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EXTENDED TO AUGUST 17, 2015 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Form **990-PF**

▶ 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

Depa	rtment of the Treas	sury		social security numbers on n 990-PF and its separate (LU14
	calendar year 2		·	ii 990-PF and its separate i	, and ending		Open to Public Inspection
	ne of foundatio				,	A Employer identification	number
R	ELTGTOI	CAPE	FOUNDATION,	TNC		39-1684392	
			if mail is not delivered to street		Room/suite	~	
_P	O BOX 1	2800				920-327-56	10
			untry, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
	REEN BA		54307-2800 Initial return	Initial return of a fo	rmar nublia abariti	D 1. Foreign organizations	a abadu basa
u	ilicun ali tilat ap	ρι y	Final return	Amended return	rifler public charity	i. Foreigh organizations	s, check here
	_		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, imputation
H_C	heck type of or		X Section 501(c)(3) ex			E If private foundation sta	tus was terminated
<u> </u>			1	Other taxable private founda		under section 507(b)(1)	(A), check here
	ur market value om Part II, co		· —	ng method: LX Cash her (specify)	Accrual	F If the foundation is in a	
(<i>ii</i>				mn (d) must be on cash b	pasis.)	under section 507(b)(1)	I(B), Check here
	rt I Analysis	of Revenue a		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
	_ 		nts, etc., received	31,423.		N/A	(cash basis only)
	2 Check ▶	ıf the foundation	on is not required to attach Sch. B				
	3 cash inves		·				
		and interest fr	om securities	336,236.	329,136) •	STATEMENT 1
	5a Gross ren	IS ncome or (loss)					
•		` · -	f assets not on line 10	820,139.	··········		
Revenue	b Gross sales	price for all ne 6a	3,260,962.	•			
eve	Ī	net income (from			820,139	9.	
_	!	term capital ga	un				
		odifications less returns	I		· · · · · · · · · · · · · · · · · · ·		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		of goods sold					
	1 2	fit or (oss) E	MED				
	11 Other inc	l	60	13,856.	1 140 075		STATEMENT 2
	12 Total Ad	d lines 1 through	gh 11015 Ql ectors, trustees, etc.	1,201,654.	1,149,275		12 100
	1 11 11 11 11 11 11 11 11 11 11 11 11 1	tion bi officers; du	N 1 - 1	13,100.).	13,100.
	15 Pension i	lans, emplove	Ebènefits II				
ses	16a Legal fee						
pen	b Accounting	-		22.27			
Operating and Administrative Expenses	c Other pro	fessional fees	STMT 3	82,375.	82,375	0.	0.
ativ	17 Interest 18 Taxes		STMT 4	42,228.	5,228	3.	0.
istr	19 Deprecial	ion and depleti		22,220	5,220		- 0,
Ē	20 Occupan	у					
d Ac	21 Travel, co	nferences, and	-				
au	22 Printing a	nd publications		10.	146	0.	10.
ıting	23 Other exp	enses rating and adr	STMT 5	120.	140	J. • I	0
bera	expense	Add lines 13		137,833.	87,749	ə.	13,110
ō	25 Contribut	ions, gifts, grai		365,000.	-		365,000
	1	enses and dis	bursements.	F00 000	05 51		350 115
		24 and 25	0.12:	502,833.	87,749	9.	378,110
		line 26 from lin	e 12:	698,821.			
	1		(if negative, enter -0-)	330,021	1,061,526	5.	
	c Adjusted		negative, enter -0-)			N/A	
4235	01 4-14 LHA F	or Paperwork i	Reduction Act Notice, see	instructions.			Form 990-PF (2014

Form **990-PF** (2014)

INC.

39-1684392

Form 990-PF (2014)

Form 990-PF (2014)

RELIGIOUS CARE FOUNDATION

Part IV	Capital Gains a	nd Losses for Tax on Ir	nvestment	Income					·
	(a) List and descri 2-story brick war	be the kind(s) of property sold (e.g ehouse; or common stock, 200 sha	., real estate, s. MLC Co.)		(b) H P - D -	ow acquired Purchase Donation		ate acquired o., day, yr.)	(d) Date sold (mo., day, yr.)
	LICLY TRADEL						VAI	RIOUS	12/31/14
	LICLY TRADEL						VAI	RIOUS	12/31/14
	ER GAINS AND			<u>.</u>	ļ				
	ITAL GAINS I	DIVIDENDS			-				
<u>e</u>		(#) Depresenting allowed	(n) Coo	t as ather hasis	1			A Coin or floor	1
(e)	Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis epense of sale		· · · · · · · · · · · · · · · · · · ·		n) Gain or (loss plus (f) minus	(g)
<u>a</u>	945,801.		ļ <u>-</u>	952,36			_		<u>-6,561.</u>
<u>b</u>	1,980,704.		-	<u>1,488,46</u>	1				492,243. 8,559.
d d	8,559.								325,898.
e	323,030.								323,030.
	ete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gain	s (Col. (h) gain	minus
	M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col. (1)		C	òl. (k), t	out not less that ses (from col.	n -0-) or
a									-6,561.
b		· · · · · · · · · · · · · · · · · · ·	•				,		492,243.
C									<u>8,559.</u>
<u>d</u>									325,898.
е									
2 Capital	gain net income or (net cap	oital loss) $ \begin{cases} \text{If gain, also ente} \\ \text{If (loss), enter -C} \end{cases} $	r in Part I, line 7)- in Part I, line	7 7	}	2			820,139.
	ort-term capital gain or (loss also enter in Part I, line 8, c	s) as defined in sections 1222(5) at column (c).	nd (6):		}				
), enter -0- in Part I, line 8	nder Section 4940(e) for	. D. d d	Tau an Nat		3		N/A	<u> </u>
Part V		<u>`</u>					ICOIII		
(For optior	nal use by domestic private	foundations subject to the section	4940(a) tax on	net investment ir	ncome	.)			
If section 4	1940(d)(2) applies, leave th	ıs part blank.							
Was the fo	undation liable for the sect	ion 4942 tax on the distributable an	nount of any ve	ar in the base pei	rıod?				Yes X No
		fy under section 4940(e). Do not co		=					
		ach column for each year; see the i			entries.	•			
	(a) Base period years	(b)			(c)		_	Distri	(d) bution ratio
Calenda	r year (or tax year beginnin			Net value of no				(col. (b) dı	vided by col. (c))
	2013		34,314.			,900,67			.025914
	2012		18,500.			<u>,543,13</u>			.030191
	2011		17,500. 30,010.			<u>,217,29</u> ,497,89			.030979
	2010 2009		20,010.			, 4 3 7 , 8 3 , 8 3 7 , 8 2		-	.013579
	2003	<u> </u>	20,0100			,057,02	-		.015575
	f line 1, column (d)							2	.132099
		5-year base period - divide the total	on line 2 by 5,	or by the number	r of yea	ars	İ		026426
the fou	ndation has been in exister	nce it less than 5 years					-	3	.026420
4 Enter t	he net value of noncharitab	le-use assets for 2014 from Part X,	, line 5				!	4	4,145,625.
5 Multipl	y line 4 by line 3							5	373,727.
6 Enter 1	% of net investment incom	ne (1% of Part I, line 27b)						6	10,615.
7 Add lin	es 5 and 6							7	384,342
8 Enter o	qualifying distributions from	n Part XII, line 4						8	378,110.
	B is equal to or greater than	line 7, check the box in Part VI, lin	e 1b, and comp	lete that part usir	ng a 19	% tax rate.			

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	- see II	nstru	ction	IS)
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)					
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1_		2:	L,2	<u>31.</u>
	of Part I, line 27b					
	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				<u>0.</u>
_	Add lines 1 and 2	3		2:	1,2	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		2:	1,2	<u>31.</u>
	Credits/Payments:					
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 30,596.					
þ	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 6			_		
7	Total credits and payments. Add lines 6a through 6d	7	ļ	3	0, <u>5</u>	<u>96.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			9,3	
	Enter the amount of line 10 to be: Credited to 2015 estimated tax > 9,365. Refunded >	11				0.
	rt VII-A Statements Regarding Activities					•
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	IN		-	Yes	
	any political campaign?			1a		<u> </u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				
	distributed by the foundation in connection with the activities					
	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. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.	-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0.					77
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	18.7	I/A	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?	1/4	1 / A	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		
	If "Yes," attach the statement required by General Instruction T					
Ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or By state to what are that affectively amende the approximation that are mandatons directions that conflict with the state.	o lovu				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the second process.	e iaw		6	x	
-	remain in the governing instrument? Did the foundation have at least \$5,000 in posses at any time during the year? If "Yee," complete Part II, and (a), and Part Y	,		7	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 X'	,			Λ	
•	Enter the states to which the foundation reports or with which it is registered (see instructions)					
88						
	WI If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
				8b	X	
	of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	ender		100	Λ	
9	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	unuai		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
10	DID ANY PERSONS DECOME SUBStantial Continuous during the tax year it "Yes," attach a schedule listing their names and addresses		For	m 990	-PF	
					1	1

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	rt 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		<u>X</u>
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	_	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u>x </u>	
	Website address ► N/A			
14	The books are in care of ► ASSOCIATED TRUST COMPANY, NA Telephone no. ► 920-3			
	Located at ►PO BOX 12800, GREEN BAY, WI ZIP+4 ►5	<u>4307-</u>	<u> 280</u>	0
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		►l	
	and enter the amount of tax-exempt interest received or accrued during the year	N/		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	_	es!	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
_	foreign country			
Pa	rt 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.	\\ `	/es	<u>No</u>
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 X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		1	
	for the benefit or use of a disqualified person)?			
	(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.)			
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 2014?	1c		<u>X</u>
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014?			
	If "Yes," list the years			
t	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		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
				
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1	
	during the year?			
ı	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	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 2014.) N/A	_3b		
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
1	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 2014?	4b	1	X
		Form 990	-PF(2014)

Part VII-B Statements Regarding Activities for Which F	form 4720 May Re 5	Required (continu	39-16843	94	Page 6
5a During the year did the foundation pay or incur any amount to:	OTTH TIZO Way De F	equileu (contini	<u>leoj</u>	 -	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1/0/5/a\\2	v	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	` ''		S LAL NU		
any voter registration drive?	i to carry on, uncomy or mane		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			3 (A.) NO	1	
4945(d)(4)(A)? (see instructions)	i described in section	□ v _e	s X No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f		3 (22) 10		
the prevention of cruelty to children or animals?	or ouddanonar purposes, or r		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru		ii riogalations	N/A	5ь	i
Organizations relying on a current notice regarding disaster assistance check h	•				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
expenditure responsibility for the grant?		//A □ Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			ŀ		
a personal benefit contract?	pu) proa	[Ve	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		1	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 s	helter transaction?	☐ Ye	s X No		1
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	_
Part VIII Information About Officers, Directors, Trust		nagers, Highly			·
Paid Employees, and Contractors	,	0 , 0 .			
1 List all officers, directors, trustees, foundation managers and their	compensation.				
A.M. and a delicated a second and the second and th	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense t, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	account	ances
OON KOMIS	PRESIDENT				
N2986 HIGHLAND AVE					
NAUPACA, WI 54981	1.00	6,550.	0.		0.
ED M LEE	DIRECTOR				
316 LEY AVENUE					
MARSHFIELD, WI 54449	1.00	6,550.	0.		0.
· - · · · · · · · · · · · · · · · · · ·					
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) 0		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense it, other
(4)	devoted to position	(c) compensation	compensation	allow	ances
NONE					
	_				
	_				
		<u></u>			
				<u> </u>	
Total number of other employees paid over \$50,000			>		0
			Form	990-PF	(2014)

orm 990-PF (2014) RELIGIOUS CARE FOUNDATION, INC.	39-168	84392	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)			
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	ce	(c) Comp	ensation
NONE			
		ļ	
		<u> </u>	
Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>	0
			
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	
ı N/A			
41/43	\dashv		
2		,	
3			
1			
Part IV-R Common of Drawow Deleted Investments			
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		Aillouill	
I N/A			
2	- -		
All other program-related investments. See instructions.			
3			
Total, Add lines 1 through 3	>		0.
		Form 990-P	F (2014)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		. <u> </u>
а	Average monthly fair market value of securities	1a	13,948,703.
b	Average of monthly cash balances	1b	13,948,703. 412,338.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	14,361,041.
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	14,361,041.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	215,416.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,145,625.
6	Minimum investment return. Enter 5% of line 5	6	707,281.
<u>P</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certaii	n
1	Minimum investment return from Part X, line 6	1	707,281.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	21,231.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	686,050.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	686,050.
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	686,050.
P	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	378,110.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	378,110.
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	378,110.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7				686,050.
2 Undistributed income, if any, as of the end of 2014	1			
a Enter amount for 2013 only			279,528.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:		0.		
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: \triangleright \$ 378,110.				
a Applied to 2013, but not more than line 2a			279,528.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	<u> </u>	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				98,582.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (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:				
& 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'				<u></u>
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 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				587,468.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 423581			<u></u>	
11 24 14				Form 000-DE (0044)

	US CARE FOU				84392 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of		· · · · · · · · ·			
foundation, and the ruling is effective fo			▶ ∟		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					ĺ
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		i			
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					
, ,		 	<u>-</u>		
(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 Info	ormation (Comple	te this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during				,	
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation wi	ho have contributed more	than 2% of the total conf	tributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000). (See	section 507(d)(2).)			
NONE					
b List any managers of the foundation w			(or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation has	as a 10% or greater intere	est.			
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loan	, Scholarship, etc., P	rograms:		
Check here X if the foundation					
the foundation makes gifts, grants, etc	. (see instructions) to indi	viduals or organizations i	under other conditions,	complete items 2a, b, c, an	d d
a The name, address, and telephone nur	nber or e-mail address of	the person to whom appl	lications should be addr	essed:	
b The form in which applications should	be submitted and informa	ation and materials they s	hould include:		
c Any submission deadlines:					
	and the second second				
d Any restrictions or limitations on awar	us, such as by geographic	ai areas, charitable fields	, kinds of institutions, o	r other factors:	

Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
AQUINAS CATHOLIC SCHOOLS		PC	PROGRAM SUPPORT	
315 11TH STREET SOUTH				22.22
LACROSSE, WI 54601				20,00
ASSUMPTION CATHOLIC SCHOOLS		PC	PROGRAM SUPPORT	
445 CHESTNUT STREET			I ROSIGER BOTTORT	
WISCONSIN RAPIDS, WI 54494				5,00
CATHOLIC RELIEF SERVICES		PC	PROGRAM SUPPORT	
228 WEST LEXINGTON STREET BALTIMORE MD 21201				5,00
5.121.101.12 , 115 B1101				3,00
COLUMBUS CATHOLIC SCHOOLS		PC	PROGRAM SUPPORT	
710 S COLUMBUS AVENUE				
MARSHFIELD, WI 54449				50,00
FOOD FOR THE POOR		PC	PROGRAM SUPPORT	
405 LYNNWOOD LANE BROOKFIELD WI 53005				5.00
	CONTINUATION SHEE	ET(S)	▶ 3a	365.00
b Approved for future payment				
NONE				
Total		<u> </u>	▶ 3b	
10101			<u> </u>	orm 990-PF (20

Part XVI-A Analysis of Income-Producing Activities

ter gross amounts unless otherwise indicated.	Unrelated 1	(e)			
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt
Program service revenue:	code		code	Alliount	Tunction income
a	_ _				
b	_				
C					
d	_				
e	_				
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	336,236.	
Net rental income or (loss) from real estate:				,	
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property				İ	
Other investment income					
Gain or (loss) from sales of assets other	 -				
than inventory			18	820,139.	
Net income or (loss) from special events				020/1331	*
Gross profit or (loss) from sales of inventory					i
Other revenue:					
a FEDERAL TAX REFUND			01	13,856.	
· · ·	— 			13,030.	
b					-
				•	
d	— 				
Subtotal. Add columns (b), (d), and (e)			0.	1,170,231.	
Total. Add line 12, columns (b), (d), and (e)			0.1	13	
	٥.\			10	
ee worksheet in line 13 instructions to verify calculation					
Part XVI-B Relationship of Activitie	es to the Accor	nplishment of	Exempt F	Purposes	

1	the foundation's exempt purposes (other than by providing funds for such purp	
-		
-		
+		
\dagger		
_		
-		
+		
i		

Sign Here	and b	elief, it is the correct, and complete Declaration	on or preparer (other than taxpay	. 1 . 1 -	all information	of which preparer	has any knowledge	return with the preparer shown below (see instr.)? X Yes N
	Sıgr	nature of officer or trustee		Date		Title	_	
		Print/Type preparer's name	Preparer's signatur	e / _//	. Da		Check if	PTIN
		MATTHEW P.	at the	AH	M 00	005/12	self- employed	
Paid		ECKELBERG, CPA	Maltinos	Oldla	201H	105/15		P00583770
Prepa	arer	Firm's name ► HAWKINS A	SH CPAS, LLP				Firm's EIN ► 3	9-0912608
Use C	Only		·					
		Firm's address ▶ 101 WEST	29TH STREET	, SUI	TE 101	-		
		MARSHFIE	LD, WI 54449	-5250			Phone no. 71	5.387.1131
								Form 990-PF (20)

or perjury. declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge

May the IRS discuss this

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.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization

Employer identification number

R	ELIGIOUS CARE FOUNDATION, INC.	39-1684392
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou Z, line 1 Complete Parts I and II.	, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education of cruelty to children or animals. Complete Parts I, II, and III	
year, contribution is checked, enter purpose. Do not	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from as exclusively for religious, charitable, etc., purposes, but no such contributions totaled in the here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because the, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc ,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

RELIGIOUS CARE FOUNDATION, INC.

39-1684392

Part I	Contributors (see instructions) Use duplicate copies of Part I if addit	ional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HENRY H LEE AGENCY TRUST C/O ASSOCIATED TRUST COMPANY GREEN BAY, WI 54307	\$\$1,423.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Oncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

RELIGIOUS CARE FOUNDATION, INC.

39-1684392

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

ame or organ	ization			Employer identification number
ELIGIC Part III	OUS CARE FOUNDATION, INC Exclusively religious, charitable, etc., contribut	ions to organizations described in	section 501(c)(7), (8), or (39-1684392 (10) that total more than \$1,000 for
	the year from any one contributor. Complete colunt completing Part III, enter the total of exclusively religious, characteristics.	NNS (a) through (e) and the followin critable, etc., contributions of \$1,000 or les	a line entry. For organizations	
(a) No	Use duplicate copies of Part III if additional sp	pace is needed		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
		(e) Transfer of gift	-	
-	Transferee's name, address, and Z	IIP + 4	Relationship of tran	sferor to transferee
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
_		(e) Transfer of gift		
-	Transferee's name, address, and 2	ZIP + 4	Relationship of tran	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, and a	ZIP + 4	Relationship of trai	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
			_	
	1	(e) Transfer of gift		
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee

Part XV Supplementary Information			·	
3 Grants and Contributions Paid During the Y		, · · · · · · · · · · · · · · · · · · ·		
• Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
LIFE TEEN INC		PC	PROGRAM SUPPORT	
#9 THE PINES CT SUITE C ST LOUIS, MO 63141				30,000
MCDONNELL AREA CATHOLIC SCHOOLS		PC	PROGRAM SUPPORT	
1316 BEL AIR BLVD				
CHIPPEWA FALLS, WI 54729				20,000
NEWMAN CATHOLIC SCHOOLS		PC	PROGRAM SUPPORT	
619 STACK STREET WAUSAU, WI 54403				5,000
REGIS CATHOLIC SCHOOLS		PC	PROGRAM SUPPORT	
2100 FENWICK AVENUE			Thousan Borrow	
EAU CLAIRE, WI 54701				20,000
SINSINAWA DOMINICANS		PC	PROGRAM SUPPORT	
585 CAWTY ROAD Z SINSINAWA, WI 53824				50,000
ST JOSEPH'S PRIEST FUND		PC	PROGRAM SUPPORT	
3710 EAST AVENUE SOUTH				
LACROSSE, WI 54602-4004				150,000
STEVENS POINT AREA CATHOLIC SCHOOLS		PC	PROGRAM SUPPORT	
1004 FIRST STREET STEVENS POINT, WI 54481				5,000
		PC	PROGRAM SUPPORT	
Total from continuation sheets	I	<u></u>		280,000

FORM 990-PF	DIVIDENDS	AND IN	TEREST	FROM SECU	URITIES	Si	PATEMENT	1
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	1S	(A) REVENUE PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTI NET INCO	
ASSOCIATED TRUST COMPANY, NA	662,134.	325	,898.	336,236	329	,136.		
TO PART I, LINE 4	662,134.	325	,898.	336,236	329	,136.		
FORM 990-PF		ОТНЕ	R INCO	OME		S	PATEMENT	2
DESCRIPTION				(A) EVENUE R BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOI	
FEDERAL TAX REFUND				13,856.	, _	0.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11		13,856.		0.		
FORM 990-PF	O	THER PRO	FESSI	ONAL FEES		S'	TATEMENT	3
DESCRIPTION		(A) EXPENSE PER BOO		(B) ET INVEST- ENT INCOME		TED	(D) CHARITA PURPOS	
CUSTODIAN & MANAGEM	ENT	82,3	75.	82,375				0.
TO FORM 990-PF, PG	1, LN 16C	82,3	75.	82,375	•			0.
FORM 990-PF			TAXES			S	TATEMENT	4
DESCRIPTION		(A) EXPENSE PER BOO		(B) ET INVEST- ENT INCOME		STED	(D) CHARITA PURPOS	
FOREIGN TAXES ON DI		5,2	28.	5,228	•			0.
PRIOR YEAR EXTENSIC PAYMENT	N	37,0	00.	0	•			0.
TO FORM 990-PF, PG	1, LN 18	42,2	28.	5,228	•			0.
	_						: 	

FORM 990-PF	OTHER E	XPENSES		S	TATEMENT	5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		STED	(D) CHARITA PURPOS		
OTHER NON-ALLOCABLE EXPENSE INTEREST INVESTMENT EXPENSE	120.		120. 26.			0.	
TO FORM 990-PF, PG 1, LN 23	120.	:	146.			0.	
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FU	ND BALANCES	S	PATEMENT	6	
DESCRIPTION					AMOUNT		
COMMON TRUST FUND CASH RECEIP NON-CASH TRANSACTIONS MUTUAL FUND ADJUSTMENT	PTS				41,4 6,7 1,1	65.	
TOTAL TO FORM 990-PF, PART II	II, LINE 3				49,3	48.	
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLIGATION	ıs s'	TATEMENT	7	
DESCRIPTION	U.S GOV'	_	DOOR 11311		AIR MARKE		
DESCRIPTION	201	1 GOV 1	BOOK VALU	115	VALUE	Т	
US GOVERNMENT & STATE OBLIGAT	rions x		BOOK VALU		VALUE	T	
	rions x		4,322,1		VALUE 4,325,4		
US GOVERNMENT & STATE OBLIGATION HELD IN ASSOCIATED TRUST COM	TIONS X PANY,			.43.	-	70.	
US GOVERNMENT & STATE OBLIGATION HELD IN ASSOCIATED TRUST COMPANA	TIONS X PANY,		4,322,1	.43.	4,325,4	70.	

FORM 990-PF. CORPORATE STOCK		STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PUBLICLY TRADED SECURITIES HELD IN ASSOCIATED TRUST COMPANY, NA	7,594,676.	9,493,002.
TOTAL TO FORM 990-PF, PART II, LINE 10B	7,594,676.	9,493,002.

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revertue 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 yo	u are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			► X
If yo	u are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of t	his form).		
Do not	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	y filed For	m 8868.	
Electr	onic filing (e-file) . You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	e to file (6	months for	a corporation
	d to file Form 990-T), or an additional (not automatic) 3-mor					
of time	to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers A	Associated V	Vith Certain
Persor	nal Benefit Contracts, which must be sent to the IRS in pap	er format ((see instructions). For more details o	n the elec	tronic filing o	of this form,
	ww irs gov/efile and click on e-file for Chanties & Nonprofits					
Part	I Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies nee	eded).		
A corp	oration required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and c	omplete		
Part I d	only					ightharpoons
All oth	er corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	an exten	sion of time	
to file i	ncome tax returns.			Enter file	r's identifyi	ng number
Туре	nr Name of exempt organization or other filer, see instruc	ctions				n number (EIN) or
print				, ,		, ,
	RELIGIOUS CARE FOUNDATION,	INC.			39-16	84392
File by ti due date	Ne Number street and record as a state of E.O. have		tions.	Social se	curity number	
filing you	PO BOX 12800				•	\ <i>\</i>
return S instructi		reign add	ress, see instructions			
	GREEN BAY, WI 54307-2800	J	·			
Enter	he Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applic	eation	Return	Application			Return
Is For		Code	Is For			Code
	990 or Form 990-EZ	01	Form 990-T (corporation)			07
	990-BL	02	Form 1041-A			
	4720 (individual)	03	Form 4720 (other than individual)			08
	990-PF	04	Form 5227			10
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
COIII	ASSOCIATED TRUS					
● The	e books are in the care of PO BOX 12800 -			nn		
	ephone No ► 920-327-5610	GREE	Fax No ►	00		 · · · · · · · · · · · · · · · · · ·
	ne organization does not have an office or place of business	e in the Lir	·		.	ightharpoonup
	nis is for a Group Return, enter the organization's four digit			f thic ic fo	r tha whala e	group, check this
box 1		7				-
	I request an automatic 3-month (6 months for a corporation	•			ers trie exte	ision is ior.
1	AUGUST 15, 2015 , to file the exemp				The extensi	
	is for the organization's return for:	n organiza	don return for the organization name	o above.	IIIG GYIGIIƏN	ווכ
	► X calendar year 2014 or					
			od ondena			
	tax year beginning	, ai	id ending		_	
_	If the tarriage and an increase the section 10 months				_	
2	If the tax year entered in line 1 is for less than 12 months, o	neck reas	on Initial return	Final retur	n	
	Change in accounting period	0000				
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any		١.	•
_	nonrefundable credits. See instructions			3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	•	•			•
	estimated tax payments made. Include any prior year over			3b	\$	<u> </u>
С	Balance due. Subtract line 3b from line 3a Include your pa		-			-
	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions	3c	\$	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 423841 05-01-14

instructions

Form 8868 (Rev. 1-2014)

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