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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury

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

2013

		nue Service	▶ Information abo	out Form 990-PF and its se	eparate instruction	is is at www	v.irs.gov/forn	n990pf. Ope	to Public Inspection
For	calen	dar year 2013	3 or tax year beginning	ļ	, 201	3, and endi	ng _		, 20
N	lame of f	foundation					A Employer	identification number	
M	ESSMI	ER FOUNDA	TION INC				36-6117	7571	
	lumber a	and street (or P	O box number if mail is not	delivered to street address)		Room/suite	B Telephone	number (see instruction:	5)
8	741 9	M NATIONA	L AVENUE				(414)32	21-4560	
	ity or tov	wn, state or prov	vince, country, and ZIP or fo	reign postal code			C If exempt	ion application is pending	check here
W	EST A	ALLIS, WI	53227						,,
G	Check	all that apply	Initial return	Initial return	of a former public of	hanty	D 1. Foreig	n organizations, check he	ere ▶
			Final return	Amended re	eturn				
			Address char	nge Name chang	ge			n organizations meeting there and attach computer	
Н	Check	type of organi	ization. Se	ection 501(c)(3) exempt priv	vate foundation			foundation status was ter	
2	Secti	ion 4947(a)(1)) nonexempt charitable t		taxable private foun	dation		07(b)(1)(A), check here	
		arket value of		J Accounting method	X Cash	Accrual	F If the four	ndation is in a 60-month t	ermination
	end of	year (from Pa	rt II, col (c),	Other (specify)		 -	1	ction 507(b)(1)(B), check	
	line 16)) ▶ \$	785,455	(Part I, column (d) must b	e on cash basis.)				<u>—</u>
P	art I	Analysis	of Revenue and E	xpenses (The total of	(a) Davisson and		•		(d) Disbursements
		amounts in co	olumns (b), (c), and (d) may	not necessarily equal	(a) Revenue and expenses per		t investment	(c) Adjusted net	for charitable purposes
		the amounts i	ın column (a) (see ınstructioi	ns))	books	'	ncome	income	(cash basis only)
	1	Contributions	s, gifts, grants, etc., rece	eived (attach schedule)					
	2		if the foundation is not requi						
≾ ?~	3	_	-	ash investments					1
%I∩7	4			s	21,9	22	21,922		
7	5a	Gross rents							
) =	ь	Net rental inc	come or (loss)						
∍ -> 60	6a		· · · · · · · · · · · · · · · · · · ·	s not on line 10	55,9	94		77,7	
Revenue	ь	-	e for all assets on line 6a	253,783					
ິ່ ອ້	7	Capital gain	net income (from Part IV	/, line 2)	131111		55,994	1	
١١.	8								
	9	Income mod	ifications						
\$	10a	Gross sales less	retums and allowances					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Š	Ь	Less: Cost o	f goods sold						
W)	С	Gross profit	or (loss) (attach schedul	le)					
	11	Other incom	e (attach schedule)						
	12	Total. Add III	nes 1 through 11		77,9	16	77,916	· -	
	13	Compensation	on of officers, directors,	trustees, etc					
S	14	Other emplo	yee salaries and wages						
JS L	15	Pension plar	ns, employee benefits .						
Ö	. 16a	• ,	•	STM107	5,9	49	5,949		
ũ	b	Accounting f	fees (attach schedule) .						
ĕ	С	•	•	edule) STM109	7,0	29	7,029		
rat	17								
nist	18	•		ctions) STM110		52	52		1
Ē	19		•	depletion					
Ad	20						<u> </u>	21 11 11 10	
Operating and Administrative Expenses	21		_				8	2 2014	
ā	22	-	•				Ø MAY	(A)	
inc	23						1	· · ·	
raf	24		ting and administrative				();3	1	
) De	. _		=		13,0		13,030		0
J	23				67,7				67,700
_	26			s. Add lines 24 and 25.	80,7	30	13,030	<u> </u>	67,700
	27		26 from line 12.						
	a			and disbursements .	(2,8	14)		ļ	ļ
	b		·	e, enter -0-)	,		64,886		
	C	Adjusted ne	et income (if negative, e	enter -0-)	I			4	0

Page 2

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		_	
	2	Savings and temporary cash investments	25,423	19,093	19,093
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶]	
	4	Pledges receivable >			
		Less: allowance for doubtful accounts ▶		Ì	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	-	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			······································
	'	the allowed the transfer of the first transfer of			
Š	8	Inventones for sale or use			
Assets	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·
As					
	1	Investments - U.S. and state government obligations (attach schedule)	458,211	554,174	
	1	Investments - corporate stock (attach schedule) STM137			554,174
	1	Investments - corporate bonds (attach schedule) STM138	216,923	212,188	212,188
	11	Investments - land, buildings, and equipment basis			
	40	Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment. basis ▶		•	
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe ► STM120)	2,272		
	16	Total assets (to be completed by all filers - see the			
		ınstructions Also, see page 1, item I)	702,829	785,455	785,455
	17	Accounts payable and accrued expenses			
ဟ	18	Grants payable			
£	19	Deferred revenue			
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >)	_		
	23	Total liabilities (add lines 17 through 22)	0	0	
S		Foundations that follow SFAS 117, check here · · · · · · ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.	:		
ances	24	Unrestricted			
ā	25	Temporanly restricted			
Ã	26	Permanently restricted			
our		Foundations that do not follow SFAS 117, check here ▶ X			
Net Assets or Fund B	1	and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SSI	29	Retained earnings, accumulated income, endowment, or other funds	702,829	785,455	
¥	30	Total net assets or fund balances (see instructions)	702,829	785,455	
ž	31	Total liabilities and net assets/fund balances (see		ŀ	
		instructions)	702,829	785,455	
P	art II	Analysis of Changes in Net Assets or Fund Balance	es		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	e 30 (must agree with		· — —
		of-year figure reported on pnor year's return)			702,829
2	Ente	r amount from Part I, line 27a		2	(2,814)
3	Othe	r increases not included in line 2 (itemize) ▶ STM115		3	85,440
		lines 1, 2, and 3		4	785,455
		eases not included in line 2 (ıtemize)▶		5	
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	785,455

Part IV Capital Gains an	d Losses for Tax on Investm				
(a) List and describe t 2-story brick wareho	he kind(s) of property sold (e.g., real estate use, or common stock, 200 shs MLC Co)	. [` `(How acquired P-Purchase D-Donation	(c) Date acquired (yr , mo , day)	(d) Date sold (yr , mo , day)
1a STOCKS AND BONDS			P	2012-01-12	2013-12-31
b STOCKS AND BONDS			P	2012-06-22	2013-12-31
c NONCOVERED SECURIT	ies		P	2013-08-25	2013-02-05
d					
е					<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense o			ain or (loss) s (f) minus (g)
a 43,766			36,064		7,702
b 110,535			78,166		32,369
c 99,482			84,128	<u>. </u>	15,354
d					_
е				-	
Complete only for assets showing	ng gain in column (h) and owned by the	e foundation on 12	2/31/69	(I) Gains (C	Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of cover col (j), if a		col. (k), but n	ot less than -0-) or (from col. (h))
a					7,702
b					32,369
С					15,354
d					
е					-
2 Capital gain net income or (net	nanutal lace)	nter in Part I, line 7	>		
	If (loss), enter	-0- in Part I, line 7	,	2	55,994
	ess) as defined in sections 1222(5) an				
If gain, also enter in Part I, line 8	s, column (c) (see instructions). If (loss	s), enter -0- in .	. 3		
Part I, line 8	<u> </u>	<u>.</u> .	. 5	3	
Part V Qualification Und	ler Section 4940(e) for Reduc	ced Tax on Net	t Investme	nt Income	
(For optional use by domestic private	e foundations subject to the section 4	940(a) tax on net i	nvestment inc	ome.)	
If section 4940(d)(2) applies, leave	this part blank.				
	ction 4942 tax on the distributable am alify under section 4940(e). Do not co		the base peri	od?	Yes X No
	each column for each year; see the		makıng anv e	ntries.	
(a)		-			(d)
Base period years Calendar year (or tax year beginning)	(b) Adjusted qualifying distributions	Net value of nonc	(c) charitable-use as		stribution ratio b) divided by col (c))
2012	91,200	-	724,9		1.125798
2011	114,400	-	820,2		1.139478
2010	92,300	-	847,1		0.108957
	98,650		794,3	<u> </u>	0.124182
2009			966,1	<u> </u>	0.074004
2008	71,500		300,1		7.074004
					572410
• • • • • • • • • • • • • • • • • • • •				2 _ 0	0.572419
	e 5-year base period - divide the total				
number of years the foundation	has been in existence if less than 5 y	ears		3 0	0.114484
4 Enter the net value of nonchard	able-use assets for 2013 from Part X,	line 5		4	740,040
5 Multiply line 4 by line 3				5	84,723
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			[6]	649
7 Add lines 5 and 6				7	85,372
8 Enter qualifying distributions fro	m Part XII, line 4			8	67,700
If line 8 is equal to or greater th	an line 7, check the box in Part VI, line	e 1b, and complete	that part usin	g a 1% tax rate. Se	e the

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

Х

X

10

Form	990-PF (2013) MESSMER FOUNDATION INC 36-6	117571	F	Page 5
Pai	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	[11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	<u>-</u>		
14	The books are in care of ▶ DAVID A AFFELDT Telephone no. ▶ 4	14-321-4	560	
	Located at ▶ 8741 W NATIONAL AVENUE, WEST ALLIS, WI ZIP+4 ▶ 5	3227		
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041-Check here			▶ 🗓
	and enter the amount of tax-exempt interest received or accrued during the year			0
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of		-1	
	the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		**********	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
		No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
		No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X I	No		
		No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
		No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)	No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	ĺ	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	ŀ		
	were not corrected before the first day of the tax year beginning in 2013?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2013?	No		
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b	ŀ	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
	at any time dunng the year? \dots Yes X	No		
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2013.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b	1	x

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Form	990-PF (2013) MESSMER FOUNDATION I						36-6117	571	Page 6
Par	t VII-B Statements Regarding Activitie	s for V	Vhich Forn	1 4720	May Be I	Requir	ed (continued)		
5a	During the year did the foundation pay or incur any a	mount to	0.						
	(1) Carry on propaganda, or otherwise attempt to in	luence l	egislation (sec	tion 494	5(e))?	[Yes X No		
	(2) Influence the outcome of any specific public elec	tion (see	e section 4955); or to c	arry on,	_			1
	directly or indirectly, any voter registration drive?					[Yes X No		
	(3) Provide a grant to an individual for travel, study,	or other	simılar purpos	es?		[Yes X No		
	(4) Provide a grant to an organization other than a co								1
	section 509(a)(1), (2), or (3), or section 4940(d)(3					[Yes X No		
	(5) Provide for any purpose other than religious, cha								
	purposes, or for the prevention of cruelty to child					[Yes X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the trail								
b	Regulations section 53.4945 or in a current notice re							5b	
	_							30	
_	Organizations relying on a current notice regarding of								1
С	If the answer is "Yes" to question 5a(4), does the four		•			ſ	¬ v		
	because it maintained expenditure responsibility for					٠٠٠ ا	Yes No		1
_	If "Yes," attach the statement required by Regulation								
6a	Did the foundation, during the year, receive any fund		-			Г	□ ਜ਼ਿ		1
	on a personal benefit contract?						Yes X No	_	1
Þ	Did the foundation, during the year, pay premiums, o	rectly o	r indirectly, on	a perso	nal benefit o	ontract?		6b	X
	If "Yes" to 6b, file Form 8870								
	At any time during the tax year, was the foundation a					_			
	If "Yes," did the foundation receive any proceeds or							7b	
Pai	t VIII Information About Officers, Dire	ctors,	Trustees, I	Found	ation Mar	nagers	, Highly Paid I	Employ	/ees,
	and Contractors								
1 L	ist all officers, directors, trustees, foundation man	agers a	nd their comp			T			
	(a) Name and address		e, and average rs per week		mpensation ot paid,		Contributions to oyee benefit plans		nse account,
	(a) Name and address		ed to position		iter -0-)		erred compensation	otner a	allowances
DAV	ID A AFFELDT	PZ/DI	R/TRS						
874	W NATIONAL AVENUE, WI 53227		0		0		0		0
WIL	LIAM T GAUS	VP/DI	R						
100	N WATER STREET, WI 53202		0		0		0		0
TOM	TUTTLE	VP/SE	CR						
743	N WATER STREET, WI 53202		0		0		0		0
						-			
2 (compensation of five highest-paid employees (other	er than t	hose include	d on line	1 - see ins	truction	s). If none, enter		
**	NONE."								
			(b) Title, and a				(d) Contributions to		
	(a) Name and address of each employee paid more than \$50	,000	hours per w	veek Č	(c) Compe	nsation	employee benefit	(e) Exper	nse account, illowances
			devoted to po	osition			compensation	55.5.5	
NON	3			•					
							-		
			1						
Tota	I number of other employees paid over \$50,000		1		L				0
EEA	Thursday of other employees paid over 400,000.	<u></u>	<u> </u>	<u></u>	<u></u>	· · · ·		Form 99	0-PF (2013)

Part VIII Information About Officers, Directors, Trustees, Fou and Contractors (continued)	indation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional services (see i	nstructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant s	tatistical information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced	, etc	
1 NOT APPLICABLE		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see inst	ructions)	
Describe the two largest program-related investments made by the foundation during the tax year	r on lines 1 and 2	Amount
1 NOT APPLICABLE		
2		
All other program-related investments See instructions.		
3		
Takal Add lines 4 Abranah 2		

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Form 990-PF (2013)

EEA

MESSMER FOUNDATION INC

Pa	see instructions.)	ounda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,	''	
	purposes		
а	Average monthly fair market value of securities	1a	751,310
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	751,310
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	751,310
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	11,270
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	740,040
6	Minimum investment return. Enter 5% of line 5	6	37,002
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here ▶ and do not complete this	part.)	
1	Minimum investment return from Part X, line 6	1	37,002
2a	Tax on investment income for 2013 from Part VI, line 5 2a 1,298		
b	Income tax for 2013. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	1,298
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	35,704
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	35,704
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	35,704
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	67,700
b	Program-related investments - total from Part IX-B	1b	57,100
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	-
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.	4	67,700
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	67,700
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	the fo	
	qualifies for the section 4940(e) reduction of tax in those years.		

	The state of the s	1 1 1 1 1 1 1			
1	Distributable amount for 2013 from Part XI, line 7	(a) Corpus	(b) Years pnor to 2012	(c) 2012	(d) 2013
_					35,704
2	Undistributed income, if any, as of the end of 2013	⁵	•		
а	Enter amount for 2012 only			······································	ļ
Ь	Total for prior years,,			· · · · · · · · · · · · · · · · · · ·	
3	Excess distributions carryover, if any, to 2013				
а	From 2008	38			
b	From 2009	92			
С	From 2010	75			
d	From 2011	26			
е	From 2012	31			
f	Total of lines 3a through e	262,212			
4	Qualifying distributions for 2013 from Part XII,				
	line 4: ▶ \$ 67,700				
а	Applied to 2012, but not more than line 2a				
b	Applied to undistributed income of prior years	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·	
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election	,		*** ** ***	
_	required - see instructions)				
d	Applied to 2013 distributable amount				35,704
e	Remaining amount distributed out of corpus	31,996			
5	Excess distributions carryover applied to 2013 .				
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5.	294,208			
b	Pnor years' undistributed income. Subtract	200,200		······································	
_	line 4b from line 2b				
С	Enter the amount of prior years' undistributed	71.7 1241 1711		ton tono taken at title	· · · · · · · · · · · · · · · · · · ·
_	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable	, ,		····	1
_	amount - see instructions				
е	Undistributed income for 2012 Subtract line	'			· · · · · · · · · · · · · · · · · · ·
	4a from line 2a. Taxable amount - see				
	instructions				
f	Undistributed income for 2013 Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2014				0
7	Amounts treated as distributions out of corpus	, , , , , , , , , , , , , , , , , , , ,			
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not			······	†
Ū	applied on line 5 or line 7 (see instructions)	23,388			
9	Excess distributions carryover to 2014.	23,380			-
3	Subtract lines 7 and 8 from line 6a	270,820			
10	Analysis of line 9.	270,320			<u> </u>
а	Excess from 2009	92			
a b	Excess from 2010				
C	Excess from 2011				
d	Excess from 2012	⊣			
e	Excess from 2013	-, :			
<u> </u>	2,0000 Holli 2010				

Parl	XIV Private Operating Foun	dations (see inst	ructions and Part	VII-A, question 9)		
1a	If the foundation has received a ruling o	r determination letter t	hat it is a private opera	ating		
	foundation, and the ruling is effective for	r 2013, enter the date	of the ruling		▶	
b	Check box to indicate whether the found		~	1	4942(J)(3) or 4	1942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	investment return from Part X for each year listed	(4) 2010	(5) 2012	(0) 2011	(4) 2010	
b	85% of line 2a					
_		-				
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities .					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(ı)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter. (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income	<u></u>				
Part	XV Supplementary Informa	tion (Complete th	nis part only if the	e foundation had	\$5,000 or more i	n assets at
	any time during the yea	r - see instructio	ns.)			
1	Information Regarding Foundation N		• • -			
а	List any managers of the foundation w before the close of any tax year (but or	ho have contributed m				
	N/A,					
b	List any managers of the foundation w ownership of a partnership or other en				rge portion of the	
	N/A,					
2	Information Regarding Contribution,	Grant, Gift, Loan, Sc	holarship, etc., Progr	ams:		
	Check here ▶ ☐ If the foundation on unsolicited requests for funds. If the fo other conditions, complete items 2a, b	undation makes gifts,			•	
a	The name, address, and telephone nu		person to whom annie	ations should be addr	essed:	 .
•	·	so. o. o man or are j	- 1.001. to Whom applie			
	The form in which applications should	he submitted and info	rmation and materials	they should include:		
ь	The form in which applications should	ve submilled and info	imation and materials	urey siroulu iridude:		
С	Any submission deadlines:					
d	Any restrictions or limitations on award factors	ls, such as by geograp	phical areas, charitable	fields, kinds of institu	tions, or other	

Form 990-PF (2013) MESSMER FOUNDATION INC

[Part XV | Supplementary Information (continued)

Recipient Name and address (home or business) Purpose of grant or status of recipient Purpose of grant or status of recipient Purpose of grant or contribution Purpose of grant or substantial contributor Purpose of grant or contribution	Amount
name and address (nome or business) a Paid during the year SUMMIT EDUCATIONAL ASSOC INC	I
SUMMIT EDUCATIONAL ASSOC INC	
10 2011 13131	
MILWAUKEE, WI 53213-0151 UNRELATED PC EDUCATION	600
WOMENS SUPPORT CENTERS OF MILWAUKEE	
2051 W WISCONSIN AVENUE	
MILWAUKEE, WI 53208 UNRELATED PC SUPPORT OF WOMEN	1,600
VMP FOUNDATION INC	
3023 SOUTH 84TH STREET	
WEST ALLIS, WI 53227 UNRELATED PC SR HEALTH CARE	10,000
THREE HARBORS COUNCILE BOY SCOUTS	
330 SOUTH 84TH STREET	
MILWAUKEE, WI 53214 UNRELATED PC HELPING YOUTH	1,500
BELOIT COLLEGE	
700 COLLEGE STREET	
BELOIT, WI 53511 UNRELATED PC EDUCATION	1,000
DEVIEW GANTON WOLV ANGELG WICH GOVO	
DIVINE SAVIOR HOLY ANGELS HIGH SCHO 4257 N 100TH STREET HELP YOUTH IN	
MILWAUKEE, WI 53222 UNRELATED PC EDUCATION	3,500
	,,,,,
MARQUETTE UNIV HIGH SCHOOL	
3401 W WISCONSIN AVENUE HELPING YOUTH IN	ı
MILWAUKEE, WI 53208 UNRELATED PC EDUCATION	15,000
EASTER SEALS SE WI	
2222 S 114TH STREET	
MILWAUKEE, WI 53227 UNRELATED PC HELP DISABLED	1,000
Total	3a
b Approved for future payment .	
	-
Total	3b

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	Year or Approve	for Future P	ayment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	- Tecipient		
a Paid during the year				
FISHER HOUSE OF WI				
5000 W. NATIONAL AVENUE				
MILWAUKEE, WI 53295	UNRELATED	PC	ASSIST VETS	1,000
OUR NEXT GENERATION				
3421 W LISBON AVENUE		50	NAGEGE MOTERN	1 000
MILWAUKEE, WI 53208	UNRELATED	PC	ASSIST YOUTH	1,000
ST FRANCIS DESALES SEMINARY				
3257 S LAKE DRIVE				
SAINT FRANCIS, WI 53235	UNRELATED	PC	CHARITY	5,000
•				•
TRINITY ACADEMY				
W225 N3131 DUPLAINVILLE ROAD				
PEWAUKEE, WI 53072	UNRELATED	PC	EDUCATION	5,000
MILWAUKEE RESCUE MISSION	,		WHI D. HOWHI HAG	
830 N 19TH STREET		D.C.	HELP HOMELESS	1 000
MILWAUKEE, WI 53233	UNRELATED	PC	PEOPLE	1,000
BOY SCOUTS OF AMERICA				
330 SOUTH 84TH STREET				
MILWAUKEE, WI 53214	UNRELATED	PC	HELPING YOUTH	500
UNIV OF WI				
615 EAST AVENUE NORTH			HELPING YOUTH	
LA CROSSE, WI 54602-1148	UNRELATED	PC	EDUCATION	20,000
Total			▶ 3a	67,700
b Approved for future payment				
Total		<u> </u>		Form 900 PE (2012

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by sec	ction 512, 513, or 514	(e)
4.5	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue:	code	_ 		-	
a	-	-	 -		
b	-			-	
c			 		-
d			+ +		
f			+	-	
g Fees and contracts from government agencies	1		 		
2 Membership dues and assessments			1	=	
3 Interest on savings and temporary cash investments .		· -			
4 Dividends and interest from securities			14	21,922	
5 Net rental income or (loss) from real estate:					
a Debt-financed property		711. 17.11. 11.7.20.			- IIIII - IIII - III
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	1 1		1	21,922	
13 Total. Add line 12, columns (b), (d), and (e)					21,92
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	21,92
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the	Accompli	shment of Ex	empt Purpos	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	the
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Explain below how each activity for which in	Accomplicome is report	shment of Extended in column (e)	empt Purpose of Part XVI-A con	13es	

Par	t XVII		n Regarding Transganizations	sfers To and Transa	ctions and	Relation	ships With No	ncharita	ble	
1	Did the o			e in any of the following w	ith any other o	organization (described		Yes	No
•			•	n 501(c)(3) organizations)	-	-				
	organiza		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			•			
а	-		rting foundation to a no	ncharitable exempt organi	zation of					
		•	•	· · · · · · · · · · · · · · · · · · ·				. 1a(1)	X
	• •									Х
ь	• •	nsactions:								
	(1) Sales	s of assets to a	nonchantable exempt	organization				. 1ь(1)	x
				exempt organization						Х
	(3) Rent	al of facilities, e	quipment, or other asse	ets				. 1b(3)	Х
	(4) Reim	bursement arra	angements					. 1b(4	1)	X
	(5) Loan	is or loan guara	intees					. 1b(5	5)	X
	(6) Perfo	ormance of serv	rices or membership or	fundraising solicitations				. 1b(6	5)	Х
С	Sharing	of facilities, equi	ipment, mailing lists, ot	her assets, or paid employ	ees			. 1c		X
d	If the ans	swer to any of th	ne above is "Yes," com	plete the following schedu	le. Column (b) should alwa	rys show the fair ma	arket		
	value of	the goods, othe	er assets, or services gi	ven by the reporting found	lation. If the fo	oundation rec	eived less than fair	market		
	value in a	any transaction	or sharing arrangemer	nt, show in column (d) the	value of the g	oods, other a	issets, or services i	received		
(a) Lir	ne no (b)	Amount involved	(c) Name of noncha	aritable exempt organization	(d) Des	cription of trans	sfers, transactions, and	d sharing ai	rangem	ents
		_								
				··						
		<u> </u>								
			 :							
_		1 0 1 11								
2a		•	·	with, or related to, one or n			ions		, <u>v</u>	
			r(c) of the Code (other) Illowing schedule.	than section 501(c)(3)) or	in section 527			• 🗀 '	es X	No
		(a) Name of organ		(b) Type of organiza	etion -		(c) Description of re	alationehin		
		(a) Name of organ	nization	(b) Type of organiza	illon		(C) Description of re	siauorisriip		
				<u> </u>		-	_			
							-			
	- 112					 				
			-			<u> </u>				
	Under	penalties of penury, I	declare that I have examined	this return, including accompanyin taxpayer) is based on all information	g schedules and s	tatements, and to	the best of my knowledg	ge and belief,	it is true,	
Sig	n correct	and complete Deal	aration of preparer (other than	taxpayer) is based on all information	on of which prepar	er has any knowi				
Hei	 	1/	////////	_ 15-13-14	PZ/DIR	/TRS	May with t	the IRS discu	iss this re shown bel	tum ow
1101		nature of officer or tr	ustee	Date 1	Title	·		inst)?		X No
		Print/Type prepa	rer's name	Preparer's signature	1 1	Date	Check	ıf PTIN		
Pai	d	DAVID A A	FFELDT	JUN MA		05-12-20			35630	J
Pre	parer	Firm's name	► Affeldt Law	Offices SC		•		-14417		
	Only			tional Avenue			Phone no			
	- 	1		T 52227			414 22	1 4560		

Federal Supporting Statements Name(s) as shown on return MESSMER FOUNDATION INC Pour Social Security Number 36-6117571

FORM 990PF, PART XV, LINE 2 APPLICATION SUBMISSION INFORMATION

GRANT PROGRAM

APPLICANT NAME

DAVID A AFFELDT

ADDRESS

8741 W NATIONAL AVENUE WEST ALLIS, WI 53227

TELEPHONE

414-321-4560

EMAIL ADDRESS

FORM & CONTENT

LETTER SHOULD STATE USE TO WHICH THE REQUIRED GRANT WOULD BE APPLIED

SUBMISSION DEADLINE

NONE

RESTRICTIONS ON AWARD

NONE

Federal Supporting Statements 2013 PG 01 Name(s) as shown on return FFIN MESSMER FOUNDATION INC 36-6117571 FORM 990PF, PART III, LINE 3 STATEMENT #115 OTHER INCREASES SCHEDULE CHANGES IN MARKET VALUE 85,440 85,440 TOTAL PG 01 FORM 990PF, PART II, LINE 15 STATEMENT #120 OTHER ASSETS SCHEDULE BOY BOOK EOY BOOK FMV DESCRIPTION 2,272 ACCRUALS TOTAL PG 01 FORM 990PF, PART II, LINE 10(B) STATEMENT #137
INVESTMENTS: CORPORATE STOCK SCHEDULE BOY BOOK VALUE EOY FMV CATEGORY 458,211 554,174 554,174 INVESTMENTS CORPORATE STOCK 458,211 554,174 554,174 TOTALS PG 01 FORM 990PF, PART II, LINE 10(C) STATEMENT #138
INVESTMENTS: CORPORATE BOND SCHEDULE BOY BOOK VALUE EOY FMV **CATEGORY** 216,923 212,188 212,188 INVESTMENTS CORPORATE BONDS 216,923 212,188 212,188 TOTALS

		Federal S	Federal Supporting Statements	ments	2013 PG 01	•
Name(s) as shown on return MESSMER FOUNDATION INC					Your Social Security Number 36-6117571	Number
	FORM 990P	FORM 990PF, PART 1, LINE 16(LINE 16(A) - LEGAL FEES SCHEDULE	ULE	STATEMENT #107	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
TOTALS	5,949	5,949		0		
	FORM 990PF, PART I, LINE	7 I, LINE 16(C) - OT	16(C) - OTHER PROFESSIONAL FEES SCHEDULE	SCHEDULE	PG 01 STATEMENT #109	_ 66
DESCRIPTION INVESTMENT ADVISORY FEE CUSTODIAN FEES DIVIDEND CHARGES	REVENUE AND EXPENSES 5,510 1,500	NET INVESTMENT 5,510 1,500	ADJUSTED NET INCOME 0 0	CHARITABLE PURPOSE 0 0		
TOTALS	7,029	7,029	0	0		

		Federal Su	Federal Supporting Statements	nents	2013 PG 01	
Name(s) as shown on return MESSMER FOUNDATION INC					Your Social Security Ni 36-6117571	ımber
	FORM 9	FORM 990PF, PART I, LINE 18 - TAXES SCHEDULE	18 - TAXES SCHEDULE		STATEMENT #110	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
FOREIGN TAXES	52	52	0	0 0		
TOTALS	25	52		D		

Form **990-W**

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

(Keep for your records. Do not send to the Internal Revenue Service.)

2013

OMB No 1545-0976

						1	
1	Unrelated business taxable income ex	pected	d in the tax year			1	
2	Tax on the amount on line 1. See ins	tructio	ns for tax computation			2	
3	Alternative minimum tax (see instruction	ns).				3	
	Total. Add lines 2 and 3						
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits (see instructions)				5	
6	Subtract line 5 from line 4					6	
7	Other taxes (see instructions)					7	
8	Total Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels (see	inetri	uctions)			9	
3	Credit for federal tax paid off fiders (see	; iiiSu (-	-
10a			-				
	not required to make estimated tax par instructions	•	•	1 1	1,298		
b	Enter the tax shown on the 2012 return			 			
	zero or the tax year was for less than ?		-				
_	enter the amount from line 10a on line 2013 Estimated Tax. Enter the smalle				1,298		
C	skip line 10b, enter the amount from lir					10c	1,298
			(a)	(b)	(c)		(d)
11	Installment due dates (see						
	instructions)	11	05-15-2014	06-16-2014	09-15-2	014	12-15-2014
12	Required installments. Enter						
	25% of line 10c in columns (a) through (d) unless the						
	organization uses the annualized						
	income installment method, the						
	adjusted seasonal installment method, or is a "large						
	organization" (see instructions)	12	325	325	3	25	323
13	2012 Overpayment (see						

325

instructions)

from line 12)

14 Payment due. (Subtract line 13

13

325

325