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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CEDAR STREET CHARITABLE FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
111 E KILBOURN AVE SUITE 200

City or town, state or province, country, and ZIP or foreign postal code
MILWAUKEE, WI 53202

D Employer identification number
26-4530730

E Telephone number
(414) 287-7066

G Gross receipts $ 8,736,198

F Name and address of principal officer
GREGG GEORGE
111 E KILBOURN AVE SUITE 200
MILWAUKEE, WI 53202

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ NONE

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2009

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MAKING OF GRANTS TO OTHER QUALIFIED 501(C)(3) ORGANIZATIONS AND THE SPONSORSHIP OF DONOR ADVISED FUNDS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	13,276,556	3,871,678
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	927,450	1,304,361
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,204,006	5,176,039
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,563,075	4,401,567
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	86,362	89,154
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,649,437	4,490,721
19	Revenue less expenses Subtract line 18 from line 12	12,554,569	685,318

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	21,586,242	22,764,053
21	Total liabilities (Part X, line 26)	333,316	293,316
22	Net assets or fund balances Subtract line 21 from line 20	21,252,926	22,470,737

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2014-08-27
Signature of officer | Date

GREGG GEORGE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PATRICK HOFFERT		2014-08-27		P00036334

Firm's name ▶ REILLY PENNER & BENTON LLP | Firm's EIN ▶ 39-0747409

Firm's address ▶ 1233 NORTH MAYFAIR RD SUITE 302
MILWAUKEE, WI 532263255 | Phone no (414) 271-7800

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

SPONSORSHIP OF DONOR ADVISED FUNDS AND THE MAKING OF GRANTS AND CONTRIBUTIONS TO OTHER QUALIFIED 501(C)(3) ORGANIZATIONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,401,567 including grants of $ 4,401,567) (Revenue $)

THE MAKING OF GRANTS AND CONTRIBUTIONS TO OTHER QUALIFIED 501(C)(3) ORGANIZATIONS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 4,401,567

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WI , IL , FL , MN , OH , NH , CO , MI , MO , CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ GREGG W GEORGE 111 E KILBOURN AVE
MILWAUKEE, WI 53202 (414) 287-8872

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☑ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGG W GEORGE DIRECTOR AND PRESIDENT	5 00	X						0	0	0
(2) BLADEN J BURNS DIRECTOR AND SECRETARY	5 00	X						0	0	0
(3) CARRIE RAYMOND BEDORE DIRECTOR	5 00	X						0	0	0
(4) MICHAEL J VAN HANDEL DIRECTOR	5 00	X						0	0	0
(5) JEFF MOSTER DIRECTOR AND TREASURER	5 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,871,678			
	g	Noncash contributions included in lines 1a-1f $		2,989,058			
	h	**Total.** Add lines 1a-1f . . . . . ▶		3,871,678			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		773,488			773,488
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	4,091,032				
	b	Less cost or other basis and sales expenses	3,560,159				
	c	Gain or (loss)	530,873				
	d	Net gain or (loss) . . . . . ▶		530,873			530,873
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		5,176,039	0	0	1,304,361

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,401,567	4,401,567		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	60,000		60,000	
b Legal	6,746		6,746	
c Accounting	17,500		17,500	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,908		4,908	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	4,490,721	4,401,567	89,154	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	21,533,827	11	22,719,338
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	52,415	15	44,715
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	21,586,242	16	22,764,053
Liabilities	17	Accounts payable and accrued expenses	333,316	17	293,316
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	333,316	26	293,316
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	21,252,926	27	22,470,737
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	21,252,926	33	22,470,737
	34	Total liabilities and net assets/fund balances	21,586,242	34	22,764,053

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,176,039
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,490,721
3	Revenue less expenses Subtract line 2 from line 1	3	685,318
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,252,926
5	Net unrealized gains (losses) on investments	5	532,493
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,470,737

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDAR STREET CHARITABLE FOUNDATION INC

Employer identification number
26-4530730

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,087,041	6,082,532	2,999,970	13,276,556	3,871,678	27,317,777
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,087,041	6,082,532	2,999,970	13,276,556	3,871,678	27,317,777
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,162,114
6 **Public support.** Subtract line 5 from line 4						19,155,663

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,087,041	6,082,532	2,999,970	13,276,556	3,871,678	27,317,777
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,873	132,974	215,905	634,159	773,488	1,763,399
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						29,081,176

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	**14**	65 870 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDAR STREET CHARITABLE FOUNDATION INC

Employer identification number
26-4530730

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	70	
2	Aggregate contributions to (during year)	3,871,678	
3	Aggregate grants from (during year)	4,401,567	
4	Aggregate value at end of year	22,470,737	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	5,708,532
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	532,493		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	532,493
3	Subtract line **2e** from line **1**			3	5,176,039
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	5,176,039

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,490,721
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	4,490,721
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,490,721

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DID NOT INCLUDE A FOOTNOTE REGARDING THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493275007034

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDAR STREET CHARITABLE FOUNDATION INC

Employer identification number
26-4530730

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION'S BOARD OF DIRECTORS HAS FINAL AUTHORITY OVER GRANT DISTRIBUTIONS DONOR ADVISORS ARE ABLE TO ADVISE THE ORGANIZATION AS TO THE USE OF THE DONOR ADVISED FUNDS TO SUPPORT THE CHARITABLE PROGRAMS OF QUALIFIED DISTRIBUTEES, THE IDENTITY OF OTHER POSSIBLE CHARITABLE DISTRIBUTEES, AND THE POSSIBLE TIMING AND AMOUNTS OF DISTRIBUTIONS, ALTHOUGH THE DONOR ADVISORS' RECOMMENDATIONS ARE NONBINDING DISTRIBUTIONS ARE NOT MADE UNTIL THE ORGANIZATION HAS VERIFIED THE DISTRIBUTEES' TAX-EXEMPT STATUS AS DEFINED BY SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND ITS STATUS AS A PUBLIC CHARITY AS DEFINED BY SECTION 509(A)(1), (2) OR (3) THE ORGANIZATION CONDUCTS ITS BEST EFFORTS TO ENSURE THAT ALL GRANT FUNDS ARE USED FOR CHARITABLE PURPOSES IT IS THE ORGANIZATION'S POLICY THAT DISTRIBUTIONS NOT BE MADE TO INDIVIDUALS OR FOREIGN ORGANIZATIONS IN ADDITION, DISTRIBUTIONS MADE BY THE ORGANIZATION ARE TO BE USED BY DISTRIBUTEES EXCLUSIVELY IN FURTHERANCE OF TAX-EXEMPT PURPOSES AND CANNOT BE USED FOR THE PRIVATE BENEFIT OF THE DONOR ADVISOR OR PERSONS RELATED TO THE DONOR ADVISOR THE ORGANIZATION MAY CONTACT PROSPECTIVE DISTRIBUTEES TO OBTAIN INFORMATION ABOUT THEIR PROGRAMS AND CHARITABLE ACTIVITIES BEFORE APPROVING A GRANT RECOMMENDATION, AND MAY CONTACT THE DISTRIBUTEE AFTERWARD TO ENSURE THAT THE DISTRIBUTION WAS USED FOR ITS STATED PURPOSE

Additional Data

Software ID:
Software Version:
EIN: 26-4530730
Name: CEDAR STREET CHARITABLE FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
889 RADIO MILWAUKEE 220 E PITTSBURGH AVENUE MILWAUKEE,WI 53204	20-1257939		6,000				GENERAL
AFTER BREAST CANCER DIAGNOSIS (ABCD) 5775 N GLENPARK ROAD SUITE 201 GLENDALE,WI 53209	39-1967028		10,000				GENERAL
AKRON CHILDREN'S HOSPITAL 1 PERKINS SQUARE AKRON,OH 44302	34-6575496		100,000				GENERAL-IN MEMORY OF NICOLE GRIGG
ALVERNO COLLEGE 3400 SOUTH 43RD STREET MILWAUKEE,WI 53219	39-0806263		10,000				ANNUAL FUND
AMERICAN CANCER SOCIETY 1430 PRUDENTIAL DRIVE JACKSONVILLE,FL 32207	13-1788491		5,000				GENERAL
AMERICAN CANCER SOCIETY 4240 PARK PLACE GLEN ALLEN,VA 23060	13-1788491		3,325				$1000 ON BEHALF OF RICHMOND RAIDERS/ $1500 NEW YORK FASHION TOUR
AMERICAN CANCER SOCIETY INC 4240 PARK PLACE GLEN ALLEN,VA 23060	13-1788491		5,000				GENERAL
AMERICAN DIABETES ASSOCIATION 375 BISHOPS WAY STE 220 BROOKFIELD,WI 53009	13-1623888		1,000				TOUR DE CURE RIDE
AMERICAN DIABETES ASSOCIATION 8384 BAY MEADOWS ROAD SUITE 10- JACKSONVILLE,FL 32256	13-1623888		10,000				GENERAL
AMERICAN DIABETES ASSOCIATION 8384 BAY MEADOWS ROAD SUITE 10- JACKSONVILLE,FL 32256	13-1623888		4,000				ADA WALK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 8384 BAY MEADOWS ROAD SUITE 10- JACKSONVILLE,FL 32256	13-1623888		3,000				ADA WALK
AMERICAN DIABETES ASSOCIATION 375 BISHOPS WAY STE 220 BROOKFIELD,WI 53005	13-1623888		10,000				GENERAL
ANGELMAN SYNDROME 4255 WESTBROOK DRIVE SUITE 219 AURURA,IL 60504	59-3092842		5,000				IN MEMORY OF ADAM PLAUTZ
AREMA EDUCATIONAL FOUNDATION 10003 DEREKWOOD LANE SUITE 201 LANHAM,MD 20706	54-1967188		6,000				RAILWAY ENGINEERING
AREMA EDUCATIONAL FOUNDATION 10003 DEREKWOOD LANE SUITE 201 LANHAM,MD 20706	54-1967188		6,000				RAILWAY ENGINEERING
AUGUSTANA COLLEGE 2001 SOUTH SUMMIT AVE SIOUX FALLS,SD 57197	46-0224588		10,000				NEW SCIENCE BUILDING
BELOIT COLLEGE 700 COLLEGE STREET BELOIT,WI 53511	39-0808497		100,000				ACTIVITY & RECREATIONAL STUDY
BEST BUDDIES CHALLENGE PO BOX 51597 BOSTON,MA 02205	52-1614576		2,600				HYANNIS PORT RIDE
BEST BUDDIES CHALLENGE PO BOX 51597 BOSTON,MA 02205	52-1614576		1,500				HYANNIS PORT RIDE
BEST BUDDIES CHALLENGE PO BOX 51597 BOSTON,MA 02205	52-1614576		500				HYANNIS PORT RIDE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEST BUDDIES CHALLENGE PO BOX 51597 BOSTON,MA 02205	52-1614576		1,000				FRIENDSHIP WALK
BEST BUDDIES CHALLENGE PO BOX 51597 BOSTON,MA 02205	52-1614576		8,000				CALIFORNIA BIKE RIDE
BISHOPS ANNUAL STEWARDSHIP APPEAL 11625 OLD ST AUGUSTINE ROAD JACKSONVILLE,FL 32258	59-0637829		10,000				GENERAL
BOY SCOUTS OF AMERICA 804 BLUEMOUND ROAD WAUKESHA,WI 53188	39-0806292		5,000				POTAWATOMI AREA COUNCIL
BOYS & GIRLS CLUB OF GREATER MILW 1558 N 8TH STREET MILWAUKEE,WI 53212	39-0806292		30,000				DECADE OF HOPE CAMPAIGN
BOYS AND GIRLS CLUBS OF AMERICA 5 HANOVER SQUARE-3RD FLOOR NEW YORK,NY 10004	13-5562976		5,000				GENERAL
BROOKFIELD CONGREGATIONAL UCC 16350 GEBHARDT ROAD BROOKFIELD,WI 53005	39-6031643		12,000				2014 OPERATING FUND
CAMPAIGN FOR CATHOLIC SCHOOLS 66 BROOKS DRIVE BRAINTREE,MA 02186	26-2290458		30,000				GENERAL
CARROLL UNIVERSITY 100 NORTH EAST AVENUE WAUKESHA,WI 53186	39-0806325		10,000				SCIENCE BUILDING
CATHEDRAL ARTS 4063 SALISBURY ROAD 107 JACKSONVILLE,FL 32216	59-3672453		5,000				GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHEDRAL ARTS PROJECT 4063 SALISBURY ROAD 107 JACKSONVILLE,FL 32216	59-3672453		5,000				SPRING FOR THE ARTS
CATHEDRAL ARTS PROJECT 4063 SALISBURY ROAD 107 JACKSONVILLE,FL 32216	59-3672453		2,000				GENERAL
CATHEDRAL ARTS PROJECT 4063 SALISBURY ROAD SUITE 107 JACKSONVILLE,FL 32216	59-3672453		1,000				FIS GIFTING
CATHEDRAL ARTS PROJECT 4063 SALISBURY ROAD 107 JACKSONVILLE,FL 32216	59-3672453		1,000				FIS GIFTING
CATHEDRAL ARTS PROJECT 4063 SALISBURY ROAD SUITE 107 JACKSONVILLE,FL 32216	59-3672453		8,000				GENERAL
CATHOLIC FAITH APPEAL PO BOX 60759 VENICE,FL 34285	59-2434603		5,000				GENERAL
CHILDREN'S HOSPITAL OF WISCONSIN PO BOX 1997 MILWAUKEE,WI 53201	39-0812532		50,000				GENERAL
CHILDREN'S HOSPITAL OF WISCONSIN PO BOX 1997 MILWAUKEE,WI 53201	39-0812532		25,000				GENERAL
CHILDREN'S MIRACLE NETWORK HOSPITALS 205 W 700 SOUTH SALT LAKE CITY,UT 84101	87-0387205		5,000				GENERAL
CHOATE ROSEMARY HALL 333 CHRISTIAN STREET WALLINGFORD,CT 06492	06-0910420		10,000				GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COE COLLEGE 1220 FIRST AVENUE NE CEDAR RAPIDS,IA 52402	42-0686467		1,000				GENERAL
COE COLLEGE 1220 FIRST AVENUE NE CEDAR RAPIDS,IA 52402	42-0686467		3,500				GENERAL
COE COLLEGE 1220 FIRST AVENUE NE CEDAR RAPIDS,IA 52402	42-0686467		1,500				ANNUAL FUND
COMMUNITY FOUNDATION OF THE 111 WEST DOWNER PLACE SUITE 312 AURORA,IL 60504	36-6086742		10,000				MARY HOGAN BENCINI SCHOLARSHIP
COMMUNITY UNITED METHODIST CHURCH 14700 WATERETOWN PLANK ROAD ELM GROVE,WI 53122	39-0891382		4,500				2013 CONTRIBUTION
COMMUNITY UNITED METHODIST CHURCH 14700 WATERETOWN PLANK ROAD ELM GROVE,WI 53122	39-0891382		1,000				GENERAL
DIOCESE OF GAYLORD 611 W NORTH STREET GAYLORD,MI 49735	38-1960458		5,000				SEMINARIAN EDUCATION FUND, ST PHILIP NERI PARISH
DIVINE SAVIOR HOLY ANGELS HIGH 4257 NORTH 100TH STREET MILWAUKEE,WI 53222	39-0929898		25,000				BUILDING THE FAITH CAMPAIGN
FEEDING AMERICA 1700 W FOND DU LAC AVENUE MILWAUKEE,WI 53205	39-1808502		1,000				GENERAL
FEEDING AMERICA 1700 W FOND DU LAC AVENUE MILWAUKEE,WI 53205	39-1808502		6,000				GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRASER 2400 W 64TH STREET MINNEAPOLIS,MN 55423	41-0781858		5,000				GENERAL
FRIENDS OF FT LIBERTE PO BOX 905 ELKINS,WV 26241	55-0727588		10,000				MEDICAL CLINIC FUND
GENEVA LAKE ASSOCIATION PO BOX 412 LAKE GENEVA,WI 53147	39-0302321		5,000				FIRE BOAT FUNDRAISER
GENEVA LAKE CONSERVENCY 398 MILL STREET PO BOX 588 LAKE GENEVA,WI 53125	39-1418947		5,000				GENERAL
GENEVA LAKE SAILING SCHOOL 1250 S LAKE SHORE DRIVE FONTANA,WI 53125	39-1016242		50,000				BUDDY MELGES SAILING CENTER
GERMAN SCHOOL CHICAGO 1447 WEST MONTROSE AVENUE CHICAGO,IL 60613	26-1632141		5,000				GENERAL
GOOD SHEPHARD LUTHERAN CHURCH 327 WOOD MILL ROAD MANCHESTER,MO 63011	43-0812037		6,800				GENERAL
GOOD SHEPHARD LUTHERAN CHURCH 327 WOODS MILL ROAD MANCHESTER,MO 63011	43-0812037		2,500				SIGN FUND
GOOD SHEPHARD LUTHERAN CHURCH 327 WOODS MILL ROAD MANCHESTER,MO 63011	43-0812037		2,500				OKLAHOMA DISASTER RELEIF
GOOD SHEPHARD LUTHERAN CHURCH 327 WOODS MILL ROAD MANCHESTER,MO 63011	43-0812037		2,000				FEEDING MY STARVING CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GORYEB CHILDREN'S HOSPITAL 100 MADISON AVENUE MORRISTOWN,NJ 07960	27-0996732		10,000				PEDIATRIC CENTER FOR EXCELLENCE
GRACE CHURCH 10633 JOHN W ELLIOTT DRIVE FRISCO,TX 75034	20-0739452		70,000				GENERAL
GULL LAKE COMMUNITY SCHOOLS FDTN 11775 EAST D AVENUE RICHLAND,MI 49083	33-1032519		12,000				GENERAL
HARVARD BUSINESS SCHOOL TEELE HALL CAMBRIDGE,MA 02138	04-2103580		5,000				35TH REUNION
HOLIDAY HOME CAMP PO BOX 10 WILLIAMS BAY,WI 53191	36-2225489		10,000				GENERAL
HUMAN AND MOLECULAR GENETICS CENTER 8701 WATERTOWN PLANK ROAD MEDICAL COLLEGE OF WISCONSIN WAUWATOSA,WI 53226	39-0806261		50,000				GENERAL
IMMANUEL PRESBYTERIAN CHURCH 1105 N WAVERLY PLACE MILWAUKEE,WI 53202	23-7212293		43,000				GENERAL
IMUA FAMILY SERVICES 95 MAHALANI STREET SUITE 19A WAILUKU,HI 96793	99-0194402		5,000				GENERAL
INDIANA UNIVERSITY OF PA 1090 SOUTH DRIVE FINANCIAL AID OFFICE-CLARK HALL 200 INDIANA,PA 15705	25-1753112		7,000				ELANA CARRERA SCHOLARSHIP
INDIANA UNIVERSITY OF PA 1090 SOUTH DRIVE FINANCIAL AID OFFICE-CLARK HALL 200 INDIANA,PA 15705	25-1753112		7,000				ALLISON RAKOCY SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JACKSONVILLE ALLIANCE 1440 MCDUFF AVENUE NORTH JACKSONVILLE,FL 32254	26-4046824		100,000				SCHOOL GYM
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BLVD JACKSONVILLE,FL 32211	59-0624412		10,000				ASPIRE CAMPAIGN
JSU FOUNDATION INC 700 PELHAM ROAD NORTH JACKSONVILLE,AL 36265	59-0790965		15,000				FOOTBALL COACHING EXCEL
JSU FOUNDATION INC 700 PELHAM ROAD NORTH JACKSONVILLE,AL 36265	59-0790965		20,000				FOOTBALL COACHING EXCEL
JUNIOR ACHIEVEMENT 11111 W LIBERTY DRIVE MILWAUKEE,WI 53224	39-0826295		8,000				GENERAL
JUNIOR ACHIEVEMENT 11111 W LIBERTY DRIVE MILWAUKEE,WI 53224	39-0826295		5,000				GENERAL
JUNIOR ACHIEVEMENT 11111 W LIBERTY DRIVE MILWAUKEE,WI 53224	39-0826295		10,000				JA CAPSTONE
JUNIOR ACHIEVEMENT OF CHICAGO 651 WEST WASHINGTON STREET CHICAGO,IL 60661	36-2170141		5,000				GENERAL
JUNIOR ACHIEVEMENT OF WISCONSIN 11111 WEST LIBERTY DRIVE MILWAUKEE,WI 53224	39-0826295		5,000				GENERAL
KISHWAUKETOE NATURE CONSERVANCY PO BOX 580 WILLIAMS BAY,WI 53191	39-1730233		5,000				GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE SUITE 310 WHITE PLAINS,NY 10605	13-5644916		7,000				GENERAL
LUPUS FOUNDATION OF AMERICA 5201 S 76TH STREET GREENDALE,WI 53129			10,000				GENERAL
LUTHERAN HIGH SCHOOL ASSOCIATION 9700 W GRANTOSA DRIVE MILWAUKEE,WI 53222	39-1557379		100,000				GENERAL
LUTHERAN SPECIAL SCHOOL 9700 W GRANTOSA DRIVE MILWAUKEE,WI 53222	39-1557379		10,000				GENERAL
LUTHERAN SPECIAL SCHOOL 9700 W GRANTOSA DRIVE MILWAUKEE,WI 53222	39-1557379		21,000				GENERAL
LUTHERAN SPECIAL SCHOOL 9700 W GRANTOSA DRIVE MILWAUKEE,WI 53222	39-1557379		20,000				GENERAL
MAKE A WISH (WI CHAPTER) 13195 WEST HAMPTON AVENUE BUTLER,WI 53007	39-1543541		10,000				GENERAL
MARQUETTE UNIVERSITY 1250 W WISCONSIN AVE MILWAUKEE,WI 53288	39-0806251		3,000				URBAN SCHOLAR SCHOLARSHIP FUND
MARQUETTE UNIVERSITY 1250 W WISCONSIN AVE MILWAUKEE,WI 53288	39-0806251		18,000				GENERAL
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 WEST WISCONSIN AVENUE MILWAUKEE,WI 53208	39-0806826		50,000				GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARQUETTE UNIVERSITY HIGH SCHOOL 3401 WEST WISCONSIN AVENUE MILWAUKEE,WI 53208	39-0806826		3,000				ANNUAL FUND
MAYO CLINIC 200 1ST STREET SW ROCHESTER,MN 55905	41-6011702		1,000				GENERAL
MAYO CLINIC 200 1ST STREET SW ROCHESTER,MN 55905	41-6011702		250,000				ER SIMULATOR
MCCORMICK THEOLOGICAL SEMINARY 5460 SOUTH UNIVERSITY AVE CHICAGO,IL 60615	36-2167802		5,000				ANNUAL FUND
MEN AND WOMEN OF ACTION 4235 TL ROGERS STREET NE CLEVELAND,TN 37312	62-0484177		5,000				WARREN E WRIGHT FUND
MEN AND WOMEN OF ACTION 4235 TL ROGERS STREET NE CLEVELAND,TN 37312	62-0484177		2,000				WARREN E WRIGHT FUND
MERCY HOME FOR BOYS & GIRLS 1140 W JACKSON BLVD CHICAGO,IL 60607	36-2171726		1,500				AS NEEDED
MERCY HOME FOR BOYS AND GIRLS 1140 W JACKSON BLVD CHICAGO,IL 60607	36-2171726		10,000				GENERAL
MILWAUKEE ART MUSEUM 700 NORTHART MUSEUM DRIVE MILWAUKEE,WI 53202	39-0806316		1,000				GENERAL
MILWAUKEE ART MUSEUM 700 NORTHART MUSEUM DRIVE MILWAUKEE,WI 53202	39-0806316		10,000				GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MILWAUKEE INSTITUTE 411 E WISCONSIN AVENUE-STE 1280 MILWAUKEE,WI 53202	26-0724304		300,000				GENERAL
MILWAUKEE INSTITUTE 411 E WISCONSIN AVENUE STE 1280 MILWAUKEE,WI 53202	26-0724304		250,000				GENERAL
MILWAUKEE PUBLIC MUSEUM 800 W WELLS STREET MILWAUKEE,WI 53212	39-1723105		5,000				GENERAL
MILWAUKEE PUBLIC MUSEUM 800 W WELLS STREET MILWAUKEE,WI 53212	39-1723105		5,000				THE ANCIENT WORLDS EXHIBIT, IN HONOR OF GEOFF FARNSWORTH
MILWAUKEE PUBLIC MUSEUM 800 W WELLS STREET MILWAUKEE,WI 53212	39-1723105		1,000				GENERAL
MILWAUKEE REP 108 E WELLS STREET MILWAUKEE,WI 53202	39-0946025		5,000				GENERAL
MORGRIDGE INSTITUTE FOR RESEARCH 330 NORTH ORCHARD STREET MADISON,WI 53715	20-8325570		10,000				GENERAL
MUNSON REGIONAL HEALTHCARE FDTN 210 BEAUMONT PLACE TRAVERSE CITY,MI 49684	38-2642724		11,000				COWELL FAMILY CANCER CENTER
NEXT DOOR FOUNDATION 2545 NL 29TH STREET MILWAUKEE,WI 53210	39-1162969		5,000				GENERAL
OPERATION WALK CHICAGO 680 NORTH LAKE SHORE DRIVE CHICAGO,IL 60611	39-4755586		10,000				FUNDRAISER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OUR LADY STAR OF THE SEA 545 A1A NORTH PONTE VEDRA BEACH,FL 32082	59-1430331		2,000				GENERAL
OUR LADY STAR OF THE SEA 545 A1A NORTH PONTE VEDRA BEACH,FL 32082	59-1430331		7,500				GENERAL
OUR LADY STAR OF THE SEA CHURCH 545 A1A NORTH PONTE VEDRA BEACH,FL 32082	59-1430331		7,500				GENERAL
PALMER CATHOLIC ACADEMY 4889 PALM VALLEY ROAD PONTE VEDRA BEACH,FL 32082	59-3484393		3,000				GENERAL
PALMER CATHOLIC ACADEMY 4889 PALM VALLEY ROAD PONTE VEDRA BEACH,FL 32082	59-3484393		3,000				REISSUE OF THE ABOVE
PENCIL INC 30 W 26TH STREET 5TH FLOOR NEW YORK,NY 10010	22-3384302		5,000				GENERAL
PLANNED PARENTHOOD OF WISCONSIN 302 N JACKSON STREET MILWAUKEE,WI 53202	39-0863391		5,000				GENERAL
PRINCETON UNIVERSITY PO BOX 5357 PRINCETON,NJ 08543	21-0634501		20,000				CLASS OF 1963
PS11 PTA 320 W 21ST STREET 2ND FL NEW YORK,NY 10011	26-4153754		5,000				ANNUAL FUND
REDEMPTION HILL CHURCH PO BOX 8 ROUND ROCK,TX 78680	36-4759271		5,000				GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RICHARD J CORMAN RESEARCH FUND IN MULTIPLE MYELOMA WELLESLEY,MA 02481	04-2263040		25,000				DR PAUL RICHARDSON RESEARCH
ROCK CENTRAL INC PO BOX 8 WILLIAMS BAY,WI 53191	46-0893222		15,000				GENERAL
ROCKFORD COLLEGE 5050 E STATE STREET ROCKFORD,IL 61108	36-2167842		25,000				GENERAL
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD,CT 06828	06-0776644		10,000				DISCOVERY GALA
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD,CT 06828	06-0776644		200,000				MARTIRE
SOPHIA WOLF QUADRACCI FUND PO BOX 26509 MILWAUKEE,WI 53226	39-0806261		20,000				GENERAL
SOUTH PARK RENOVATION PROJECT PO BOX 269 WAUPACA,WI 53226			40,000				GENERAL
ST FRANCIS DE SALES 3257 SOUTH LAKE DRIVE ST FRANCIS,WI 53235	95-3293901		2,500				KITCHEN REMODEL
ST FRANCIS DE SALES SEMINARY 3257 SOUTH LAKE DRIVE ST FRANCIS,WI 53235	95-3293901		10,000				SEMINARY DINNER
ST FRANCIS DESALES CATHOLIC SCHOOL 148 W MAIN STREET LAKE GENEVA,WI 53147	39-0852955		5,000				GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ST JOHN EV LUTHERAN CHURCH 7809 HARWOOD AVENUE WAUWATOSA,WI 53213	39-0986622		7,000				GENERAL
ST LAURENCE HIGH SCHOOL 5556 W 77TH STREET BURBANK IL 60459 60459 BURBANK,IL 60459	46-1184417		20,000				GENERAL
ST LOUIS CHILDREN'S HOSPITAL FDTN ONE CHILDRENS PLACE ST LOUIS,MO 63110	43-0654870		10,000				GENERAL
ST PATRICK'S CATHOLIC SCHOOL 100 SOUTH L STREET SPARTA,WI 54656	39-0816834		5,000				TECHNOLOGY PURCHASE
TEACH FOR AMERICA 700 WEST VIRGINIA MILWAUKEE,WI 53204	13-3541913		5,000				2013 HOLIDAY PARTY
THE AMERICAN COLLEGE 270 SOUTH BRYN MAWR AVENUE BRYN MAWR,PA 19010	27-3015130		7,500				TAG OWNERS
THE AMERICAN COLLEGE 270 SOUTH BRYN MAWR AVENUE BRYN MAWR,PA 19010	27-3015130		35,493				2013 ETHICAL LEADERSHIP
THE BANK OF KAUKAUNA 264 W WISCOSIN AVE KAUKAUNA,WI 54130	39-1545497		5,000				SUSAN SCHOUTEN MEMORIAL
THE NATURE CONSERVANCY 633 WEST MAIN STREET MADISON,WI 53703	53-0242652		20,000				GENERAL
THE NORTHERN STAR COUNCIL BSA 393 MARSHALL AVE ST PAUL MN,MN 55102	20-3000282		20,000				$10,000 CAMPING INITIATIVE, $10,000 GREY WOLF YOUTH LEADERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE UNITED WAY OF GREATER MILWAUKEE PO BOX 88110 MILWAUKEE,WI 53288	39-0806190		50,000				GENERAL
THE WATER COUNCIL 247 FRESHWATER WAY SUITE 500 MILWAUKEE,WI 53201	26-4222978		100,000				GENERAL
THE YMCA OF THE GREATER TWIN CITIES 30 S 9TH ST MINNEAPOLIS,MN 55402	45-2563299		20,000				BEACON INITIATIVE
TRINITY LUTHERAN CHURCH 206 E BADGER WAUPACA,WI 54981	39-6140751		66,000				$16,000 GENERAL/ $50,000 BUILDING FUND
UNITED COMMUNITY CENTER 1028 S 9TH STREET MILWAUKEE,WI 53204	39-1146191		6,000				CAPITAL CAMPAIGN
UNITED WAY 1301 RIVERPLACE BLVD STE 400 JACKSONVILLE,FL 32207	59-0637825		25,000				GENERAL
UNITED WAY OF GREATER MILWAUKEE 225 W VINE STREET MILWAUKEE,WI 53212	39-0806190		5,000				GENERAL
UNITED WAY OF GREATER MILWAUKEE 225 WEST VINE STREET MILWAUKEE,WI 53212	39-0806190		105,000				2012 CAMPAIGN
UNITED WAY OF GREATER MILWAUKEE 225 W VINE STREET MILWAUKEE,WI 53212	39-0806190		2,500				ASSOCIATED BANK CAMPAIGN
UNITED WAY OF GREATER MILWAUKEE 225 WEST VINE STREET MILWAUKEE,WI 53212	39-0806190		1,200				GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNITED WAY OF GREATER MILWAUKEE 225 W VINE STREET MILWAUKEE,WI 53212	39-0806190		1,000				ASSOCIATED BANK CAMPAIGN
UNITED WAY OF GREATER MILWAUKEE 225 WEST VINE STREET MILWAUKEE,WI 53212	39-0806190		32,000				GENERAL
UNITED WAY OF GREATER MILWAUKEE 225 W VINE STREET MILWAUKEE,WI 53212	39-0806190		30,000				TOCQUEVILLE SOCIETY
UNITED WAY OF GREATER MILWAUKEE 225 WEST VINE STREET MILWAUKEE,WI 53212	39-0806190		105,000				2012 CAMPAIGN
UNITED WAY OF NORTHEAST FLORIDA 1301 RIVERPLACE BLVD STE 400 JACKSONVILLE,FL 32207	59-0637825		65,000				EDUCATION COMMUNITY, HEALTH COMMUNITY, SUCCESS BY 6, CATHEDRAL ARTS, AMERICAN RED CROSS JURRICAN SANDY RELIEF, CATHOLIC CHARITIES, WOLFSON CHILDRENS HOSPITAL
UNITED WAY OF NORTHEAST FLORIDA 1301 RIVERPLACE BLVD SUITE 400 JACKSONVILLE,FL 32207	59-0637825		25,000				GENERAL
UNITED WAY OF NORTHEAST FLORIDA 1301 RIVERPLACE BLVD SUITE 400 JACKSONVILLE,FL 32207	59-0637825		10,000				GENERAL
UNITED WAY OF NORTHEAST FLORIDA 1301 RIVERPLACE BLVD SUITE 400 JACKSONVILLE,FL 32207	59-0637825		15,000				TEAM FIS
UNIVERSITY OF AKRON FOUNDATION 302 E BUCHTEL AVE AKRON,OH 44325	34-6575496		125,000				THE COLLEGE OF ENGINEERING DEANS ACCOUNT
UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVENUE EVANSVILLE,IN 47722	35-0868074		50,000				GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME,IN 46556	35-0868188		5,000				SORIN SOCIETY
UNIVERSITY OF NOTRE DAME 1100 GRACE HALL NOTRE DAME,IN 46556	35-0868188		15,000				SORIN SOCIETY, GREATEST NEEDS
UNIVERSITY OF PITTSBURGH OFFICE OF INSTITUTIONAL ADVANCEMENT PITTSBURGH,PA 15260	25-0965591		10,000				PROJECT DULUTH
UNIVERSITY OF RICHMOND 28 WEST HAMPTON WAY RICHMOND,VA 23173	54-0505965		5,000				CAMPAIGN FOR RICHMOND
UNIVERSITY OF RICHMOND 28 WEST HAMPTON WAY RICHMOND,VA 23173	54-0505965		10,000				ANNUAL FUND
UNIVERSITY OF THE CUMBERLANDS 6178 COLLEGE STATION DRIVE OFFICE OF THE PRESIDENT WILLIAMSBURG,KY 40769	61-0470593		15,000				ROLLINS FDTN CHALLENGE GRANT
UNIVERSITY OF VIRGINIA 400 RAY C HUNT DRIVE CHARLOTTESVILLE,VA 22903	54-6001796		100,000				ROTUNTA RESTORATION
UNIVERSITY OF VIRGINIA 400 RAY C HUNT DRIVE CHARLOTTESVILLE,VA 22903	54-6001796		2,500				PARENTS FUND
UNIVERSITY OF WISCONSIN FOUNDATION 27 BASCAM HALL MADISON,WI 53706	39-0743975		100,000				$50,000 CHANCELLORS FUND/$50,000 CARBONE CAREER FUND
UNIVERSITY OF WISCONSIN FOUNDATION 27 BASCAM HALL MADISON,WI 53706	39-0743975		1,000				LAW SCHOOL ANNUAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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UNIVERSITY SCHOOL OF MILWAUKEE 2100 FAIRY CHASM ROAD MILWAUKEE,WI 53217	39-6076442		6,000				GENERAL
UPAF 929 NORTH WATER STREET MILWAUKEE,WI 53202	39-6100339		6,000				GENERAL
UPAF 301 W WISCONSIN AVENUE SUITE 600 MILWAUKEE,WI 53203	39-6100339		5,000				GENERAL
UPAF PO BOX 88892 MILWAUKEE,WI 53288	39-6100339		3,000				GENERAL
US VENTURE INC 425 BETTER WAY APPLETON,WI 54915	39-1540933		19,000				GOLF OUTING
VIP SERVICES INC 811 E GENEVA ELKHORN,WI 53121	39-1227648		5,000				GENERAL
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD WINSTONSALEM,NC 27106	56-0532138		10,000				GENERAL
WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD WINSTONSALEM,NC 27106	56-0532138		250,000				GENERAL
WALSH UNIVERSITY 2020 EAST MAPLE STREET NORTH CANTON,OH 44720	34-0868798		2,000				THE WALSH FUND
WALSH UNIVERSITY 2020 E MAPLE STREET NORTH CANTON,OH 44720	34-0868798		10,000				THE WALSH FUND

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WALWORTH CTY ALLIANCE FOR CHILDREN PO BOX 384 ELKHORN,WI 53121	26-0785791		5,000				GENERAL
WASHINGTON UNIVERSITY IN ST LOUIS 1 BROOKINGS DRIVE ST LOUIS,MO 63130	43-0653611		6,000				SCHOLARSHIP IN ENVIRONMENTAL ENGINEERING
WAUPACA AREA COMMUNITY FOUNDATION PO BOX 425 WAUPACA,WI 54981	33-1089314		5,000				GENERAL
WILLOW CREEK CHURCH 67 EAST ALGONQUIN ROAD SOUTH BARRINGTON,IL 60010	51-0164942		10,000				GENERAL
WISCONSIN LUTHERAN COLLEGE 8800 W BLUEMOUND AVENUE MILWAUKEE,WI 53226	23-7179639		5,000				GENERAL
WISCONSIN LUTHERAN HIGH SCHOOL FDTN 330 N GLENVIEW AVN MILWAUKEE,WI 53212	39-0888758		5,000				GENERAL
YMCA OF THE GREATER TWIN CITIES PO BOX 1450 MINNEAPOLIS,MN 55413	45-2563299		5,000				GENERAL

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDAR STREET CHARITABLE FOUNDATION INC

Employer identification number
26-4530730

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total		▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GREGG GEORGE	OFFICER OF ORGANIZATION AND BMO TRUST COMPANY	60,000	THE ORGANIZATION HAS ENTERED INTO A SUPPORT SERVICES AGREEMENT WITH BMO TRUST COMPANY TO PROVIDE EMPLOYEE SERVICES, OFFICE SPACE, EQUIPMENT AND FURNITURE USAGE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDAR STREET CHARITABLE FOUNDATION INC

Employer identification number
26-4530730

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X		2,989,058	LISTED FAIR VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CEDAR STREET CHARITABLE FOUNDATION INC

Employer identification number
26-4530730

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION HAS A CONTRACT WITH THE BMO TRUST COMPANY N A TO PROVIDE ADMINISTRATIVE SERVICES, EMPLOYEES, OFFICE SPACE, AND EQUIPMENT USAGE
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	COPIES OF THE COMPLETED FORM 990 ARE PROVIDED TO THE MEMBERS OF THE BOARD FOR THEIR REVIEW THE BOARD DISCUSSES AND APPROVES THE FORM 990 PRIOR TO ITS FILING
FORM 990, PART VI, SECTION B, LINE 12C	OCCURS AT THE ANNUAL MEETING
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S OFFICE
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S OVERSIGHT AND SELECTION PROCESS OF THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR