



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2013

Department of the Treasury  
Internal Revenue Service

- 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](http://www.irs.gov/form990pf).

For calendar year 2013, or tax year beginning December 11, 2013, and ending December 31, 2013

|   |  |   |
|---|--|---|
| Name of foundation<br><b>Benne-Fit Valley Foundation, Inc.</b>  |  | <b>A</b> Employer identification number<br><b>46-4315166</b>  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>W6215 Kettle Moraine Drive</b>  |  | <b>B</b> Telephone number (see the instructions)<br><b>(262) 495-8863</b>   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>Whitewater WI 53190</b>  |  | <b>C</b> If exemption application is pending, check here. <input type="checkbox"/>  |
| <b>G</b> Check all that apply:<br><input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Initial Return of a former public charity<br><input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |  | <b>D</b> 1 Foreign organizations, check here. . . . . <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation. . . . . <input type="checkbox"/> |
| <b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation   |  | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here. . . . . <input type="checkbox"/>   |
| <b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16)<br>\$ <b>886,000.</b>   |  | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. . . . . <input type="checkbox"/>  |
| <b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis)  |  |   |

| 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) (see instructions).) |  | (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 (att sch) . . .                  |                                    |                           |                         |   |
|   | 2 Ck <input checked="" type="checkbox"/> if the foundn is not req to att Sch B |                                    |                           |                         |   |
|   | 3 Interest on savings and temporary cash investments. . . . .                  |                                    |                           |                         |   |
|   | 4 Dividends and interest from securities. . . . .                              |                                    |                           |                         |   |
|   | 5a Gross rents. . . . .  |                                    |                           |                         |   |
|   | b Net rental income or (loss). . . . .   |                                    |                           |                         |   |
|   | 6a Net gain/(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) . . .                         |                                    |                           |                         |   |
|   | 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/(loss) (att sch) . . . . .                                      |                                    |                           |                         |   |
|   | 11 Other income (attach schedule) . . . . .                                    |                                    |                           |                         |   |
|   | 12 Total. Add lines 1 through 11. . . . .                                      |                                    |                           |                         |   |
|   | 13 Compensation of officers, directors, trustees, etc. . .                     |                                    |                           |                         |   |
|   | 14 Other employee salaries and wages. . . . .                                  |                                    |                           |                         |   |
|   | 15 Pension plans, employee benefits. . . . .                                   |                                    |                           |                         |   |
|   | 16a Legal fees (attach schedule). . . . .                                      |                                    |                           |                         |   |
|   | b Accounting fees (attach sch). . . . .  |                                    |                           |                         |   |
|   | c Other prof fees (attach sch). . . . .  |                                    |                           |                         |   |
|   | 17 Interest. . . . .   |                                    |                           |                         |   |
|   | 18 Taxes (attach Schedule (see instrs)). . . . .                               |                                    |                           |                         |   |
|   | 19 Depreciation (attach sch) and depletion. . . . .                            |                                    |                           |                         |   |
|   | 20 Occupancy. . . . .  |                                    |                           |                         |   |
|   | 21 Travel, conferences, and meetings. . . . .                                  |                                    |                           |                         |   |
| 22 Printing and publications. . . . .   |  |                                    |                           |                         |   |
| 23 Other expenses (attach schedule)   |  |                                    |                           |                         |   |
| 24 Total operating and administrative expenses. Add lines 13 through 23. . .  |  |                                    |                           |                         |   |
| 25 Contributions, gifts, grants paid. . . . .   |  |                                    |                           |                         |   |
| 26 Total expenses and disbursements. Add lines 24 and 25. . . . .   |  |                                    |                           |                         |   |
| 27 Subtract line 26 from line 12:   |  |                                    |                           |                         |   |
| a Excess of revenue over expenses and disbursements. . . . .  |  |                                    |                           |                         |   |
| b Net investment income (if negative, enter -0-). . .   |  |                                    |                           |                         |   |
| c Adjusted net income (if negative, enter -0-). . .   |  |                                    |                           |                         |   |

5-14 14

| Part II Balance Sheets      |  | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)                                     |   | Beginning of year | End of year    |                       |
|-----------------------------|--|---|---|-------------------|----------------|-----------------------|
|                             |  |   |   | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| ASSETS                      | 1  | Cash — non-interest-bearing . . . . .   |   |                   |                |                       |
|                             | 2  | Savings and temporary cash investments . . . . .  |   |                   |                |                       |
|                             | 3  | Accounts receivable . . . . . ▶   |   |                   |                |                       |
|                             |  | Less: allowance for doubtful accounts . . . . . ▶   |   |                   |                |                       |
|                             | 4  | Pledges receivable . . . . . ▶  |   |                   |                |                       |
|                             |  | Less: allowance for doubtful accounts . . . . . ▶   |   |                   |                |                       |
|                             | 5  | Grants receivable . . . . .   |   |                   |                |                       |
|                             | 6  | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .                       | 500,000.  | 500,000.          | 500,000.       |                       |
|                             | 7  | Other notes and loans receivable (attach sch) . . . . . ▶   |   |                   |                |                       |
|                             |  | 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 (attach schedule) . . . . .   |   |                   |                |                       |
|                             | b  | Investments — corporate stock (attach schedule) . . . . .   |   |                   |                |                       |
|                             | c  | Investments — corporate bonds (attach schedule) . . . . .   |   |                   |                |                       |
|                             | LIABILITIES  | 11  | Investments — land, buildings, and equipment: basis . . . . . ▶ |                   |                |                       |
|                             |  | Less: accumulated depreciation (attach schedule) . . . . . ▶  |   |                   |                |                       |
| 12                          |  | Investments — mortgage loans . . . . .  |   |                   |                |                       |
| 13                          |  | Investments — other (attach schedule) . . . . .   |   |                   |                |                       |
| 14                          |  | Land, buildings, and equipment: basis . . . . . ▶   |   |                   |                |                       |
|                             |  | Less: accumulated depreciation (attach schedule) . . . . . ▶  | 386,000.  | 386,000.          | 386,000.       |                       |
| 15                          |  | Other assets (describe . . . . . )  |   |                   |                |                       |
| 16                          |  | <b>Total assets</b> (to be completed by all filers — see the instructions. Also, see page 1, item I). . . . .   | 886,000.  | 886,000.          | 886,000.       |                       |
| 17                          |  | Accounts payable and accrued expenses . . . . .   |   |                   |                |                       |
| 18                          |  | Grants payable . . . . .  |   |                   |                |                       |
| NET ASSETS OR FUND BALANCES | 19   | Deferred revenue . . . . .  |   |                   |                |                       |
|                             | 20   | Loans from officers, directors, trustees, & other disqualified persons . . . . .  |   |                   |                |                       |
|                             | 21   | Mortgages and other notes payable (attach schedule) . . . . .   |   |                   |                |                       |
|                             | 22   | Other liabilities (describe . . . . . )   |   |                   |                |                       |
|                             | 23   | <b>Total liabilities</b> (add lines 17 through 22) . . . . .  |   |                   |                |                       |
|                             |  | <b>Foundations that follow SFAS 117, check here . . . . . and complete lines 24 through 26 and lines 30 and 31.</b> <input checked="" type="checkbox"/> |   |                   |                |                       |
|                             | 24   | Unrestricted . . . . .  | 886,000.  | 886,000.          |                |                       |
|                             | 25   | Temporarily restricted . . . . .  |   |                   |                |                       |
|                             | 26   | Permanently restricted . . . . .  |   |                   |                |                       |
|                             |  | <b>Foundations that do not follow SFAS 117, check here . . . . . and complete lines 27 through 31.</b> <input type="checkbox"/>                         |   |                   |                |                       |
| 27                          | Capital stock, trust principal, or current funds . . . . .                         |   |   |                   |                |                       |
| 28                          | Paid-in or capital surplus, or land, building, and equipment fund . . . . .        |   |   |                   |                |                       |
| 29                          | Retained earnings, accumulated income, endowment, or other funds . . . . .         |   |   |                   |                |                       |
| 30                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .              | 886,000.  | 886,000.  |                   |                |                       |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . . | 886,000.  | 886,000.  |                   |                |                       |

## 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 | 886,000. |
| 2 | Enter amount from Part I, line 27a . . . . .   | 2 |          |
| 3 | Other increases not included in line 2 (itemize) . . . . . ▶   | 3 |          |
| 4 | Add lines 1, 2, and 3 . . . . .  | 4 | 886,000. |
| 5 | Decreases not included in line 2 (itemize) . . . . . ▶   | 5 |          |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 . . . . .  | 6 | 886,000. |

**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 shares MLC Company) | (b) How acquired<br>P — Purchase<br>D — Donation | (c) Date acquired<br>(month, day, year) | (d) Date sold<br>(month, day, year) |
|--|--|---|-------------------------------------|
| 1 a  |  |   |                                     |
| b  |  |   |                                     |
| c  |  |   |                                     |
| d  |  |   |                                     |
| e  |  |   |                                     |

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

| (i) Fair Market Value<br>as of 12/31/69 | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of column (i)<br>over column (j), if any | (l) Gains (Column (h)<br>gain minus column (k), but not less<br>than -0-) or Losses (from column (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) (see instructions). 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)<br>Base period years<br>Calendar year (or tax year<br>beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of<br>noncharitable-use assets | (d)<br>Distribution ratio<br>(column (b) divided by column (c)) |
|---|--|---|---|
| 2012  |  |   |   |
| 2011  |  |   |   |
| 2010  |  |   |   |
| 2009  |  |   |   |
| 2008  |  |   |   |

2 Total of line 1, column (d)

2

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

4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.

4

5 Multiply line 4 by line 3

5

6 Enter 1% of net investment income (1% of Part I, line 27b)

6

7 Add lines 5 and 6

7

8 Enter qualifying distributions from Part XII, line 4

8

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)

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

**Part VII-A Statements Regarding Activities**

|   | Yes | No |
|---|-----|----|
| 1 a 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?  |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?  |     | X  |
| 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.   |     |    |
| c Did the foundation file Form 1120-POL for this year?  |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.<br>(1) On the foundation (2) On foundation managers  |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If 'Yes,' attach a detailed description of the activities  |     | 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  |     | X  |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?   |     | X  |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year?  |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If 'Yes,' attach the statement required by General Instruction T  |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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? |     | X  |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XIV.   | X   |    |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions)<br>WI - Wisconsin  |     |    |
| 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   | 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  | X   |    |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses   | 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 . . . . . <u>N/A</u>   |   |    |     |                          |
| 14   | The books are in care of <u>The Kingsbury Firm, LLC</u> Telephone no. <u>(414) 378-4419</u><br>Located at <u>709 Milwaukee Street STE A Delafield WI</u> ZIP + 4 <u>53018</u>                       |    |     |                          |
| 15   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here . . . . .   |    |     | <input type="checkbox"/> |
| and enter the amount of tax-exempt interest received or accrued during the year . . . . . <u>15</u>  |   |    |     |                          |
| 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? . . . . . | 16 | Yes | No                       |
|  |   |    |     | X                        |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country <u></u> |   |    |     |                          |

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

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

|   |   | Yes | No |
|---|---|-----|----|
| 1 a During the year did the foundation (either directly or indirectly)  |   |     |    |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . .  | 1 b   |     |    |
| Organizations relying on a current notice regarding disaster assistance check here . . . . .  | <input type="checkbox"/>  |     |    |
| 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? . . . . .   | 1 c   |     | 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? . . . . .   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| If 'Yes,' list the years <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u> .  |   |     |    |
| b Are there any years listed in 2a for which the foundation is <b>not</b> 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.) . . . . .  | 2 b   |     |    |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.<br><u>20</u> , <u>20</u> , <u>20</u> , <u>20</u> .   |   |     |    |
| 3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| b If 'Yes,' did it have excess business holdings in 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.) . . . . . | 3 b   |     |    |
| 4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .   | 4 a   |     | 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? . . . . .   | 4 b   |     | X  |

BAA

Form 990-PF (2013)

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5 a** 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)? (see instructions) . . . . . ☐ 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)? . . . . .

5 b

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? . . . . .☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

**6 a** 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? . . . . .

6 b

If 'Yes' to 6b, file Form 8870.

**7 a** 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? . . . . .

7 b

**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 (see instructions).

| (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 |
|---|---|---|---|---------------------------------------|
| Fred H. Lawton<br>W6215 Kettle Moraine Dr.<br>Whitewater WI 53190 | President<br>10.00  | 0.  | 0.  | 0.                                    |
| Eric M. Lawton<br>6160 Kettle Moraine Dr.<br>Whitewater WI 53190  | Vice President<br>10.00                                   | 0.  | 0.  | 0.                                    |
| T. Andrew Detling<br>12632 Deer Trap Rd.<br>Presque Isle WI 54557 | Secretary<br>2.00   | 0.  | 0.  | 0.                                    |
| See Information about Officers, Directors, Trustees, Etc          |   | 0.  | 0.  | 0.                                    |

**2** Compensation of five highest-paid employees (other than those included on line 1 – see instructions). 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 . . . . .

None





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

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

**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.)

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

**Part XII Qualifying Distributions** (see instructions)

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

**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)<br>Corpus | (b)<br>Years prior to 2012 | (c)<br>2012 | (d)<br>2013 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2013 from Part XI, line 7 . . . . .   |               |                            |             |             |
| 2 Undistributed income, if any, as of the end of 2013  |               |                            |             |             |
| a Enter amount for 2012 only . . . . .   |               |                            |             |             |
| b Total for prior years 20 __, 20 __, 20 __  |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2013  |               |                            |             |             |
| a From 2008 . . . . .  |               |                            |             |             |
| b From 2009 . . . . .  |               |                            |             |             |
| c From 2010 . . . . .  |               |                            |             |             |
| d From 2011 . . . . .  |               |                            |             |             |
| e From 2012 . . . . .  |               |                            |             |             |
| f Total of lines 3a through e . . . . .  |               |                            |             |             |
| 4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$   |               |                            |             |             |
| a Applied to 2012, but not more than line 2a . . .   |               |                            |             |             |
| b Applied to undistributed income of prior years (Election required — see instructions). . . . .   |               |                            |             |             |
| c Treated as distributions out of corpus (Election required — see instructions). . . . .   |               |                            |             |             |
| d Applied to 2013 distributable amount . . . . .   |               |                            |             |             |
| e Remaining amount distributed out of corpus . . .   | 0.            |                            |             |             |
| 5 Excess distributions carryover applied to 2013 . . . . .<br>(If an amount appears in column (d), the same amount must be shown in column (a).)                                     |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:   |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .  | 0.            |                            |             |             |
| 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 . . . . . |               |                            |             |             |
| 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 instructions. . . . .   |               |                            | 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) (see instructions) . . . . .                                  |               |                            |             |             |
| 8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . .  | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .  | 0.            |                            |             |             |
| 10 Analysis of line 9  |               |                            |             |             |
| a Excess from 2009 . . . . .   | 0.            |                            |             |             |
| b Excess from 2010 . . . . .   | 0.            |                            |             |             |
| c Excess from 2011 . . . . .   | 0.            |                            |             |             |
| d Excess from 2012 . . . . .   | 0.            |                            |             |             |
| e Excess from 2013 . . . . .   | 0.            |                            |             |             |

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

**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 |          |          | (e) Total |
|--|----------|---------------|----------|----------|-----------|
|  | (a) 2013 | (b) 2012      | (c) 2011 | (d) 2010 |           |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                     | 0.       |               |          |          | N/A       |
| <b>b</b> 85% of line 2a . . . . .  | 0.       |               |          |          | N/A       |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .   |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   | 0.       | 0.            | 0.       | 0.       | N/A       |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:  |          |               |          |          |           |
| <b>a</b> 'Assets' alternative test — enter   |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .   |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .   |          |               |          |          |           |
| <b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .                              |          |               |          |          |           |
| <b>c</b> 'Support' alternative test — enter  |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .                                      |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization . . . . .   |          |               |          |          |           |
| <b>(4)</b> 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) )

**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.

**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 of the person to whom applications should be addressed

**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                            | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount     |
|--------------------------------------|---|--------------------------------|----------------------------------|------------|
| Name and address (home or business)  |   |                                |                                  |            |
| <b>a</b> Paid during the year        |   |                                |                                  |            |
| <b>Total</b> . . . . .               |   |                                |                                  | <b>3 a</b> |
| <b>b</b> Approved for future payment |   |                                |                                  |            |
| <b>Total</b> . . . . .               |   |                                |                                  | <b>3 b</b> |

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. |  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|---|--|---------------------------|---------------|--------------------------------------|---------------|--|
|   |  | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code        | (d)<br>Amount |  |
| 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 . . . . .               |                           |               |                                      |               |  |
| 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) . . . . .              |                           |               |                                      |               |  |
| 13  | Total. Add line 12, columns (b), (d), and (e) . . . . .        |                           |               |                                      |               |  |

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

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

[illegible]

|                  |  |
|------------------|--|
| <b>Part XVII</b> | <b>Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations</b> |
|------------------|--|

|          |   | Yes            | No |
|----------|---|----------------|----|
| <b>1</b> | 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? |                |    |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of.  |                |    |
|          | (1) Cash . . . . .  | <b>1 a (1)</b> | X  |
|          | (2) Other assets . . . . .  | <b>1 a (2)</b> | X  |
| <b>b</b> | Other transactions.   |                |    |
|          | (1) Sales of assets to a noncharitable exempt organization . . . . .  | <b>1 b (1)</b> | X  |
|          | (2) Purchases of assets from a noncharitable exempt organization . . . . .  | <b>1 b (2)</b> | X  |
|          | (3) Rental of facilities, equipment, or other assets . . . . .  | <b>1 b (3)</b> | X  |
|          | (4) Reimbursement arrangements . . . . .  | <b>1 b (4)</b> | X  |
|          | (5) Loans or loan guarantees . . . . .  | <b>1 b (5)</b> | X  |
|          | (6) Performance of services or membership or fundraising solicitations . . . . .  | <b>1 b (6)</b> | X  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .   | <b>1 c</b>     | 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.



[illegible]

**2 a** 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 |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

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.

|                        |  |  |   |  |  |  |
|------------------------|--|--|---|--|--|--|
| Sign Here              | <br>Signature of officer or trustee |  | Date <u>8/21/15</u> Title <u>Owner + President</u>  |  | May the IRS discuss this return with the preparer shown below (see instructions)?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                        | Print/Type preparer's name<br><b>John K. Bartosz</b>   |  | Preparer's signature<br><br>Date <u>08/21/15</u> |  | Check <input type="checkbox"/> if self-employed PTIN <u>P01473950</u>  |  |
| Paid Preparer Use Only | Firm's name ▶ <u>The Kingsbury Firm, LLC</u>   |  |   |  | Firm's EIN ▶ <u>20-3423504</u>   |  |
|                        | Firm's address ▶ <u>709 Milwaukee Street, Suite A</u><br><u>Delafield</u> <u>WI 53018</u>                              |  |   |  | Phone no <u>(414) 378-4419</u>   |  |

Form 990-PF, Page 6, Part VIII, Line 1

**Information about Officers, Directors, Trustees, Etc.**

| (a)<br>Name and address   | (b)<br>Title, and<br>average hours<br>per week<br>devoted to<br>position | (c)<br>Compensation<br>(If not paid,<br>enter -0-) | (d)<br>Contributions<br>to employee<br>benefit plans<br>and deferred<br>compensation | (e)<br>Expense<br>account, other<br>allowances |
|---|--|--|--|--|
| Person. <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>Becky Kayser<br>12596 Deer Trap Rd.<br>Presque Isle WI 54557 | Forest manager<br>2.00   | 0.   | 0.   | 0.   |
| Person. <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>John Gorman<br>123 S. Pleasant St.<br>Princeton IL 61356     | Treasurer<br>2.00  | 0.   | 0.   | 0.   |

Total

0.    0.    0.

# Power of Attorney and Declaration of Representative

OMB No 1545-0150

For IRS Use Only

Received by

Name

Telephone

Function

Date / /

Information about Form 2848 and its instructions is at [www.irs.gov/form2848](http://www.irs.gov/form2848).

## Part I Power of Attorney

**Caution:** A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

### 1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address  
**Benne-Fit Valley Foundation, Inc.**  
**W6215 Kettle Moraine Dr.**  
**Whitewater, WI 53190**

Taxpayer identification number(s)

**46-4315166**

Daytime telephone number

**262-495-8863**

Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

### 2 Representative(s) must sign and date this form on page 2, Part II.

Name and address

**Attorney John K. Bartosz**  
**709 Milwaukee Street, Suite A**  
**Delafield, WI 53018**

Check if to be sent copies of notices and communications ☒

CAF No. **4005-80202R**

PTIN **P01473950**

Telephone No. **414-378-4419**

Fax No. **414-918-4521**

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

**Attorney Amanda A. Bowen**  
**709 Milwaukee Street, Suite A**  
**Delafield, WI 53018**

Check if to be sent copies of notices and communications ☐

CAF No. **0310-29631R**

PTIN

Telephone No. **262-352-9019**

Fax No. **414-918-4521**

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.

PTIN

Telephone No.

Fax No.

(Note. IRS sends notices and communications to only two representatives.)

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No.

PTIN

Telephone No.

Fax No.

(Note. IRS sends notices and communications to only two representatives.)

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

- 3 Acts authorized (you are required to complete this line 3).** With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return)

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)

Tax Form Number  
(1040, 941, 720, etc.) (if applicable)

Year(s) or Period(s) (if applicable)  
(see instructions)

**Tax Exempt Status Under IRC 501(c)(3)**

**1023**

**Application for Extension of Time to File an Exempt Org. Return**

**8868**

**all**

**Return of Private Foundation**

**990-PF**

**2013, 2014, 2015, and all future**

- 4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Use Not Recorded on CAF** . . . . . ☐

- 5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

☐ Authorize disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return; \_\_\_\_\_

☐ Other acts authorized: \_\_\_\_\_



- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

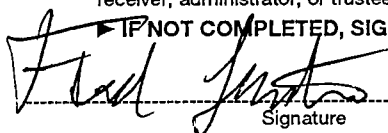
List any specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b) \_\_\_\_\_

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here ☐

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

- 7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

**IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**



8/29/15  
Date

President and Director

Title (if applicable)

Fred H. Lawton

Print Name

Benne-Fit Valley Foundation, Inc.

Print name of taxpayer from line 1 if other than individual

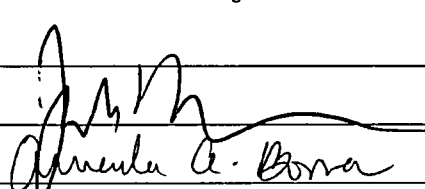
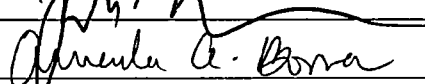
## Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation h).
  - i Registered Tax Return Preparer—registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have prepared and signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions (PTIN required for designation i).
  - k Student Attorney or CPA—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2. See the instructions for Part II.**

**Note.** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

| Designation—<br>Insert above<br>letter (a-r) | Licensing jurisdiction<br>(state) or other<br>licensing authority<br>(if applicable) | Bar, license, certification,<br>registration, or enrollment<br>number (if applicable).<br>See instructions for Part II for<br>more information. | Signature  | Date    |
|--|--|---|--|---------|
| a  | Wisconsin  | 1030688   |  | 8/29/15 |
| a  | Wisconsin  | 1088227   |  | 8/29/15 |
|  |  |   |  |         |
|  |  |   |  |         |