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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

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

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013 or tax year beginning , and ending

Name of foundation

BAYCARE CLINIC FOUNDATION, LTD.

A Employer identification number

39-2000503

Number and street (or P O box number if mail is not delivered to street address)

164 NORTH BROADWAY

Room/suite

B Telephone number

920-490-9046

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

GREEN BAY, WI 54303

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 213,268.

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	248,584.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,512.	1,512.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 **Total.** Add lines 1 through 11	250,096.	1,512.	0.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees				
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 2	25.	0.	0.	0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 3	146.	36.	0.	109.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	171.	36.	0.	109.
	25 Contributions, gifts, grants paid	299,980.			251,550.
	26 **Total expenses and disbursements.** Add lines 24 and 25	300,151.	36.	0.	251,659.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	<50,055.>			
	b **Net investment income** (if negative, enter -0-)		1,476.		
	c **Adjusted net income** (if negative, enter -0-)			0.	

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SCANNED JUL 31 2014

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	125,069.	104,388.	104,388.
	2 Savings and temporary cash investments	15,000.	15,000.	15,000.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 5	62,452.	93,880.	93,880.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item 1)	202,521.	213,268.	213,268.
Liabilities	17 Accounts payable and accrued expenses		8,500.	
	18 Grants payable		40,000.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	0.	48,500.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	202,521.	164,768.	
	30 **Total net assets or fund balances**	202,521.	164,768.	
	31 **Total liabilities and net assets/fund balances**	202,521.	213,268.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	202,521.
2	Enter amount from Part I, line 27a	2	<50,055.>
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 4	3	19,717.
4	Add lines 1, 2, and 3	4	172,183.
5	Decreases not included in line 2 (itemize) ▶ SECTION 481(A) ADJUSTMENT	5	7,415.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	164,768.

Form **990-PF** (2013)

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Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col. (h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2012	197,909.	166,966.	1.185325
2011	270,376.	155,669.	1.736865
2010	248,967.	120,583.	2.064694
2009	224,539.	91,338.	2.458331
2008	196,190.	80,413.	2.439780

2	**Total** of line 1, column (d)	2	9.884995
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1.976999
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	201,565.
5	Multiply line 4 by line 3	5	398,494.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	15.
7	Add lines 5 and 6	7	398,509.
8	Enter qualifying distributions from Part XII, line 4	8	251,659.

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	30.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	30.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	30.
6	Credits/Payments:		
a	2013 estimated tax payments and 2012 overpayment credited to 2013 — 6a		
b	Exempt foreign organizations - tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	30.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2014 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? *If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ WI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.BAYCARE.NET/WEBSITE/ABOUT/500--FOUNDATION/IND

14 The books are in care of ▶ MR. CHRIS AUGUSTIAN Telephone no. ▶ 920-490-9046

Located at ▶ 164 NORTH BROADWAY, GREEN BAY, WI ZIP+4 ▶ 54303

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶	16		X

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ 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.) ☐ Yes ☒ 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)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 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)):			
a	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? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ 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 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.)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		X

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

5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	☐ Yes ☒ No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No			
b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b		X
Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	☐ Yes ☐ No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A		7b		

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 6		0.	0.	0.

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

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

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

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

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

(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 ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0.

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities		1a	81,878.
b	Average of monthly cash balances		1b	122,757.
c	Fair market value of all other assets		1c	
d	**Total** (add lines 1a, b, and c)		1d	204,635.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	204,635.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	3,070.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	201,565.
6	**Minimum investment return.** Enter 5% of line 5		6	10,078.

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

1	Minimum investment return from Part X, line 6		1	10,078.
2a	Tax on investment income for 2013 from Part VI, line 5	2a 30.		
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	30.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	10,048.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	10,048.
6	Deduction from distributable amount (see instructions)		6	0.
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	10,048.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	251,659.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	251,659.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	251,659.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				10,048.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 192,397.				
b From 2009 219,972.				
c From 2010 242,938.				
d From 2011 262,593.				
e From 2012 189,586.				
f **Total** of lines 3a through e	1,107,486.			
4 Qualifying distributions for 2013 from Part XII, line 4: ▶ $ 251,659.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2013 distributable amount				10,048.
e Remaining amount distributed out of corpus	241,611.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,349,097.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
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)	0.			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7	192,397.			
9 **Excess distributions carryover to 2014.** Subtract lines 7 and 8 from line 6a	1,156,700.			
10 Analysis of line 9:				
a Excess from 2009 219,972.				
b Excess from 2010 242,938.				
c Excess from 2011 262,593.				
d Excess from 2012 189,586.				
e Excess from 2013 241,611.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
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: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(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					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

SEE STATEMENT 7

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

SEE STATEMENT 8

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 **Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SEE ATTACHMENT		EXEMPT	CHARITABLE PURPOSES OF THE RECIPIENT	251,550.
Total			▶ 3a	251,550.
b *Approved for future payment*				
SEE ATTACHMENT		EXEMPT	CHARITABLE PURPOSES OF THE RECIPIENT	48,430.
Total			▶ 3b	48,430.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,512.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other 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)		0.		1,512.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,512.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	NOT APPLICABLE

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge

▶ _____ 7/11/14 ▶ DIRECTOR

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DANIEL J. YOUNG	DANIEL J. YOUNG	06/26/14		P00035095

Firm's name ▶ SCHENCK SC — Firm's EIN ▶ 39-1173131

Firm's address ▶ P.O. BOX 23819, GREEN BAY, WI 54305-3819 — Phone no. (920) 436-7800

Form **990-PF** (2013)

323622
10-10-13

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

2013

Name of the organization	Employer identification number
BAYCARE CLINIC FOUNDATION, LTD.	39-2000503

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of $5,000 or more during the year ▶ $ _____

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

Name of organization: BAYCARE CLINIC FOUNDATION, LTD.

Employer identification number: 39-2000503

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. AHMET DERVISH 778 STONEWOOD LANE ONEIDA, WI 54155	$ 16,965.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	DR. AND MRS. KEVIN WIENKERS 2863 CIRCLE SHORE DR. GREEN BAY, WI 54302	$ 21,930.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	DR. PER ANDERAS 2824 MT. CAROL DRIVE GREEN BAY, WI 54311	$ 11,423.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	DR. SCOTT GAGE 3071 GOTHIC COURT GREEN BAY, WI 54313	$ 80,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	DR. STEPHEN BRADA 700 TERRAVIEW DRIVE GREEN BAY, WI 54301	$ 6,058.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	DR. MAX OTS 2455 SHIRLEY ROAD DE PERE, WI 54115	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: BAYCARE CLINIC FOUNDATION, LTD.

Employer identification number: 39-2000503

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BAY CARE HEALTH SYSTEMS 164 N BROADWAY GREEN BAY, WI 54303	$ 6,798.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	DR. PAUL SUMMERSIDE 614 RANDALL AVE DE PERE, WI 54115	$ 5,757.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	DR. BRUCE NEAL 1515 BRADBURY COURT GREEN BAY, WI 54313	$ 10,782.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	DR. ALEXANDER ROITSTEIN 2411 WANDERING SPRINGS CIRCLE GREEN BAY, WI 54311	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
11	DR. STEVEN STROMAN 2452 WILDWOOD DRIVE GREEN BAY, WI 54302	$ 6,103.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	NILGUN FRENGELL PO BOX 4347 MONROE, LA 71211	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
BAYCARE CLINIC FOUNDATION, LTD.	39-2000503

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
BAYCARE CLINIC FOUNDATION, LTD.	39-2000503

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
PERSHING	1,512.	0.	1,512.	1,512.	1,512.
TO PART I, LINE 4	1,512.	0.	1,512.	1,512.	1,512.

FORM 990-PF TAXES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	25.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	25.	0.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMINISTRATIVE EXPENSES	146.	36.	0.	109.
TO FORM 990-PF, PG 1, LN 23	146.	36.	0.	109.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON INVESTMENTS	11,990.
INVESTMENT ADJUSTMENT TO COST	7,727.
TOTAL TO FORM 990-PF, PART III, LINE 3	19,717.

FORM 990-PF CORPORATE STOCK STATEMENT 5

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VANGUARD BALANCED INDEX FD	93,880.	93,880.
TOTAL TO FORM 990-PF, PART II, LINE 10B	93,880.	93,880.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH HODGSON, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/PRESIDENT 0.50	0.	0.	0.
DIANNA BORDEWICK, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/SECRETARY/TREASUR 0.50	0.	0.	0.
WILLIAM WITMER, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR 0.50	0.	0.	0.
BRUCE NEAL, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/VICE PRESIDENT 0.50	0.	0.	0.
CHRISTOPHER SORRELLS, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR 0.50	0.	0.	0.
ANN SEIDL 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR OF MARKETING/PR 0.50	0.	0.	0.
LESLEY O'CONNELL 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/EMPLOYEE REP 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF PART XV - LINE 1A STATEMENT 7
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

JOSEPH HODGSON, M.D.
DIANNA BORDEWICK, M.D.
BRUCE NEAL, M.D.
CHRISTOPHER SORRELLS, M.D.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 8
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANN SEIDL
164 N BROADWAY
GREEN BAY, WI 54303

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
920-405-5382	GENERAL GRANTS FOR COMMUNITY-BASED PROGRAMS, PROJECTS AND SERVICES

FORM AND CONTENT OF APPLICATIONS

THE FORM FOR COMMUNITY-BASED PROGRAMS, PROJECTS AND SERVICES CAN BE DOWNLOADED AT
HTTP://WWW.BAYCARE.NET/WEBSITE/ABOUT/500--FOUNDATION/INDEX.ASP

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANN SEIDL
164 N BROADWAY
GREEN BAY, WI 54303

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
920-405-5382	HEALTHCARE SCHOLARSHIP PROGRAM

FORM AND CONTENT OF APPLICATIONS

THE FORM FOR SCHOLARSHIPS CAN BE DOWNLOADED AT
HTTP://WWW.BAYCARE.NET/WEBSITE/ABOUT/500--FOUNDATION/INDEX.ASP

ANY SUBMISSION DEADLINES

THE DEADLINE FOR SCHOLARSHIP APPLICATIONS IS APRIL OF EVERY YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

BayCare Clinic Foundation
EIN: 39-2000503

Part XV - Supplementary Information
Grants and Contributions Paid During the Year

Recipient	Recipient Address	Recipient Relationship	Foundation Status	Purpose of Contribution	Amount	Date
Bellin College of Nursing	725 S Webster Avenue, Green Bay WI 54305	None	Public Charity	Education	$ 500.00	1/4/2013
Bishop's Appeal Catholic Diocese - Catholic Foundation	PO Box 22128, Green Bay WI 54305-2128	None	Public Charity	General Operations	$ 500 00	1/4/2013
Center for Childhood Safety	1870 Cofrin Drive, Green Bay WI 54302	None	Public Charity	General Operations	$ 100 00	1/4/2013
Combat Blindness Foundation	PO Box 5322, Madison WI 53705-0332	None	Public Charity	General Operations	$ 100 00	1/4/2013
Door County Land Trust	PO Box 65, Sturgeon Bay WI 54235	None	Public Charity	General Operations	$ 100.00	1/4/2013
Family Services	PO Box 22308, Green Bay WI 54305-2308	None	Public Charity	General Operations	$ 100.00	1/4/2013
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	Education	$ 85.00	1/4/2013
Foundation of American Academy of Opthalmology	655 Beach Street, San Francisco CA 94109-1336	None	Public Charity	General Operations	$ 100.00	1/4/2013
Greater Green Bay Habitat for Humanity	PO Box 10263, Green Bay WI 54307	None	Public Charity	General Operations	$ 100 00	1/4/2013
Indiana University Foundation	PO Box 660245, Indianapolis IN 46266-0245	None	Public Charity	Education	$ 250 00	1/4/2013
Iowa-Grant Educational Foundation	PO Box 124, Livingston WI 53554	None	Public Charity	Education	$ 100 00	1/4/2013
Liberty University	Jerry Falwell Library Campaign, 1971 University Blvd , Lynchburg VA 24502	None	Public Charity	Education	$ 1,500.00	1/4/2013
New Community Shelter Inc	301 Mather Street, Green Bay WI 54303	None	Public Charity	General Operations	$ 100.00	1/4/2013
Paul's Pantry, Inc	1529 Leo Frigo Way, Green Bay WI 54302	None	Public Charity	General Operations	$ 100 00	1/4/2013
Peninsula Players Theatre Foundation Inc	W4351 Peninsula Players Road, Fish Creek, WI 54212-9725	None	Public Charity	General Operations	$ 100.00	1/4/2013
Research to Prevent Blindness	645 Madison Avenue, New York, NY 10022-1010	None	Public Charity	General Operations	$ 150 00	1/4/2013
SEE International Inc	6950 Hollister Ave , Ste 250, Goleta CA 93117-5825	None	Public Charity	General Operations	$ 100.00	1/4/2013
St Bernard Congregation	2040 Hillside Ln, Green Bay WI 54302-4098	None	Public Charity	General Operations	$ 20,000.00	1/4/2013
Brown County United Way	PO Box 1593, Green Bay WI 54305-9973	None	Public Charity	General Operations	$ 7,500.00	1/4/2013
University of Wisconsin LaCrosse Foundation	PO Box 1148, LaCrosse WI 54602-1148	None	Public Charity	Education	$ 250 00	1/4/2013
University of California Berkeley Foundation	College of Engineering, PO Box 774, Berkeley CA 94701-0774	None	Public Charity	Education	$ 500.00	1/4/2013
UW-Platteville Foundation	1 University Plaza, Platteville, WI 53818-3099	None	Public Charity	Education	$ 100.00	1/4/2013
Associated Bank - 2012 Jingle Bell Run/Walk Fees	200 N Adams, Green Bay WI 54301	None	Public Charity	General Operations	$ 22 00	1/14/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 5,000.00	1/25/2013
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	Education	$ 85 00	1/25/2013
Packers Heritage Trail Foundation c/o Nicolet National Bank	Attn Scott King, 111 N Washington Street, PO Box 23900, Green Bay WI 54305-3900	None	Public Charity	General Operations	$ 2,000.00	1/25/2013
Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 500 00	1/25/2013
Special Olympics	2140 Holmgren Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 550 00	1/25/2013
St Mark Evangelical Church	2066 Lawrence Drive, De Pere WI 54115	None	Public Charity	General Operations	$ 300.00	1/25/2013
Young Life	PO Box 2920, Colorado Springs CO 80901-2920	None	Public Charity	General Operations	$ 100.00	1/25/2013
Cerebral Palsy Inc	2801 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 300.00	2/27/2013
De Pere High School	Attn Archery Team, 1700 Chicago Street, De Pere WI 54115	None	Public Charity	Education	$ 250.00	2/27/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 5,000.00	2/27/2013
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	Education	$ 85.00	2/27/2013
On Broadway Inc	PO Box 2451, Green Bay WI 54306	None	Public Charity	General Operations	$ 20,000 00	2/27/2013
Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 500.00	2/27/2013
St Mark Evangelical Church	2066 Lawrence Drive, De Pere WI 54115	None	Public Charity	General Operations	$ 300 00	2/27/2013
Young Life	PO Box 2920, Colorado Springs CO 80901-2920	None	Public Charity	General Operations	$ 100.00	2/27/2013
Cerebral Palsy Inc	2801 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 200.00	2/27/2013
Cerebral Palsy Inc	2801 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 500.00	2/27/2013
Cerebral Palsy Inc	2801 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 100 00	2/27/2013
Cerebral Palsy Inc	2801 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 250 00	2/27/2013
De Pere High School	Attn Boys Golf Team, 1700 Chicago Street, De Pere WI 54115	None	Public Charity	Education	$ 500.00	2/27/2013
Cerebral Palsy Inc	2801 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 100.00	3/5/2013
Friends of Haiti	PO Box 1174, Green Bay WI 54305-1174	None	Public Charity	General Operations	$ 750 00	3/5/2013
Boy Scouts of America	2555 Northern Road, PO Box 267, Appleton WI 54912-0267	None	Public Charity	General Operations	$ 500.00	3/25/2013
Cerebral Palsy Inc	2801 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 25 00	3/25/2013
Einstein Project Inc	1255 Einstein Way, Green Bay WI 54311-8330	None	Public Charity	General Operations	$ 1,000 00	3/25/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 5,000 00	3/25/2013
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	Education	$ 85.00	3/25/2013
Friends of the Bay Beach Wildlife Sanctuary Inc	1660 E Shore Drive, Green Bay WI 54302-1285	None	Public Charity	General Operations	$ 200.00	3/25/2013
Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 500 00	3/25/2013
Rails-to-Trails Conservancy	2121 Ward Court NW, PO Box 96014, Washington DC 20077-7560	None	Public Charity	General Operations	$ 200.00	3/25/2013
St Mark Evangelical Church	2066 Lawrence Drive, De Pere WI 54115	None	Public Charity	General Operations	$ 300 00	3/25/2013
Wisconsin Public Television	821 University Avenue, Madison WI 53706-1497	None	Public Charity	General Operations	$ 500 00	3/25/2013
YMCA	235 N Jefferson Street, Green Bay WI 54301-5126	None	Public Charity	General Operations	$ 10,000.00	3/25/2013
Young Life	PO Box 2920, Colorado Springs CO 80901-2920	None	Public Charity	General Operations	$ 100.00	3/25/2013
YWCA of Green Bay-De Pere	230 South Madison Street, Green Bay WI 54301	None	Public Charity	General Operations	$ 125 00	3/25/2013
Project C.U.R.E.	10377 E Geddes Avenue, Ste 200, Centennial CO 80112	None	Public Charity	General Operations	$ 7,500 00	4/16/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 5,000 00	4/24/2013

BayCare Clinic Foundation
EIN: 39-2000503

Part XV - Supplementary Information
Grants and Contributions Paid During the Year

Recipient	Recipient Address	Recipient Relationship	Foundation Status	Purpose of Contribution	Amount	Date
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	Education	$ 85 00	4/24/2013
Juvenile Diabetes Research Foundation	1800 Appleton Road, Suite 2, Menasha WI 54952	None	Public Charity	General Operations	$ 1,500 00	4/24/2013
Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 500.00	4/24/2013
St Mark Evangelical Church	2066 Lawrence Drive, De Pere WI 54115	None	Public Charity	General Operations	$ 300 00	4/24/2013
WBCA/MACC Fund	10000 W Innovation Drive, Milwaukee WI 53226	None	Public Charity	General Operations	$ 100.00	4/24/2013
Wisconsin International School	405 Grant Street, De Pere, WI 54115	None	Public Charity	Education	$ 5,000.00	4/24/2013
WBCA/MACC Fund	10000 W Innovation Drive, Milwaukee WI 53226	None	Public Charity	General Operations	$ 100 00	4/24/2013
Nicolet National Bank Foundation	111 N Washington Street, P O Box 23900, Green Bay WI 54305-3900	None	Public Charity	General Operations	$ 2,500 00	5/10/2013
Associated Bank - 2013 American Cancer Society Relay for Life	200 N Adams, Green Bay WI 54301	None	Public Charity	General Operations	$ 150.00	5/15/2013
Bay City Baptist Church	1840 Bond Street, Green Bay WI 54303	None	Public Charity	General Operations	$ 12,500.00	5/22/2013
De Pere High School - Christy's Race	Attn James Boyd, 151 Brule Road, De Pere WI 54115	None	Public Charity	Education	$ 300.00	5/22/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 5,000 00	5/22/2013
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	General Operations	$ 85 00	5/22/2013
Greater Green Bay YMCA	Office of Financial Development, 235 N Jefferson Street, Green Bay WI 54301	None	Public Charity	General Operations	$ 250 00	5/22/2013
Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 500.00	5/22/2013
Wisconsin Public Radio	PO Box 697, Racine WI 53401-0697	None	Public Charity	General Operations	$ 500 00	5/22/2013
Medical College of Wisconsin	PO Box 26509, Milwaukee WI 53226-9796	None	Public Charity	Education	$ 1,000.00	5/30/2013
N E W Zoological Society, Inc	PO Box 12647, Green Bay WI 54307-2647	None	Public Charity	General Operations	$ 1,000.00	5/30/2013
St Mark Evangelical Church	2066 Lawrence Drive, De Pere WI 54115	None	Public Charity	General Operations	$ 300 00	5/30/2013
Cerebral Palsy Inc	2801 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 50.00	6/25/2013
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	Education	$ 85 00	6/25/2013
Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 500.00	6/25/2013
St Bernard Congregation	Summer Blast, 2040 Hillside Ln , Green Bay WI 54302-4098	None	Public Charity	General Operations	$ 500.00	6/26/2013
St Mark Evangelical Church	2066 Lawrence Drive, De Pere WI 54115	None	Public Charity	General Operations	$ 300.00	6/25/2013
Unity	2366 Oak Ridge Circle, De Pere WI 54115	None	Public Charity	General Operations	$ 100.00	6/25/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 5,000.00	6/26/2013
Associated Bank - Crohn's & Colitis Foundation of America	200 N Adams, Green Bay WI 54301	None	Public Charity	General Operations	$ 100 00	7/19/2013
Anshe Poale Zedek Synagogue	Attn Deborah Vineburg and Sisterhood, PO Box 2291, Manitowoc WI 54221-2291	None	Public Charity	General Operations	$ 250.00	7/24/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 5,000 00	7/24/2013
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	Education	$ 85 00	7/24/2013
Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 500.00	7/24/2013
St Mark Evangelical Church	2066 Lawrence Drive, De Pere WI 54115	None	Public Charity	General Operations	$ 300.00	7/24/2013
Bellin College of Nursing	Katie Klaus, Director of Admissions, 3201 Eaton Road, Green Bay WI 54311	None	Public Charity	Education	$ 1,000 00	8/6/2013
NWTC Green Bay	Attn Alicia Van Straten, 2740 W Mason Street, Green Bay WI 54307-9042	None	Public Charity	Education	$ 1,000.00	8/6/2013
University of St Thomas	Attn Brian Weber, Mail 5007, 2115 Summit Avenue, St Paul MN 55105-1096	None	Public Charity	Education	$ 500.00	8/6/2013
University of Wisconsin-Madison	702 West Johnson Street, Madison WI 53715	None	Public Charity	Education	$ 1,000 00	8/6/2013
University of Wisconsin-Eau Claire	Attn Financial Aid Office, 115 Schoifield Hall, Eau Claire WI 54701	None	Public Charity	Education	$ 500 00	8/6/2013
University of Wisconsin-Green Bay	2420 Nicolet Drive, Green Bay WI 54311	None	Public Charity	Education	$ 500 00	8/6/2013
University of Wisconsin-Madison	Office of Student Financial Aid, 333 East Campus Mall #10501, Madison WI 53715	None	Public Charity	Education	$ 1,000 00	8/6/2013
University of Wisconsin-LaCrosse	Financial Aid Office, 1725 State Street, LaCrosse WI 54601	None	Public Charity	Education	$ 1,000 00	8/6/2013
University of Wisconsin-Madison	Office of Student Financial Aid, 333 East Campus Mall #9701, Madison WI 53715	None	Public Charity	Education	$ 500 00	8/6/2013
University of Minnesota - Twin Cities	240 Williamson Hall, Minneapolis MN 55455	None	Public Charity	Education	$ 500.00	8/6/2013
Winona State University	Maxwell Hall Financial Aid Department, PO Box 5838, Winona MN 55987	None	Public Charity	Education	$ 1,000.00	8/6/2013
Bay Area Humane Society & Animal Shelter, Inc	1830 Radisson Street, Green Bay WI 54302	None	Public Charity	General Operations	$ 400.00	8/22/2013
Children's Museum of Green Bay	301 N Washington Street, Green Bay WI 54301	None	Public Charity	General Operations	$ 2,000.00	8/22/2013
Exceptional Equestrians	1130 Orlando Drive, De Pere WI 54115	None	Public Charity	General Operations	$ 500 00	8/22/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 5,000 00	8/22/2013
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	Education	$ 85 00	8/22/2013
NWTC Educational Foundation	Attn Crystal Harrison, PO Box 19042, Green Bay WI 54307-9042	None	Public Charity	Education	$ 10,000.00	8/22/2013
Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 500 00	8/22/2013
Special Spaces Green Bay	Attn Tina Williquette, 615 Edgewood Drive, Green Bay WI 54302	None	Public Charity	General Operations	$ 500 00	8/22/2013
University of Wisconsin LaCrosse Foundation	PO Box 1148, LaCrosse WI 54602-1148	None	Public Charity	Education	$ 1,000.00	8/22/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 5,000 00	9/25/2013
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	Education	$ 85 00	9/25/2013
Golden House	Attn Karen Faulkner, 1120 University Avenue, Green Bay WI 54302	None	Public Charity	General Operations	$ 1,000.00	9/25/2013
Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 500.00	9/25/2013
The Einstein Project, Inc	1255 Einstein Way, Green Bay WI 54311-8330	None	Public Charity	General Operations	$ 1,100.00	9/25/2013
Assemblees de Dieu/Mission Suedoise	BP 922, Bobo-Dioulasso Burkina Faso	None	Public Charity	General Operations	$ 5,000.00	10/2/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 5,000.00	10/23/2013
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	Education	$ 85 00	10/23/2013

BayCare Clinic Foundation
EIN: 39-2000503

Part XV - Supplementary Information
Grants and Contributions Paid During the Year

Recipient	Recipient Address	Recipient Relationship	Foundation Status	Purpose of Contribution	Amount	Date
Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 500 00	10/23/2013
St Francis Xavier Parish of De Pere	220 S Michigan, De Pere WI 54115	None	Public Charity	General Operations	$ 1,000 00	10/23/2013
American Red Cross-Lakeland Chapter	2131 Deckner Avenue, Green Bay WI 54302	None	Public Charity	General Operations	$ 500.00	11/20/2013
Associated Bank -American Cancer Society - Breast Cancer Walk Fee	200 N Adams, Green Bay WI 54301	None	Public Charity	General Operations	$ 33.00	11/20/2013
Exceptional Equestrians	1120 Orlando Drive, De Pere WI 54115	None	Public Charity	General Operations	$ 1,000.00	11/20/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 5,000 00	11/20/2013
FOCUS (Fellowship of Catholic University Students)	PO Box 18710, Golden CO 80402	None	Public Charity	Education	$ 85 00	11/20/2013
Notre Dame De La Baie Academy	610 Maryhill Drive, Green Bay WI 54303	None	Public Charity	Education	$ 1,500 00	11/20/2013
Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	$ 500.00	11/20/2013
Associated Bank -American Cancer Society - Breast Cancer Walk Fee	200 N Adams, Green Bay WI 54301	None	Public Charity	General Operations	$ 125 00	11/20/2013
Bay Area Humane Society & Animal Shelter, Inc	1830 Radisson Street, Green Bay WI 54302	None	Public Charity	General Operations	$ 200.00	12/20/2013
Einstein Project Inc	1255 Einstein Way, Green Bay WI 54311-8330	None	Public Charity	General Operations	$ 100 00	12/20/2013
Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	$ 25,000 00	12/20/2013
Family Services	PO Box 22308, Green Bay WI 54305-2308	None	Public Charity	General Operations	$ 250.00	12/20/2013
Freedom House	2997 St Anthony Dr, Green Bay WI 54311	None	Public Charity	General Operations	$ 1,000.00	12/20/2013
Friends of the Bay Beach Wildlife Sanctuary Inc	1600 East Shore Drive, Green Bay WI 54302	None	Public Charity	General Operations	$ 250.00	12/20/2013
Golden House	1120 University Avenue, Green Bay WI 54305	None	Public Charity	General Operations	$ 1,050 00	12/20/2013
Green Bay Boy Choir and Girl Choir	321 S Madison Street, Green Bay WI 54301	None	Public Charity	General Operations	$ 30.00	12/20/2013
Green Bay Botanical Garden	2600 Larson Road, Green Bay WI 54303	None	Public Charity	General Operations	$ 150 00	12/20/2013
Literacy Green Bay	424 S Monroe Ave Green Bay WI 54301	None	Public Charity	General Operations	$ 1,000 00	12/20/2013
Manchester University	PO Box 365 North Manchester IN 46962	None	Public Charity	Education	$ 30 00	12/20/2013
New Community Shelter Inc	301 Mather Street, Green Bay WI 54303	None	Public Charity	General Operations	$ 250.00	12/20/2013
NWTC Educational Foundation	PO Box 19042 Green Bay WI 54307	None	Public Charity	Education	$ 1,000.00	12/20/2013
Paul's Pantry, Inc	1529 Leo Frigo Way, Green Bay WI 54302	None	Public Charity	General Operations	$ 1,000.00	12/20/2013
Pilgrim Congregational Church	991 Pilgrim Way Green Bay WI 54304	None	Public Charity	General Operations	$ 500 00	12/20/2013
Associated Bank -Turkey Trot and Jingle Bell Walk Fees	200 N Adams, Green Bay WI 54301	None	Public Charity	General Operations	$ 540 00	12/20/2013
Alzheimer's Foundation	2900 Curry Lane Suite A Green Bay WI 54311	None	Public Charity	General Operations	$ 250.00	12/23/2013
American Cancer Society	630353 Cincinnati OH 45263	None	Public Charity	General Operations	$ 100 00	12/23/2013
American Red Cross	PO Box 10303 Des Moines IA 50306	None	Public Charity	General Operations	$ 100.00	12/23/2013
ACRS Foundation	40000 Legato Road Ste 700 Fairfax VA 22033	None	Public Charity	General Operations	$ 500.00	12/23/2013
Bellin College of Nursing	725 S Webster Avenue Green Bay 54305	None	Public Charity	Education	$ 500.00	12/23/2013
Bishop's Appeal Catholic Diocese	PO Box 23001 Green Bay WI 54305	None	Public Charity	General Operations	$ 1,000.00	12/23/2013
Center for Childhood Safety	1870 Cofrin Ave Green Bay WI 54302	None	Public Charity	General Operations	$ 100 00	12/23/2013
Combat Blindness Foundation	PO Box 5322 Madison WI 53705	None	Public Charity	General Operations	$ 100 00	12/23/2013
Door County Land Trust	PO Box 65 Sturgeon Bay WI 54235	None	Public Charity	General Operations	$ 100.00	12/23/2013
Family Services	PO Box 22308 Green Bay WI 54305	None	Public Charity	General Operations	$ 100 00	12/23/2013
Foundation of American Academy of Opthalmology	655 Beach St San Francisco CA 94109	None	Public Charity	Education	$ 100.00	12/23/2013
Greater Green Bay Habitat for Humanity	PO Box 10263 Green Bay WI 54307	None	Public Charity	General Operations	$ 100 00	12/23/2013
Green Bay Area Catholic Education	1087 Kellogg St Green Bay WI 54303	None	Public Charity	Education	$ 100 00	12/23/2013
Indiana University Foundation	PO Box 660425 Indianapolis IN 46266	None	Public Charity	Education	$ 250 00	12/23/2013
Iowa-Grant Educational Foundation	PO Box 124 Livingston WI 53554	None	Public Charity	Education	$ 100 00	12/23/2013
New Community Shelter Inc	301 Mather St Green Bay WI 54303	None	Public Charity	General Operations	$ 100 00	12/23/2013
Paul's Pantry	1529 Leo Frigo Way Green Bay WI 54302	None	Public Charity	General Operations	$ 100 00	12/23/2013
Peninsula Players Theatre Foundation Inc	PO Box 849 Fish Creek WI 54212	None	Public Charity	General Operations	$ 100.00	12/23/2013
Peninsula Music Festival	PO Box 340 Ephraim WI 54211	None	Public Charity	General Operations	$ 100.00	12/23/2013
Research to Prevent Blindness	645 Madison Ave New York NY 10022	None	Public Charity	General Operations	$ 150 00	12/23/2013
SEE International	6950 Hollister Avenue STE 250 Santa Barbara CA 93117	None	Public Charity	General Operations	$ 100.00	12/23/2013
St Bernard Congregation	2040 Hillside Lane Green Bay WI 54302	None	Public Charity	General Operations	$ 10,000 00	12/23/2013
The Ridge Sanctuary	PO Box 152 Baileys Harbor WI 54202	None	Public Charity	General Operations	$ 100.00	12/23/2013
University Of California Berkeley Foundation	PO Box 774 Berkeley CA 94701	None	Public Charity	Education	$ 500 00	12/23/2013
University of Wisconsin Foundation	PO Box 78807 Milwaukee WI 53278	None	Public Charity	Education	$ 1,000 00	12/23/2013
University Of Wisconsin LaCrosse	PO Box 1148 LaCrosse WI 54602	None	Public Charity	Education	$ 250 00	12/23/2013
The Vision for Vision	618 Egleston Ave. #1 Kalamazoo MI 49001	None	Public Charity	General Operations	$ 550 00	12/23/2013
Wayland Academy	101 North University Avenue Beaver Dam WI 53916	None	Public Charity	General Operations	$ 750 00	12/23/2013
	Total				$ 251,550.00	

BayCare Clinic Foundation
EIN: 39-2000503

Part XV - Supplementary Information
Grants and Contributions approved for payment in future year

Recipient	College Address	Recipient Relationship	Foundation status	Purpose of Contribution	Amount
Stacey Rouse	3201 Eaton Road, Green Bay WI 54311	None	Individual	Education	$ 500.00
Lori Leist	3202 Eaton Road, Green Bay WI 54311	None	Individual	Education	$ 500.00
Megan Colleran	Attn Brian Weber, Mail 5007, 2115 Summit Avenue, St Paul MN 55105-1096	None	Individual	Education	$ 500.00
Carissa Puerzer	702 West Johnson Street, Madison WI 53715	None	Individual	Education	$ 500.00
Amanda Kane	702 West Johnson Street, Madison WI 53715	None	Individual	Education	$ 500.00
Samantha Truckey	Attn Financial Aid Office, 115 Schoifield Hall, Eau Claire WI 54701	None	Individual	Education	$ 500.00
Samantha Iwen	2420 Nicolet Drive, Green Bay, WI 54311	None	Individual	Education	$ 500.00
Suzanne Treml	Office of Student Financial Aid, 333 East Campus Mall #10501, Madison WI 53715	None	Individual	Education	$ 500.00
MacKenzie Hansen	Office of Student Financial Aid, 333 East Campus Mall #10501, Madison WI 53715	None	Individual	Education	$ 500.00
Alexander Christensen	Financial Aid Office, 1725 State Street, LaCrosse WI 54601	None	Individual	Education	$ 500.00
Kendra Ruffalo	Financial Aid Office, 1725 State Street, LaCrosse WI 54601	None	Individual	Education	$ 500.00
Sara Kaczmarek	Office of Student Financial Aid, 333 East Campus Mall #9701, Madison WI 53715	None	Individual	Education	$ 500.00
Sara Speier	240 Williamson Hall, Minneapolis MN 55455	None	Individual	Education	$ 500.00
Hannah Vannieuwehoven	Maxwell Hall Financial Aid Department, PO Box 5838, Winona MN 55987	None	Individual	Education	$ 500.00
Reanna Isable	Maxwell Hall Financial Aid Department, PO Box 5838, Winona MN 55987	None	Individual	Education	$ 500.00
Northeast Wisconsin Technical College's Educational Foundation Inc.	Attn Crystal Harrison , PO Box 19042, Green Bay WI 54307	None	Public Charity	Education	$ 40,000.00
YMCA - walk fees	235 N Jefferson Street, Green Bay WI 54301-5126	None	Public Charity	General operations	$ 930.00
					$ 48,430.00

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

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

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

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return See instructions	BAYCARE CLINIC FOUNDATION, LTD.	39-2000503
	Number, street, and room or suite no If a P.O. box, see instructions. 164 NORTH BROADWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREEN BAY, WI 54303	

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

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

- The books are in the care of ▶ MR. CHRIS AUGUSTIAN 164 NORTH BROADWAY - GREEN BAY, WI 54303
  Telephone No. ▶ 920-490-9046 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2013 or
▶ [ ] tax year beginning _____ , and ending _____ .

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

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

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

Form **3115**
(Rev. December 2009)
Department of the Treasury
Internal Revenue Service

Application for Change in Accounting Method

OMB No. 1545-0152

Name of filer (name of parent corporation if a consolidated group) (see instructions)

BAYCARE CLINIC FOUNDATION, LTC.

Number, street, and room or suite no. If a P.O. box, see the instructions.

164 NORTH BROADWAY

City or town, state, and ZIP code

GREEN BAY, WI 54303

Identification number (see instructions)

39-2000503

Principal business activity code number (see instructions)

Tax year of change begins (MM/DD/YYYY) 01/01/2013

Tax year of change ends (MM/DD/YYYY) 12/31/2013

Name of contact person (see instructions)

JEFF MASON

Contact person's telephone number

920-490-9046

Name of applicant(s) (if different than filer) and identification number(s) (see instructions)

If the applicant is a member of a consolidated group, check this box . . . . . ▶ ☐

If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box . . . . . ▶ ☐

Check the box to indicate the type of applicant.

- ☐ Individual
- ☐ Corporation
- ☐ Controlled foreign corporation (Sec. 957)
- ☐ 10/50 corporation (Sec. 904(d)(2)(E))
- ☐ Qualified personal service corporation (Sec. 448(d)(2))
- ☐ Cooperative (Sec 1381)
- ☐ Partnership
- ☐ S corporation
- ☐ Insurance co. (Sec. 816(a))
- ☐ Insurance co. (Sec. 831)
- ☐ Other (specify) ▶
- ☒ Exempt organization. Enter Code section ▶ 501(C)(3)

Check the appropriate box to indicate the type of accounting method change being requested. (see instructions)

- ☐ Depreciation or Amortization
- ☐ Financial Products and/or Financial Activities of Financial Institutions
- ☒ Other (specify) ▶ OVERALL METHOD

Caution. *To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes all information requested on this Form 3115 (including its instructions), as well as any other information that is not specifically requested.*

The taxpayer must attach all applicable supplemental statements requested throughout this form.

Part I Information For Automatic Change Request

		Yes	No
1	Enter the applicable designated automatic accounting method change number for the requested automatic change. Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the requested change has no designated automatic accounting method change number, check "Other," and provide both a description of the change and citation of the IRS guidance providing the automatic change. See instructions. ▶ (a) Change No. 122 (b) Other ☐ Description ▶		
2	Do any of the scope limitations described in section 4.02 of Rev. Proc. 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If "Yes," attach an explanation.		X

Note. *Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable).*

Part II Information For All Requests

		Yes	No
3	Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its existence, in the tax year of change (see instructions)? . . . . . If "Yes," the applicant is not eligible to make the change under automatic change request procedures.		X
4a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)? . . . . . If "No," go to line 5.		X
b	Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under consideration or (ii) placed in suspense (see instructions)?		X

Signature *(see instructions)*

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

Filer

Signature and date

Joseph Hodgson MD - President

Name and title (print or type)

Preparer (other than filer/applicant)

Signature of individual preparing the application and date

DANIEL J. YOUNG

Name of individual preparing the application (print or type)

SCHENCK SC

Name of firm preparing the application

ISA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions.**

Form **3115** (Rev. 12-2009)

STF NBQH1001.1

Part II Information For All Requests (continued)

		Yes	No
4c	Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)?		
d	Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)? If "Yes," attach the consent statement from the director.		
e	Is the request to change the method of accounting being filed under the 90-day or 120-day window period? If "Yes," check the box for the applicable window period and attach the required statement (see instructions). ☐ 90 day ☐ 120 day: Date examination ended ▶ _____		
f	If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination. Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____		
g	Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?		
5a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court?		X
	If "Yes," enter the name of the (check the box) ☐ Appeals officer and/or ☐ counsel for the government, telephone number, and the tax year(s) before Appeals and/or a Federal court. Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____		
b	Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a?		
c	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)? If "Yes," attach an explanation.		X
6	If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court.		
7	If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity? If "Yes," the applicant is not eligible to make the change.		X
8a	Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)?		X
b	If "Yes," attach an explanation.		
9a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years (including the year of the requested change)?		X
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent.		
c	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation.		
10a	Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X
b	If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s).		
11	Is the applicant requesting to change its **overall** method of accounting? If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of this form.	X	
	Present method: ☒ Cash ☐ Accrual ☐ Hybrid (attach description)		
	Proposed method: ☐ Cash ☒ Accrual ☐ Hybrid (attach description)		

Part II Information For All Requests (continued)

		Yes	No
12	If the applicant is either (i) **not** changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following:		
a	The item(s) being changed.		
b	The applicant's present method for the item(s) being changed.		
c	The applicant's proposed method for the item(s) being changed.		
d	The applicant's present overall method of accounting (cash, accrual, or hybrid).		
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe: whether each trade or business is accounted for separately; the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application.		
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions . . . . . If "No," attach an explanation.	X	
15a	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?		X
b	If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application.		
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?		X
17	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.		

1st preceding year ended mo. 12	yr 2012	2nd preceding year ended: mo. 12	yr 2011	3rd preceding year ended mo. 12	yr. 2010
$	218,593	$	279,803	$	284,872

Part III Information For Advance Consent Request

		Yes	No
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? . . . . . If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures.		
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists.		
20	Attach a copy of all documents related to the proposed change (see instructions).		
21	Attach a statement of the applicant's reasons for the proposed change.		
22	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? . . . . . If "No," attach an explanation.		
23a	Enter the amount of **user fee** attached to this application (see instructions). ► $ _____		
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).		

Part IV Section 481(a) Adjustment

		Yes	No
24	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? . . . If "Yes," do not complete lines 25, 26, and 27 below.		X
25	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. ► $ (7,415) Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant		

Part IV Section 481(a) Adjustment (continued)

		Yes	No
26	If the section 481(a) adjustment is an increase to income of less than $25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?		
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation.		X

Schedule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)

Part I Change in Overall Method (see instructions)

1 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g.

		Amount
a	Income accrued but not received (such as accounts receivable)	$ 85
b	Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method	
c	Expenses accrued but not paid (such as accounts payable)	(7,500)
d	Prepaid expenses previously deducted	
e	Supplies on hand previously deducted and/or not previously reported	
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II	
g	Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶	
h	**Net section 481(a) adjustment** (Combine lines 1a–1g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25.	$ (7,415)

2 Is the applicant also requesting the recurring item exception under section 461(h)(3)? ☐ Yes ☒ No

3 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.

Part II Change to the Cash Method For Advance Consent Request (see instructions)

Applicants requesting a change to the cash method must attach the following information:

1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.

2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)

1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information.

a A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.

b If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.

c If the applicant is filing under the advance consent provisions of Rev. Proc. 97-27, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.

2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following.

a A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).

b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3)

c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports See Regulations section 1.451-5(b)(1)(ii).

d A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Schedule C—Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:

a Valuing inventory (e.g., unit method or dollar-value method).

b Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).

c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).

d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method).

2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.

3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.

4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable

5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.

6 If changing to the IPIC method, attach a completed Form 970.

Part II Change In Pooling Inventories

1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.

2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):

a A description of the types of products produced by the applicant. If possible, attach a brochure.

b A description of the types of processes and raw materials used to produce the products in each proposed pool.

c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.

d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.

e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.

f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.

g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.

3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1 472-8(b)(3)

4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c).

Schedule D—Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.)

1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities.

2a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)? ☐ Yes ☐ No

b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)? ☐ Yes ☐ No
If line 2b is "No," attach an explanation.

c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)? ☐ Yes ☐ No

d If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)? ☐ Yes ☐ No
If line 2d is "Yes," attach an explanation of what cost comparison the applicant will use to determine a contract's completion factor.
If line 2d is "No," attach an explanation of what method the applicant is using and the authority for its use.

3a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)? ☐ Yes ☐ No

b If "Yes," attach an explanation of the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts.

c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.

4 To determine a contract's completion factor using the percentage-of-completion method:

a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)? ☐ Yes ☐ No

b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1.460-5(c))? ☐ Yes ☐ No

5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts.

Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8.)

1 Attach a description of the inventory goods being changed.

2 Attach a description of the inventory goods (if any) NOT being changed.

3a Is the applicant subject to section 263A? If "No," go to line 4a ☐ Yes ☐ No

b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? If "No," attach a detailed explanation ☐ Yes ☐ No

4a Check the appropriate boxes below.

	Inventory Being Changed		Inventory Not Being Changed
	Present method	Proposed method	Present method
Identification methods:			
Specific identification			
FIFO			
LIFO			
Other (attach explanation)			
Valuation methods:			
Cost			
Cost or market, whichever is lower			
Retail cost			
Retail, lower of cost or market			
Other (attach explanation)			

b Enter the value at the end of the tax year preceding the year of change

5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).

a Copies of Form(s) 970 filed to adopt or expand the use of the method.

b **Only for applicants requesting advance consent.** A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.

c **Only for applicants requesting an automatic change.** The statement required by section 22.01(5) of the Appendix of Rev. Proc. 2008-52 (or its successor).

Part III **Method of Cost Allocation** (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)).

Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).

2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).

3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B—Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12	Depletion		
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs.)		

Part III Method of Cost Allocation (see instructions) (continued)

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses		
2	Research and experimental expenses not included in Section B, line 26		
3	Bidding expenses not included in Section B, line 22		
4	General and administrative costs not included in Section B		
5	Income taxes		
6	Cost of strikes		
7	Warranty and product liability costs		
8	Section 179 costs		
9	On-site storage		
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11	Other costs (Attach a list of these costs.)		

Schedule E—Change in Depreciation or Amortization (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants ***must*** provide this information for each item or class of property for which a change is requested.

Note. *See the* ***List of Automatic Accounting Method Changes*** *in the Instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168.* ***Do not*** *file Form 3115 with respect to certain late elections and election revocations (see instructions).*

1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? ☐ Yes ☐ No
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).

2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)? ☐ Yes ☐ No
If "Yes," enter the applicable section ►

3 Has a depreciation, amortization, or expense election been made for the property (e.g., the election under sections 168(f)(1), 179, or 179C)? ☐ Yes ☐ No
If "Yes," state the election made ►

4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.

b If the property is residential rental property, did the applicant live in the property before renting it? ☐ Yes ☐ No

c Is the property public utility property? ☐ Yes ☐ No

5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).

6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.

7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:

a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g)).

b The applicable asset class from Rev Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.

c The facts to support the asset class for the proposed method.

d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)).

e The useful life, recovery period, or amortization period of the property.

f The applicable convention of the property.

g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

Baycare Clinic Foundation, Ltd.

EIN #:39-2000503

Attachment to Form 3115

Part IV- Section 481(a) adjustment

Line 25: See Schedule A, Part 1, Item 1 and supporting statements.

Schedule A, Part 1:

Line 1a: Miscellaneous Receivables: 85

Line 1c: Scholarships Payable: 7,500

Line 3: The attached financial statement information for 2012 is prepared on the cash basis, so does not reflect the items shown on line 1a and 1c. This miscellaneous receivable amount is included in Dividend Income, and the payable is shown as a Contribution in the current year. No separate 481 deduction is shown on the current year return.