, grants paid	393,765.			14,036. 393,765.
		Total expenses and disbursements.				
		Add lines 24 and 25	429,316.	_21,482.		407,801.
	27	Subtract line 26 from line 12				
		Excess of revenue over expenses and disbursements	1,192,261.			
		Net Investment income (if negative, enter -0-)	<del></del>	136,543.		
		Adjusted net income (if negative, enter -0-)			N/A_	

323501 10-10-13 LHA For Paperwork Reduction Act Notice, see instructions.

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	- 1	
	(must agree with end-of-year figure reported on prior year's return)	1	5,416,829.
2	Enter amount from Part I, line 27a	2	1,192,261.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	6,609,090.
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	6,609,090.
_	<del>, 11 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</del>		

C/O ROBERT C. ARZBAECHER

Part IV Capital Gains		s for Tax on In		Income			<del></del>		O 1 5 7 Tage 5
(w) List and describe the kind(s) of property sold (e.g., real estate,					P -	(b) How acquired (P - Purchase		acquired	(d) Date sold
2-story brick warehouse, or common stock, 200 shs MLC Co )						Donation	- (0111)	day, yr )	(mo,day,yr)
b SEE ATTACHED	STATEM	ENT			├				<del> </del>
t t	OIMILL	<u>DN1</u>			<del> </del>	<del>-</del>			
d		· · · · · · · · · · · · · · · · · · ·			<del>                                     </del>				
е									
(e) Gross sales price		ciation allowed llowable)		st or other basis expense of sale				Gain or (loss is (f) minus (	
а									
<u>b</u>									
C									<del></del>
d 1,380,917.		<del></del>		1,292,66	1				88,256.
complete only for assets showing	ia dalu in colum	n /h) and owned by th			<del></del>		Gaine //	Col (h) gain	
(i) F M V as of 12/31/69	(j) Adji	usted basis 12/31/69	(k) Ex	cess of col (i)		col	(k), but	not less that (from col (	n -0-) or
a								<del></del>	
b									
C									
đ									
е			<del></del> _						88,256.
2 Capital gain net income or (net ca	pital loss)	If gain, also enter of the lift (loss), enter -0-	in Part I, line in Part I, line	7 7	}	2			88,256.
3 Net short-term capital gain or (los	s) as defined in	•							
If gain, also enter in Part I, line 8,						_		NT / 70	
Part V Qualification U	ndor Socti	on 4940(a) for	Doducod	Tay on Not	Invo	stment inc	ome	N/A	
		<del></del>				Surrent inc	OITIE	·	
(For optional use by domestic private	TOUTIOALIONS SU	bject to the Section 4:	940(a) tax on	net investment in	come )	•			
If section 4940(d)(2) applies, leave th	iis part blank								
Was the foundation liable for the sect	ıon 4942 tax on	the distributable amo	ount of any ve	ar in the base per	10d?				Yes X No
If "Yes," the foundation does not quali									
1 Enter the appropriate amount in e	ach column for	each year, see the ins	structions bef	ore making any e	ntries				
(a) Base period years		(b)		***	(c)			Distrib	(d) oution ratio
Calendar year (or tax year beginnin	ig in) Ad	justed qualifying distr		Net value of no			<del> </del>	(col (b) div	rided by col (c))
2012			3,022.			$\frac{327,431}{142,349}$			.067950
2011			2,501. 3,904.	<del></del>		142,348 337,672			.049107
2010	<del></del>		3,039.			448,958			.086992
2009 2008			7,778.	<del></del> .		250,853			.074540
			77700		/ -	2307033	+		.071310
2 Total of line 1, column (d)							2		.332303
3 Average distribution ratio for the 5	-vear base perio	od - divide the total or	n line 2 by 5.	or by the number	of vears	}	<u> </u>		
the foundation has been in existen	•		•	•	•		3		.066461
		•							
4 Enter the net value of noncharitable	e-use assets foi	2013 from Part X, lir	ne 5				4		6,842,289.
5 Multiply line 4 by line 3					5	ļ	454,745.		
								ļ	1 265
6 Enter 1% of net investment incom-	e (1% of Part I,	line 27b)					6	<del> </del>	1,365.
7. All b F 10							_	1	156 110
7 Add lines 5 and 6							7		456,110.
8 Enter qualifying distributions from	•						88		407,801.
If line 8 is equal to or greater than	line 7, check the	box in Part VI, line 1	b, and compl	ete that part using	g a 1% 1	ax rate			
See the Part VI instructions									

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

8a Enter the states to which the foundation reports or with which it is registered (see instructions) NONE

year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If yes, attach a schedule listing their names and addresses

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

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Х

X

X

7

8b

10 | X

By language in the governing instrument, or

remain in the governing instrument?

 $\bar{\mathbf{X}}$ 

3b

4a

Yes X No

N/A

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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

Form 4720, to determine if the foundation had excess business holdings in 2013.)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

during the year?

			1	1 _
2 Compensation of five highest-paid employees (other than those i	ncluded 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) Commutations to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
NONE				
Total number of other employees paid over \$50,000	<u>-</u>		<b></b>	

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Total. Add lines 1 through 3

All other program-related investments. See instructions

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_	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see Instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	5,652,208. 1,294,278.
b	Average of monthly cash balances	1b	1,294,278.
C	Fair market value of all other assets	1 c	
d	Total (add lines 1a, b, and c)	1d	6,946,486.
е			
	1c (attach detailed explanation) . 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,946,486.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	104,197.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	6,842,289.
6	Minimum investment return. Enter 5% of line 5	6	342,114.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part )	id certain	
1	Minimum investment return from Part X, line 6	1	342,114.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	2,731.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,731. 339,383.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	339,383.
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	339,383.
P	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	407,801.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
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	407,801.
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	407,801.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies foi	r the section

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				222
line 7			·	339,383.
2 Undistributed income, if any, as of the end of 2013			0.	
a Enter amount for 2012 only				<del></del>
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2013		······································	<del></del>	<del></del>
a From 2008 45,943.				
b From 2009 91,089.				
c From 2010				
d From 2011 16,217.				
e From 2012 94,524.				
f Total of lines 3a through e	247,773.			
4 Qualifying distributions for 2013 from				
Part XII, line 4 ► \$ 407,801.			, 1	
a Applied to 2012, but not more than line 2a			0.	<del></del>
b Applied to undistributed income of prior		0.	1	
years (Election required - see instructions)	<del> </del>	<u> </u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)		- <del>,</del>		339,383.
d Applied to 2013 distributable amount  e Remaining amount distributed out of corpus	68,418.			
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:	1			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	316,191.			
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 2012 Subtract line			0.	
4a from line 2a Taxable amount - see instr			U •	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must be distributed in 2014				0.
7 Amounts treated as distributions out of	<del></del>			<del></del>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	45,943.		······································	
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	270,248.			
O Analysis of line 9		,		
a Excess from 2009 91,089.		1		
b Excess from 2010				
t Excess from 2011 16,217. d Excess from 2012 94,524.		Į		
e Excess from 2013 68, 418.			<del></del>	Form <b>990-PF</b> (2013)

	BERT C. ARZE			26-11	48157 Page 1
Part XIV Private Operating F			I·A, question 9)	N/A	
1 a If the foundation has received a ruling of		•	ļ		
foundation, and the ruling is effective fo	•	•	▶ └		
<b>b</b> Check box to indicate whether the foun		ng foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0010	Prior 3 years	(4) 2010	(a) Tatal
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed		ļ. <u> </u>	<u> </u>	<del> </del>	
b 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c	1			1	
3 Complete 3a, b, or c for the					
alternative test relied upon a "Assets" alternative test - enter					
(1) Value of all assets					
(.,					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		1	}		
b "Endowment" alternative test - enter	<del></del>				
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed			<u> </u>		
c "Support" alternative test - enter			Ì		
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	ĺ	ĺ	ĺ	ĺ	
(2) Support from general public				•	
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from		<del></del>	<u> </u>		
an exempt organization		ļ	}	]	
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t				40,000 01 1110	
1 Information Regarding Foundatio		_ <del>``</del>	<del></del>	<del></del>	
a List any managers of the foundation wh		than 2% of the total cont	ributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed in					o or any tax
ROBERT ARZBAECHER					
b List any managers of the foundation who	n own 10% or more of th	e stock of a corporation /	or an equally large portion	in of the ownership of a na	rtnership or
other entity) of which the foundation has			or an equally large point	in or the extinctions of a pa	Till Old III D
NONE	-				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarship etc. Pr	ograms.		
Check here ► X if the foundation o				ot accept upenlicited requi	sete for funde. If
the foundation makes gifts, grants, etc. (					
a The name, address, and telephone number	<del></del>			<del></del>	<u>-</u>
a The hame, address, and telephone humb	Jei oi e-maii addiess oi t	ne person to whom appin	cations should be addres	seu	
b The form in which applications should be	e submitted and informat	ion and materials they sh	ould include		
		<del></del>	<del></del>		
c Any submission deadlines					
d Any restrictions or limitations on awards	, such as by geographica	ıl areas, charitable fields,	kinds of institutions, or o	ther factors	
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C/O ROBERT C. ARZBAECHER

Part XV Supplementary Information		Davis		
3 Grants and Contributions Paid During the Yo	If recipient is an individual,	Payment		
Recipient  Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
CATHOLIC MEMORIAL CRUSADER		CORPORATION	ASSIST ORGANIZATION	
MILWAUKEE, WI			ASSIST ORGANIZATION	1,750
BROOKFIELD CENTRAL LANCERS BOOSTER		CORPORATION	ASSIST ORGANIZATION	
BROOKFIELD, WI				25,000
BRECKRIDGE OUTDOOR EDUCATION CENTER		CORPORATION	ASSIST ORGANIZATION	
MILWAUKEE, WI				850
CATHOLIC STEWARDSHIP APPEAL		CORPORATION	ASSIST ORGANIZATION	2,500
CHURCH IN THE UNITED STATES		CORPORATION	ASSIST ORGANIZATION	
MILWAUKEE WI				500
Total SEE CON  b Approved for future payment	TINUATION SHEE	er(s)	<b>▶</b> 3a	393,765
NONE				
Total			▶ 3b	0

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Analysis	of Income	-Producing	<b>Activities</b>
	Analysis	Analysis of Income	Analysis of Income-Producing

Enter gross amounts unless otherwise indicated	Unrelated b	ousiness income		y section 512, 513, or 514	(9)	
•	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt	
1 Program service revenue	code	Amount	code	Amount	function income	
a						
b					<u> </u>	
c	_					
d	_					
e	_					
f	_					
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	9,737.		
4 Dividends and interest from securities		······································	14	60,384.	<del></del>	
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal	}			}		
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other				10 010	100 604	
than inventory	ļ		18	-12,348.	100,604	
9 Net income or (loss) from special events					<del></del>	
10 Gross profit or (loss) from sales of inventory	<u> </u>	·				
11 Other revenue						
a	_					
b	_				<del></del>	
C	_			<del></del>		
d	_ }					
e	_			<u> </u>	100 604	
12 Subtotal Add columns (b), (d), and (e)				57,773.	100,604 158,377	
13 Total. Add line 12, columns (b), (d), and (e)				. 13	158,3//	
(See worksheet in line 13 instructions to verify calculations.)					<del></del> _	
Part XVI-B Relationship of Activities	to the Accom	plishment of l	Exempt Pu	ırposes		

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
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				OUNDATION	26	1140157	
Form 990-PI		ROBERT C.				1148157	
Part XV			nsters To	and Transactions a	nd Relationships With Nor	icnaritable	<del>)</del>
1 Did the	Exempt Orga		of the follow	una with any other organization	n described in section E01(c) of	<del></del>	Yes No
					n described in section 501(c) of	] ]	163 140
				527, relating to political organi	zations		
	ers from the reporting found	dation to a nonchari	table exempt o	organization of		10/1)	v
(1) Ca						1a(1)	X
٠,	her assets					1a(2)	^
	ransactions					1	v
	les of assets to a noncharit	, ,				1b(1)	X
- •	irchases of assets from a ne		corganization			1b(2)	X
	ental of facilities, equipment					1b(3)	X
	imbursement arrangement	S				1b(4)	X
	ans or loan guarantees					1b(5)	X
	rformance of services or m		=			1b(6)	$\frac{\Lambda}{X}$
	g of facilities, equipment, m	•		• •		1c	
					ays show the fair market value of the g		ets,
					e in any transaction or sharing arranger	nent, snow in	
	(d) the value of the goods, (b) Amount involved			le exempt organization	(4) 5		
(a) Line no	(b) Amount involved	(c) Name		ne exempt organization	(d) Description of transfers, transaction	is, and snanng arr	angements
		<del> </del>	N/A			<del></del>	
	<del> </del>	<del> </del>			<del></del>		
		<del> </del>			·		
		<del> </del>			<del> </del>		
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	•	•		e or more tax-exempt organiza	ations described		X No
	on 501(c) of the Code (othe	•	c)(3)) or in sec	ction 52/7		L Yes	[V] M0
b_it "Yes,"	complete the following sch (a) Name of org			(b) Type of organization	(c) Description of rel	lationship.	
		Janization		(u) Type of Organization	(C) Description of let	attonstrip	
	N/A		<del></del>				
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Tues	ter penalties of person disclare	that I have everyfred	his return include	ing accompanying schedules and s	tatements, and to the best of my knowledge		
Sign and	belief, it is true, correct, and con	mplete Declaration of p	preparer (other the	an taxpayer) is based on all informa	tion of which preparer has any knowledge	May the IRS d return with the	preparer
Here	I hall	/ ///	111	1 11/1/ds and	PRESIDENT	shown below	(see instr)?
	anatura di afficia a di dia		<i>U/</i>	11 4/2014	<del></del>	_ X Yes	No
	gnature of officer or trustee		Preparens s	Date	Title  Date Check if	PTIN	
	Print/Type preparer's na	11116	Fieharans	Signatury //	self- employed		
Paid	DANIEL L.	NI CDA	////		///////////////////////////////////////	P00736	862
Preparer	CHRISTENSE		ACHER &	COMPANY, LLE	Firm's EIN ► 35		
	r remors name 🚩 E Citi				' I FIIII S LIN P 3-		

(414)327 - 2320

**Use Only** 

Firm's address > 2448 S. 102ND ST., SUITE 360 WEST ALLIS, WI 53227

Phone no

## 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.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

2013

Name of the organization

ARZBAECHER FAMILY FOUNDATION C/O ROBERT C. ARZBAECHER

501(c)(3) taxable private foundation

Employer identification number

▶ \$

C/O ROBERT C. ARZBAECHER

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

X 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

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 <b>General Rule</b> applies to this organization because it received nonexclusively

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, 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) (2013)

Name of organization
ARZBAECHER FAMILY FOUNDATION
C/O ROBERT C. ARZBAECHER

Employer identification number

26-1148157

Part I	Contributors (	see instructions). Use duplicate co	opies of Part I if additional space is needed.
--------	----------------	-------------------------------------	--

	Contributors (see institutions). Ose depileate copies on alt in addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT C. ARZBAECHER  17425 MORNINGVIEW COURT  BROOKFIELD, WI 53045	\$1,463,200.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ARZBAECHER FAMILY FOUNDATION C/O ROBERT C. ARZBAECHER

Employer identification number

26-1148157

Part II	Noncash Property (see instructions). Use duplicate copies of I	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
1	40,000 SH ACTUANT STOCK		
		<u> </u>	12/30/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
453 10-24-1	3	\$ Schedule B (Form 99	10, 990-EZ, or 990-PF) (2

Part IV   Capital Gains and Los	sses for Tax on Investment Income		- T		
(a) List and 2-story br	describe the kind(s) of property solick warehouse, or common stock, 2	ld, e g , real estate, 00 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a FLOW THROUGH FI	ROM POWERSHARES		P		
b FLOW THROUGH FI			P		
c FLOW THROUGH F			P		
d STOCKS-BARCLAYS			P		
e STOCKS-MORGAN			P		
f FLOW THRU POWE			P		
g FLOW THRU NUVE	EN 1256 CONTRAC	TS	P		
h					
1					
<u></u>					
k					
1					
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(b) (e) p	Gain or (loss) lus (f) minus (g)	
a		127.			-127.
b		2,365.			-2,365.
с 6.	<del></del>				6.
d 33,066.		30,879.			2,187.
e 1,347,845.		1,247,241.			100,604.
f		11,781.			-11,781.
g		268.			-268.
h					
1			``	<u> </u>	
k			·		
1 .					
m					
n					
0					
	g gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (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	Gains (excess of	of col (h) gain over ot less than "-0-")	col (k),
		and the same of th		<del></del>	-127.
<u>a</u>				<del>.</del>	-2,365.
<u>b</u>					6.
<u>c</u>					2,187.
<u>d</u>				<del></del>	100,604.
f					-11,781.
· · · · · · · · · · · · · · · · · · ·					-268 <b>.</b>
9			<del>_</del>		-200.
<u>h</u>					<del></del>
					<del></del>
<u>k</u>					· · · · · · · · · · · · · · · · · · ·
<u> </u>					· · · · · · · · · · · · · · · · · · ·
m					<del></del>
n					····
0				<del></del>	
2 Capital gain net income or (net cap	ital loss) { If gain, also enter "-0"	in Part I, line 7			88,256.
		<b>\</b>			· · · · · · · · · · · · · · · · · · ·
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, ce		)   ·	1		
If (loss), enter "-0-" in Part I, line 8		J 3		N/A	

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Continuation	
CHURCH OF MISSION		CORPORATION	ASSIST ORGANIZATION	
MILWAUKEE, WI				2,000
CHILDRENS LEUKEMIA OF AMERICA FUND		CORPORATION	ASSIST ORGANIZATION	
MILWAUKEE, WI				40
EVAN SCHOLARS FOUNDATION		CORPORATION	ASSIST ORGANIZATION	
MILWAUREE, WI				250
FIRST STAGE CHILDRENS THEATER		CORPORATION	ASSIST ORGANIZATION	
MILWAUKEE, WI				93,000
GUADALUPE SOCIAL SERVICES		CORPORATION	ASSIST ORGANIZATION	
MILWAUKEE, WI	-	<u> </u>		2,250
UNGER TASK FORCE		CORPORATION	ASSIST ORGANIZATION	
MILWAUKEE, WI		<del> </del>		1,000
PANCAN		CORPORATION	ASSIST ORGANIZATION	
IILWAUKEE, WI				1,900
SOE		CORPORATION	ASSIST ORGANIZATION	
ILWAUKEE, WI				6,000
OCKETSHIP EDUCATION		CORPORATION	ASSIST ORGANIZATION	
ILWAUKEE, WI				20,000
URPLESTRIDE CHICAGO		CORPORATION	ASSIST ORGANIZATION	
ILWAUKEE, WI Total from continuation sheets		<u></u>		1,025 363,165

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
SHARON LYNN WILSON CENTER		CORPORATION	ASSIST ORGANIZATION	
MILWAUKEE, WI				5,000
FAINT FRANCIS DE SALES SEMINARY		CORPORATION	ASSIST ORGANIZATION	
(ILWAUKEE, WI				2,500
SPECIAL OLYMPICS WISCONSIN		CORPORATION	ASSIST ORGANIZATION	
ILLWAUKEE, WI				50
T JOHN VIANNEY		CORPORATION	ASSIST ORGANIZATION	
ILWAUKEE, WI				24,600
CHOOLS THAT CAN		CORPORATION	ASSIST ORGANIZATION	
ILWAUKEE, WI				25,000
T. MARY'S		CORPORATION	ASSIST ORGANIZATION	
ILWAUKEE, WI		<u> </u>		2,000
ERRV		CORPORATION	ASSIST ORGANIZATION	
ILWAUKEE, WI		<del></del>		10,000
HE UNIVERSITY OF IOWA FOUNDATION		CORPORATION	ASSIST ORGANIZATION	
ILWAUKEE, WI				75,050
NITED WAY OF GREATER MILWAUKEE		CORPORATION	ASSIST ORGANIZATION	
ILWAUKEE, WI				70,000
PAF		CORPORATION	ASSIST ORGANIZATION	
ILWAUKEE, WI	<u> </u>			10,000

Part XV Supplementary Informatio	n			,
3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	on the battern	
THE SUMMIT FOUNDATION		CORPORATION	ASSIST ORGANIZATION	
MILWAUKEE, WI		<u> </u>		10,000.
FIRSTGIVING		CORPORATION	ASSIST ORGANIZATION	
MILWAUKEE, WI		<u> </u>		1,500.
· · · · · · · · · · · · · · · · · · ·				
		<u> </u>		
				rs.
				· 
Total from continuation sheets				

FORM 990-PF IN	NTEREST	ON SAVI	NGS	AND TEM	PORAR	Y CASH	IN	VESTMENTS	ST	ATEMENT	1
SOURCE				(A REVE PER B	NUE	NET	IN	(B) VESTMENT COME		(C) ADJUSTED ET INCOM	E
BARCLAYS					51			51.			
FLOW THRU FROM NUVEEN LONG/SHORT COMMODITY FLOW THRU FROM POWERSHARES DB COMMODITY INDEX MORGAN STANLEY MORGAN STANLEY ACCRUED INTEREST					289	•		289.			
				1	86 4,020			86. 14,020.			
				_	4,709	•		-4,709.			
TOTAL TO PART I	, LINE	3	==	-4	9,737			9,737.			
FORM 990-PF		DIVIDEND	S AN	D INTER	EST F	ROM SE	CUR	ITIES	STA	ATEMENT	2
SOURCE		GROSS AMOUNT		CAPITAL GAINS IVIDEND		(A) REVENU ER BOO	_	(B) NET INVES MENT INCO		(C) ADJUST NET INC	
BARCLAYS MORGAN STANLEY		17,829 42,555			0.	17,8 42,5		17,57 42,45		<u> </u>	
TO PART I, LINE	4	60,384	·		0.	60,3	84.	60,03	2.		
FORM 990-PF			<del></del>	OTHER E	XPENS	ES	<del></del>	<del>. '5 1   1</del>	STA	ATEMENT	3
DESCRIPTION			EXP	(A) ENSES BOOKS		(B) INVEST INCOM		(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
MISCELLANEOUS E MANAGEMENT FEE FOREIGN TAXES FLOW THROUGH FR EXCISE TAXES	OM NUVE	CEN		1,204. 21,282. 3,467. 4,083. 3,980.		60 10,62 3,46 2,04 3,98	4. 7. 2.			10,65 2,0	0.
FLOW THROUGH FR POWERSHARES	OM			1,535.		76	7.			70	68.
TO FORM 990-PF,	PG 1,	LN 23		35,551.		21,48	2.			14,0	36.
		=					=		= =		

FORM 990-PF	CORPORATE STOC	K	STATEMENT	4
DESCRIPTION		BOOK VALUE	FAIR MARKE	Г
INVESTMENTS		6,442,448.	7,637,5	75.
TOTAL TO FORM 990-PF	PART II, LINE 10B	6,442,448.	7,637,5	75.
FORM 990-PF	LIST OF SUBSTANTIAL CONTI		STATEMENT	5
NAME OF CONTRIBUTOR	ADDRESS			
ROBERT ARZBAECHER	17425 MORNI BROOKFIELD	INGVIEW COURT WI		

# Form **8868** (Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

Form 8868 (Rev. 1-2014)

ightharpoons 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. 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. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or ARZBAECHER FAMILY FOUNDATION print 26-1148157 C/O ROBERT C. ARZBAECHER File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 17425 MORNINGVIEW COURT return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions BROOKFIELD, WI 53045 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return | Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 80 02 Form 990-BL Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 06 Form 8870 Form 990-T (trust other than above) 12 FELD, SCHUMACHER & COMPANY, LLP • The books are in the care of  $\triangleright$  2448 S. 102ND ST. #360 - WEST ALLIS, WI 53227 Telephone No. ► 414-327-2320 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 I and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2013 or tax year beginning . and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit 3b 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. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

instructions.

LHA

Form 8868 (Rev. 1-2014)					Page 2			
If you are filing for an Additional (Not Automatic) 3-Month I	Extension.	complete only Part II and check the	s box		<b>▶</b> X			
Note. Only complete Part II if you have already been granted as				8868.				
• If you are filing for an Automatic 3-Month Extension, comp	lete only P	art I (on page 1).						
Part II Additional (Not Automatic) 3-Month	Extension	n of Time. Only file the origin	nal (no c	opies nee	eded).			
		Enter filer's	identifyir	ig number,	see instructions			
Type or Name of exempt organization or other filer, see inst	ructions.		Employe	dentificatio	on number (EIN) or			
print ARZBAECHER FAMILY FOUNDATION	NC		1					
File by the C/O ROBERT C. ARZBAECHER 26-1148157								
due date for filing your return See 17425 MORNINGVIEW COURT	Social se	curity numb	er (SSN)					
City, town or post office, state, and ZIP code. For a BROOKFIELD, WI 53045	foreign add	dress, see instructions.						
Enter the Return code for the return that this application is for (	file a separa	ate application for each return)			0 4			
Application	Return	Application			Return			
ls For	Code	Is For	<del></del>		Code			
Form 990 or Form 990-EZ	01							
Form 990-BL	02	Form 1041-A			08			
Form 4720 (individual)	03	Form 4720 (other than individual)			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 grant			iously file	a Form 880	08			
FELD, SCHUMACH	HER &	COMPANY, LLP			8			
FELD, SCHUMACH  • The books are in the care of ▶ 2448 S. 102ND	HER &	COMPANY, LLP 360 - WEST ALLIS,						
FELD, SCHUMACH  • The books are in the care of ▶ 2448 S. 102ND  Telephone No.▶ 414-327-2320	HER & ST. #	COMPANY, LLP 360 - WEST ALLIS, Fax No. ▶			<b>.</b>			
FELD, SCHUMACH  • The books are in the care of ▶ 2448 S. 102ND  Telephone No.▶ 414-327-2320  • If the organization does not have an office or place of busine	HER & ST. #	COMPANY, LLP  360 - WEST ALLIS,  Fax No.   inted States, check this box	WI 53	227	<b>▶</b> □			
FELD, SCHUMACH  • The books are in the care of ▶ 2448 S. 102ND  Telephone No. ▶ 414-327-2320  • If the organization does not have an office or place of busine  • If this is for a Group Return, enter the organization's four dig	HER & ST. # ess in the Ui	COMPANY, LLP  360 - WEST ALLIS,  Fax No.   Fax No.   mitted States, check this box  emption Number (GEN)	WI 53	227	▶ □			
FELD, SCHUMACH  The books are in the care of ▶ 2448 S. 102ND  Telephone No. ▶ 414-327-2320  If the organization does not have an office or place of busine  If this is for a Group Return, enter the organization's four dig box ▶ □ . If it is for part of the group, check this box ▶ □	HER & ST. # ess in the Ui it Group Exc. and atta	COMPANY, LLP  360 - WEST ALLIS,  Fax No.   Fax No.   mitted States, check this box  emption Number (GEN)  ach a list with the names and EINs o	WI 53	227	▶ □			
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Form 8868 (Rev. 1-2014)					Page <b>2</b>	
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	s box		<b>▶</b> X	
Note. Only complete Part II if you have already been granted an				8868.		
• If you are filing for an Automatic 3-Month Extension, comple						
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		Enter filer's	identifyi	ng number	see instructions	
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print ARZBAECHER FAMILY FOUNDATION						
File by the C/O ROBERT C. ARZBAECHER				26-13	<u> 148157</u>	
due date for filing your Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity numl	per (SSN)	
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BROOKFIELD, WI 53045						
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Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			$\begin{bmatrix} 0 & 4 \end{bmatrix}$	
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Form 4720 (individual)	03	Form 4720 (other than individual)		<del></del>	09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990-T (trust other than above)	06	Form 8870			12	
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Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this fo	ng accomp			f my knowled	ge and belief,	
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Form **8868** (Rev. 1-2014)