

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



Form 990-PF

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

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

2014

For	cale	ndar year 2014 or tax year beginning	-	, and ending		
		f foundation	MODAY		A Employer Identification	n number
		HARD D HORAK & ELLEN FUNDATION, INC.	, HOKAK		46-1445575	,
		and street (or P.O. box number if mail is not delivered to str	eet address)	Room/sults	B Telephone number	
7	755	NICOLET AVENUE				-0639
		town, state or province, country, and ZIP or foreign	n postal code		C If exemption application is a	pending, oheck here
		PERE, WI 54115			1	. —
8	Chec	k all that apply: Initial return		ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		Foreign organizations macheck here and attach or	setting the 85% test,
H	Check	Address change k type of organization: X Section 501(c)(3)	exempt private foundation]	
ï		action 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	E if private foundation sta under section 507(b)(1	
1 F		arket value of all assets at end of year J Accou		Accrual	F if the foundation is in a	
		Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1	
-	>\$		lumn (d) must be on cash	basis.)		
	ert.	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessify equal the amounts in column (s).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		* * * * * * * * * * * * * * * * * * *	40rd N/A	. 36.5
	2	Check X if the foundation is not required to attach Sch. B	1,575	\$	The second	
	3	interest on savings and temporary cash investments	. 5.	5.		STATEMENT I
	4	Dividends and interest from securities				. 32
	5a	Gross rents	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Charles of the control of the contro
	6	Net rental income or (loss)	1 22	mare Calabarian		Secure secondary
3	6a	Gross sales price for all			2. 12. 12. 12. 12. 12. 12. 12. 12. 12. 1	AND VOTES (ALLEGARIA)
Revenue	_"	assets on line 6a	2727	<u> </u>		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8	7 8	Net short-term capital gain		- Swape V	- was a dispersion of	
		income modifications		5.5 C 24.5 C		13 Miles 1 / 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	102	Grove makes lowe puty roop		3 "	, : 200	
		Less: Cost of goods sold .	1 2 seed	1 (You've	PECEN	
		Gross profit or (loss)		4.4 1 1 1/4 1		一一〇八次
	11	Other income				÷ \ ⊗ () () () () () () () () () (
	12	Total. Add lines 1 through 11		5.	17 17 17 17 17 18 18 18	الله الله الله
	13	Compensation of officers, directors, trustees, etc		0.	(6)	O.
	14	Other employee salaries and wages			OCDEN,	UT
27	15	Pension plans, employee benefits				
penses	16a	•	•			
		Accounting fees Other professional fees				
8 Ex	17	Interest				
章	18	Taxes STMT 2	203.	0.		0.
Operating and Administrative	19	Depreciation and depletion				A 5 . 3
È	20	Occupancy				
₹	21	Travel, conferences, and meetings				
a	22	Printing and publications				
2	23	Other expenses				
rat	24	Total operating and administrative	1			
ŏ		expenses. Add lines 13 through 23	203.	0.		0.
•	1	Contributions, gifts, grants paid	5,100.	S. YUELV	1 2 2	5,100.
	26	Total expenses and disbursements. Add lines 24 and 25	5,303.	0.		5,100.
	27		, J,303.	ASS	and according a some	3,100.
		Excess of revenue over expenses and disbursements	-5,298.			
		Net investment income (if negative, enter -0-)		5.		,
	6	Adjusted net income of negative, enter -0-)		de la company	N/A	
4235 11-2		LHA For Paperwork Reduction Act Notice, se	e instructions.		ark	Form 990-PF (2014)

Form	990-PF	(2014)
FUILL	330-FF	[2017]

		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year		of year
LE	art	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	49,276.	43,978.	43,978.
	2	Savings and temporary cash investments			
	4	Accounts receivable	- , 2 / ~ .		.a
	ľ	Less: allowance for doubtful accounts			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	4	Pledges receivable		1.50	47 4 72 64
	'	Less: allowance for doubtful accounts	1	••	†
	6	Grants receivable	٠		
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons			
	7	Other notes and loans receivable	in a surely way	The second secon	the every little than
	'	Less: allowance for doubtful accounts		remember a committe Militar	177 % 5600 49704 ones
æ	8	Inventories for sale or use		······································	
Assets		Prepaid expenses and deferred charges			
ş	104	Investments - U.S. and state government obligations			
		investments - corporate stock STMT 3	13,759.	13,759.	6,600.
		Investments - corporate bonds	20,,00	20,700	
		investments - bortporate bontos	10.7300		a najayimmaga sana sasa
	''	Loss accumulated depreciation	**************************************	a v dia diminata a sali	. The same of the
	4.0	•			
	1	Investments - mortgage loans			
	13	Investments - other		8.55	و درو درو درو درو درو درود درود درود در
	14	Land, buildings, and equipment dasis	Fig. Say, make (s) 2 1 2	2 x x x x x x x x x x x x x x x x x x x	ל איני איני איני איני איני איני איני אינ
				· · · · · · · · · · · · · · · · · · ·	
	i .	Other assets (describe			
	סו	Total assets (to be completed by all filers - see the	63 035	57,737.	50,578.
_		Instructions. Also, see page 1, item I)	03,033.	31,131.	307370.
	17	Accounts payable and accrued expenses			The state of the s
	18	Grants payable			
2	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
3	21	Mortgages and other notes payable		· · · · · · · · · · · · · · · · · · ·	
_	22	Other liabilities (describe			
			0.	0.	
	23	Total liabilities (add lines 17 through 22)	V •	· ·	12335
		Foundations that follow SFAS 117, check here			1.46g/4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
92		and complete lines 24 through 25 and lines 30 and 31.			· · · · · · · · · · · · · · · · · · ·
ş		Unrestricted			
를	25	Temporarily restricted			<i>7</i> *
8	26	Permanently restricted	-		, , ,
ڄ		Foundations that do not follow SFAS 117, sheek here			, **
Net Assets or Fund Ba		and complete lines 27 through 31.	o.	0.	; -,
8	27	Capital stock, trust principal, or current funds	0.	0.	
ğ	28	Paid-in or capital surplus, or land, bidg., and equipment fund	63,035.	57,737.	; '
Ä	29	Retained earnings, accumulated income, endowment, or other funds		57,737. 57,737.	
Ž	30	Total net assets or fund balances	63,035.	57,737.	1 2 3
			63,035.	E7 727	,
_	31	Total liabilities and net assets/fund balances		57,737.	
þ	art	Analysis of Changes In Net Assets or Fund B	lalances		
				· 	
		net assets or fund balances at beginning of year - Part II, column (a), line			62 A2E
		t agree with end-of-year figure reported on prior year's return)			63,035.
2	Enter	amount from Part I, line 27a		2	-5,298.
		increases not included in line 2 (itemize)			0.
4	Add I	ines 1, 2, and 3			57,737.
-		eases not included in line 2 (itemize)			0.
<u>B</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	8	57,737.
					Form 990-PF (2014)

RICHARD D HORAK & ELLEN P HORAK

Еол	m 990-PF (2014) FOUNDATION, INC.	46-	1445	5575		Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or					
	Exampt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	Ţ -				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		i.,,	1515		
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1				0.
	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>o.</u>
3	Add lines 1 and 2	8				<u> 0.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:	0 1	,			
	2014 estimated tax payments and 2013 overpayment credited to 2014	13.5				
	Exempt foreign organizations - tax withheld at source		,			,
	Tax paid with application for extension of time to file (Form 8868)	[]	, ,			
d	Backup withholding erroneously withheld	14.5	£			_,
7		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	8				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11		11				
	Statements Regarding Activities		,	17. 373	V	NI.
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in		\$ 8 × 1/2	103	_
	any political campaign?			1a		X
0	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition		•••••	1b	ه د در دور	298 6
	If the answer is "Yes" to 1gor 1b, attach a detailed description of the activities and copies of any materials publish	∌a or		25.3	30.00	17.00
	distributed by the foundation in connection with the activities.				2.3	X
	Did the foundation file Form 1128-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		••••••	16		- S
u	(1) On the foundation. \blacktriangleright \$ O . (2) On foundation managers \blacktriangleright \$ O .			·	· ~~	
۰	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					5'
۰	managers. > \$ 0.			1		12
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	**	X
-	If "Yes," attach a detailed description of the activities.		•••••	07.00Y	40 - 00°	
8	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,)r		35°	23 78. Versi	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	Votex	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			48		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		·····	5		X
	If "Yes," attach the statement required by General Instruction T.			200	1 2 2 2	200
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			386	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	By language in the governing instrument, or				49.49 30.49	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law		3,200	13.44	100
	remain in the governing instrument?			5	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	'	<i></i>	7	X	L

82	Enter the states to which the foundation reports or with which it is registered (see instructions)			100	10	
	WI			18	۲,	148
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			***.	32	25
	of each state as required by General instruction G? If "No," attach explanation		····	8b	X	ļ
8	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale			""		**
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	_	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a achequia listing their names and addresses	<u></u>		10	L	X

	AC 144			
-	n 990-PF (2014) FOUNDATION, INC. 46-144	<u> 2575</u>	<u> </u>	Page 5
	art VII-A Statements Regarding Activities (continued)			т —
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	l		٠,,
	section 512(b)(13)? If "Yes," attach schedule (see Instructions)	11	├—	X
12		1		
	If "Yes," attach statement (see instructions)		 	X
13		18	X	<u> </u>
	Website address ► N/A	226		- 3 A
14				39
	Located at ► 755 NICOLET AVENUE, DE PERE, WI ZIP+4 ► 54		<u>'</u>	_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in Ileu of Form 1641 - Check here		,. >	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	I/A	T
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	ı	Yes	1
	securities, or other financial account in a foreign country?	16	<u></u>	X
	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	<u> </u>		<u> </u>
P	Statements Regarding Activities for Which Form 4720 May Be Required		T	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	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?			, '
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	13		:
	a disqualified person?	113.11	έ.	i
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	8.5	1.2	-3
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	7 27	200	136.3
	(5) Transfer any income or assets to a disqualified person (or make any of either available	. *		وْمَيْهُمْ ع
	for the benefit or use of a disqualified person)? Yes X No	\$ - 7	*****	1.78.79
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		* *	3
	if the foundation agreed to make a grant to or to employ the official for a period after		1 1	13 3
	termination of government service, if terminating within 90 days.)	10.0	ŀ. · · ·	
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations	Mary Con		16.3 %
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	10		
	Organizations relying on a current notice regarding disaster assistance check here	1 20	Ver .	4.0 TV. 5
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		1	3.
	before the first day of the tax year beginning in 20147	18	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	~3		
	defined in section 4942(j)(3) or 4942(j)(5)):			;
	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? Yes X No	,	1	1
	If "Yes," list the years	'	٠.	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		. `	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		F ,	
	statement - see instructions.) N/A	2b		
E	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2 3	3	`.
	 ,,,,	130.3	$\tilde{\beta}_{\hat{k}}$	4.5
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			X
	during the year? Yes X No	3 3	\$.	1.
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after	7.43	M	34.
	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		1	27 3 .
	of holdings acquired by gift or bequest; or (3) the tapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	× ~:	E.	ľ ° ·
	Form 4720, to determine if the foundation had excess business holdings in 2014.)	3b	L	<u> </u>
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	3,3	47.72	
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	~	X

richard d Horak & Ellen	P HORAK				
Form 990-PF (2014) FOUNDATION, INC.			46-14455	75 Pa	ge 6
Park VII-B Statements Regarding Activities for Which	Form 4720 May Be F			1,4	<u> </u>
5a During the year did the foundation pay or incur any amount to:	<u> </u>			20	\$
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(a))?		ns X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on directly or Indire	ectly.		1 1	
any voter registration drive?			R X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	 e2		K X No		~(.) ~(.)
(4) Provide a grant to an organization other than a charitable, etc., organizati					24.
4945(d)(4)(A)? (see instructions)		□ v _e	י אר אל	. '	1,14
(5) Provide for any purpose other than religious, charitable, scientific, literary	ozadurotional numocae or f		- (42) 110		~ ."
the prevention of cruefly to children or animals?			ex X No	1 2 -	^
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify ur					~
section 53.4945 or in a current notice regarding disaster assistance (see instr			N/A	5b 1	, in.
					27.5
Organizations relying on a current notice regarding disaster assistance check				1 2 2	7.5
a If the answer is "Yes" to question 5a(4), does the foundation claim exemption	ironi ii ezusped kai eid moni K	7/7		' ' "	•
expenditure responsibility for the grant?		<i>(.</i> ∟ 16	ומאניים	. 3	4,5
If "Yes," attach the statement required by Regulations section 53.494					::
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		. וערוש		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
a personal benefit contract?		Lad 16	въстип Г	,	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal Denetic Contract?		· · · · · · · · · · · · · · · · · · ·	6b /	<u> </u>
If "Yes" to 6b, file Form 8870.	-h		_ [V]		
7a At any time during the tax year, was the foundation a party to a prohibited tax	sneiter transaction?	FE	א באבו אם איל דא	7b	
b If "Yes," did the foundation receive any proceeds or have any net income attrib	ULADIO TO THE TRAISSCUOT		XX./XX	/U	
	laan Enimeletlam Me	Wielch			
Information About Officers, Directors, Trus Paid Employees, and Contractors		nagers, Highly	/		
Information About Officers, Directors, Trust Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their	compensation.		1		
Paid Employees, and Contractors		(c) Compensation (ff not paid, enter -0-)	(cl) Contributions to employee benefit plans and delired compensation	(e) Expens account, ot allowance	ther
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their	compensation. (b) Title, and average hours per week devoted	(c) Compensation (If not paid,	1	account, ot	ther
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE	compensation. (b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (if not paid, enter -0-)	(cl) Contributions to employee benefit plans and defined compensation	account, of allowance	ther es
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00	(c) Compensation (if not paid, enter -0-)	1	account, of allowance	ther
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK	compensation. (b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (if not paid, enter -0-)	(cl) Contributions to employee benefit plans and defined compensation	account, of allowance	ther es
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN	(c) Compensation (if not paid, enter -0-) O .	(cl) Contributions to employee benefit plans and desired compensation	account, ot allowance	ther es O .
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN	(c) Compensation (if not paid, enter -0-) O .	(cl) Contributions to employee benefit plans and defined compensation	account, ot allowance	ther es
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN	(c) Compensation (if not paid, enter -0-) O .	(cl) Contributions to employee benefit plans and desired compensation	account, ot allowance	ther es O .
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00 SECRETARY, TR	(c) Compensation (if not paid, enter -0-) O. T O. EASURER	(ct) Contributions to employee benefit pairs and defined compensation O .	account, ot allowance	ther es O .
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN	(c) Compensation (if not paid, enter -0-) O .	(cl) Contributions to employee benefit plans and desired compensation	account, of allowance	ther es O .
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00 SECRETARY, TR	(c) Compensation (if not paid, enter -0-) O. T O. EASURER	(ct) Contributions to employee benefit pairs and defined compensation O .	account, of allowance	0 . 0 .
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00 SECRETARY, TR	(c) Compensation (if not paid, enter -0-) O. T O. EASURER	(ct) Contributions to employee benefit pairs and defined compensation O .	account, of allowance	0 . 0 .
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00 SECRETARY, TR	(c) Compensation (if not paid, enter -0-) O. T O. EASURER O.	(ct) Contributions to employee benefit pairs and defined compensation O .	account, of allowance	0 . 0 .
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00 SECRETARY, TR 0.00	(c) Compensation (if not paid, enter -0-) O. T O. EASURER O.	(cl) Contributions to employee benefit plans and defended compensation O .	account, of allowance	0 . 0 .
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00 SECRETARY, TR	(c) Compensation (if not paid, enter -0-) O. T O. EASURER O.	(ct) Contributions to employee benefit pairs and defined compensation O .	account, of allowance	O. O.
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00 SECRETARY, TR 0.00 cluded on line 1). If none,	(c) Compensation (if not paid, gnter -0-) O. T O. EASURER O.	(cl) Contributions to employee benefit plans and defended compensation O .	(e) Expens	O. O.
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00 SECRETARY, TR 0.00 cluded on line 1). If none,	(c) Compensation (if not paid, gnter -0-) O. T O. EASURER O.	(cl) Contributions to employee benefit plans and defended compensation O .	(e) Expens	O. O.
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00 SECRETARY, TR 0.00 cluded on line 1). If none,	(c) Compensation (if not paid, gnter -0-) O. T O. EASURER O.	(cl) Contributions to employee benefit plans and defended compensation O .	(e) Expens	O. O.
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their (a) Name and address RICHARD D. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 ELLEN P. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 RICHARD J. HORAK 755 NICOLET AVENUE DE PERE, WI 54115 2 Compensation of five highest-paid employees (other than those in (a) Name and address of each employee paid more than \$50,000	compensation. (b) Title, and average hours per week devoted to position PRESIDENT 0.00 VICE PRESIDEN 0.00 SECRETARY, TR 0.00 cluded on line 1). If none,	(c) Compensation (if not paid, gnter -0-) O. T O. EASURER O.	(cl) Contributions to employee benefit plans and defended compensation O .	(e) Expens	O. O.

Total number of other employees paid over \$50,000

RICHARD D HORAK & ELLEN P HORAK FOUNDATION, INC.

Part VIII Information About Officers, Directors, Trustees, Found		14433/3 Page 7
Paid Employees, and Contractors (continued)		
3 Five highest-paid Independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶
Part X-A Summary of Direct Charitable Activities		<u></u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati- number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the duced, etc.	Expenses
1 N/A		
2		
3		
4		
Part X-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 <u>N/A</u>		
<u> </u>		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3	>	0.

<u>-1</u>	4	4	5	5	7	5	,	Pa	gə	8
						_				

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities		13,857. 48,991.
b Average of monthly cash balances		48,991.
c Fair market value of all other assets		
d Total (add lines 1a, b, and c)		62,848.
Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
Acquisition indebtedness applicable to line 1 assets	2	0.
Subtract line 2 from line 1d		62,848.
Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		943.
Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	61,905.
Minimum investment return. Enter 5% of line 5	6	3,095.
Part XI Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating four foreign organizations check here and do not complete this part.)	ndations and certain	
Minimum Investment return from Part X, line 6	1	3,095.
a 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.) 2b	s.	
c Add lines 2a and 2b	2¢	0.
Distributable amount before adjustments. Subtract line 2c from line 1		3,095.
Recoveries of amounts treated as qualifying distributions		0.
Add lines 3 and 4	5	3,095.
Deduction from distributable amount (see instructions)	6	0.
Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7]	3,095.
Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26		5,100.
b Program-related investments - total from Part IX-8		0.
Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
Amounts set aside for specific charitable projects that satisfy the:	9.35	
Suitablifty test (prior IRS approval required).	3a	
b Cash distribution test (attach the required schedule)	3b	
Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	5,100.
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.
Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,100.

Part XIII Undistributed Income (see Instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013		(d) 2014	
1 Distributable amount for 2014 from Part XI, line 7	-		<u>.</u>		3,	095.
2 Undistributed income, if any, as of the end of 2014:			,			
■ Enter amount for 2013 only				21.		
b Total for prior years:						
	`	0.)
3 Excess distributions carryover, if any, to 2014:						, ,
a From 2009	,					
b From 2010		•	,		.,	
e From 2011		. ,				* 4
d From 2012		•	•	,		
e From 2013	1, 44					^ ;
f Total of lines 3a through e	0.				· · · · · · · · · · · · · · · · · · ·	
4 Qualifying distributions for 2014 from		165			·	•
Part XII, line 4: ►\$ 5,100.			٠.,			
a Applied to 2013, but not more than line 2a		<u> </u>		21.		
b Applied to undistributed income of prior		^		,		7.3
years (Election required - see Instructions)		0.			,	
c Treated as distributions out of corpus				* , .		
(Election required - see instructions)	0.				<u> </u>	095.
d Applied to 2014 distributable amount	1,984.				3,	032.
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 (d).)	,	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	<u> </u>	\$*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
6 Enter the net total of each column as indicated below:	1 004			10 m) 77 % 1 3
2 Corpus. Add fines 3f, 4c, and 4a. Subtract line 5	1,984.		***************************************	~~~		***************************************
b Prior years' undistributed income. Subtract	3 222	0.		7 76	11.38	15.15
line 4b from line 2b	***************************************	<u>U.</u>	30 3 6 000		**************************************	
Enter the amount of prior years' undistributed income for which a notice of	16 34				~`	
deficiency has been issued, or on which			٠			
the section 4942(a) tax has been previously		0.	- 2.	,	**	` ;; '
assessed d Subtract line 6c from line 6b. Taxable				******	************	******
amount - see instructions		0.		~ 1		
e Undistributed income for 2013. Subtract line	φ ₁	2 , 3	****	*****		-
4a from line 2a. Taxable amount - see instr.	131			0.	•	
f Undistributed Income for 2014. Subtract		<u> </u>			<u> </u>	***************************************
lines 4d and 5 from line 1. This amount must	2 2 2		, ,			
be distributed in 2015				s		0.
7 Amounts treated as distributions out of			υ <i>λ</i> υ .	7.	, , ,	, ,
corpus to satisfy requirements imposed by				-	, -	٠,
section 170(b)(1)(F) or 4942(g)(3) (Election					,	, ,
may be required - see instructions)	0.			~		
8 Excess distributions carryover from 2009			* 7	, ,,	, .	-
not applied on line 5 or tine 7	0.				,	
9 Excess distributions carryover to 2015.				,	,	
Subtract lines 7 and 8 from line 6a	1,984.	·	2.8,4			
10 Analysis of line 9:	*		1 2 200			-
Excess from 2010	,					
b Excess from 2011	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		·	:		
c Excess from 2012			11000			
d Excess from 2013			1			
e Excess from 2014 . 1,984 .						
423681					Form OGALD	E /201A\

RICHARD D HORAK & ELLEN P HORAK

	TION, INC.	-AAl	71 A 0		445575 Page 10
Part XIV Private Operating				N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective t				4040/1/01	40.40/0/5>
b Check box to indicate whether the four		ng foundation described		4942(j)(3) or	4942([)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2013	Prior 3 years	(d) 2011	(e) Total
Income from Part I or the minimum	(a) 2014	(8) 2013	(6) 2012	(0) 2011	(8) 10121
Investment return from Part X for					
each year listed					
b 85% of line 2a				-	
e Qualifying distributions from Part XII,					
line 4 for each year listed			ļ		
d Amounts Included in line 2c not					
used directly for active conduct of					
exempt activities					<u> </u>
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 atternative test relied upon:				1	
a "Assets" atternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(i)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	- "	-			
(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)					
section 4942(j)(3)(8)(8) (3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inf	ormation (Comple	te this part only	If the foundation	had \$5,000 or r	nore in assets
at any time during			.,		
1 Information Regarding Foundati					
a List any managers of the foundation w		than 2% of the total cor	stributions received by the	foundation before the	close of any tax
year (but only if they have contributed					
SEE STATEMENT 4					
b List any managers of the foundation w	ho own 10% or more of the	ne stock of a corporation	(or an equally large port	on of the ownership of a	a partnership or
other entity) of which the foundation h	as a 10% or greater intere	st.	. (** * * * * * * -	•	,
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loan	. Scholarship, etc., F	Programs:		
Check here ► X If the foundation				not accept unsolicited re	equests for funds. If
the foundation makes gifts, grants, etc	. (see Instructions) to indi	viduals or organizations	under other conditions, o	complete items 2a, b, c,	and d.
a The name, address, and telephone nur	mber or e-mail address of	the person to whom app	olications should be addre	ssed:	
,,		F			
b The form in which applications should	be submitted and informa	ation and materials they	should include:		
Any submission deadlines:			<u></u>		
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charitable field:	s, kinds of institutions, or	other factors:	

Form 990-PF (2014) FOUNDATIO

FOUNDATION, INC.

8 Grants and Contributions Paid During ti	ne 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	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
Paid during the year				
ST. FRANCIS CHURCH	NOME	PUBLIC CHARITY	SEVERAL YUNDS	
220 S. MICRIGAN STREET DE PERE, WI 54115				1,00
BELLIN FOUNDATION	NONE	PUBLIC CHARITY	GENERAL FUNDS	
740 8 VAN BUREN STREET GREEN BAY, WI 54301		_		1,00
LACROSSE AQUINAS HIGH SCHOOL 315 11TH STREET	NOME	PUBLIC CHARITY	GENERAL FUNDS	
LA CROSSE, WI 54601				50
MARQUETTE UNIVERSITY 1250 W WISCONSIN AVENUE	HOME	PUBLIC CHARITY	GEMERAL FUNDS	
MILWAUKRE, WI 53233				1,00
UW-GREEN BAY FOUNDATION 2420 NICOLET DRIVE	NOME	PUBLIC CHARITY	GENERAL FUNDS	
GREEN BAY, WI 54311	ONTINUATION SHEE	em (C)		1,00
total	ONTINUATION SHE	T(5)	▶ 3a	5,10
NONE				
			> 3b	

FOUNDATION, INC.

Part XVI-A	Analysis	of Income-	Producing	Activities
Part XVI-A	Analysis	of Income-	Producing	ı Activi

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(8)	
•	(a) Business	(b) Amount	(E) Exclu- aton code		Related or exempt function income	
1 Program service revenue:	code		2020			
			 			
b	· · · · · · · · · · · · · · · · · · ·		-			
G			ļ <u>.</u>		·	
d			_			
6		<u> </u>	<u> </u>			
f					- <u></u>	
g Fees and contracts from government agencies						
2 Membership dues and assessments	[
3 Interest on savings and temporary cash						
Investments	ļ.		14	5.		
4 Dividends and Interest from securities						
5 Net rental income or (loss) from real estate:	12.	2 - 1015,2511 "	1.1		5 ,	
a Debt-financed property	-	- C	· · · · · · · · · · · · · · · · · · ·	*************		
The state of the s		<u> </u>	 			
b Not debt-financed property			-		·	
6 Net rental income or (loss) from personal						
property						
7 Other investment income			<u> </u>			
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:						
•			l			
b	·		\vdash			
·	-		├			
0						
•			, Ç-5		<u></u>	
12 Subtotal. Add columns (b), (d), and (e)		<u> </u>		* · · · · · · · · · · · · · · · · · · ·		
13 Total. Add line 12, columns (b), (d), and (e)			<i>-</i>	18_	<u> </u>	
Line No. Explain below how each activity for which incore the foundation's exempt purposes (other than the foundation).	ne is reported	in column (e) of Part XVI-A			nplishment of	
423621 11-24-14					Form 990-PF (2014)	

Pa	rt XVII	Information Re Exempt Organ		nsfers To a	and Transact	tions a	nd Relatio	nships With Nonc	charitable	1	
1	Did the or	ganization directly or indi		of the following	ng with any other o	rnanization	n described in	section 501/c) of		Yes	No
		other than section 501(c)			-	-		3000001 30 1(0) 01			
		from the reporting found				g					
	(1) Cash	, , , , , , , , , , , , , , , , , , ,		•	•				1a(1)	1	X
	(2) Other	assets			_				1a(2)		X
b	Other tran	sactions									
	(1) Sales	of assets to a noncharita	ble exempt organiza	ation			-		1b(1)		X
	(2) Purch	ases of assets from a no	ncharitable exempt	organization					1b(2)		X
	(3) Renta	I of facilities, equipment,	or other assets						1b(3)		X
	• •	bursement arrangements							1b(4)		X
	• •	s or loan guarantees							1b(5)		X
	• •	rmance of services or me	•	•					1b(6)		X
	•	f facilities, equipment, ma	•	•		should alw	ava ahaw tha f	air market value of the god	1c		
	or service		oundation If the fou	indation receiv				ction or sharing arrangeme		#15,	
(a) Lı		(b) Amount involved	,		e exempt organizat	ion	(d) Descri	ption of transfers, transactions,	. and shanno arr	angeme	nts
\-/-		<u>. ,</u>	(2,	N/A			(-)		, and onaning and		
				· · · · · · · · · · · · · · · · · · ·					-	-	
									_		
							-				
							ļ				
							<u> </u>				
								• •			
		.					 				
									-		
					_						
									-		
	ın section	ndation directly or indirec 501(c) of the Code (othe	r than section 501(c	· ·		ipt organiz	ations describe	ed	Yes	X] No
<u>b</u>	If "Yes," co	omplete the following sch (a) Name of org			(h) Type of orga	nization		(a) Decoration of relat	honobin		
		N/A	jamzation	_	(b) Type of orga	IIIZALIUII		(c) Description of relat	uonsmp		
		N/A									
		•			-						_
							_	-		-	
Sig He	and b	penalties of perjury, I declare elief, it is true, correct, and coi					ation of which pre		May the IRS diretum with the shown below	prepar	er tr)?
		nature of officer or trustee	· range		Date	4 /3	Title	PIDENI	X Yes		J No
		Print/Type preparer's na		Preparer's s		• 1	Date	Check If P	TIN		
		, , , , , , , , , , , , , , , , , , ,	-		. <u> </u>			self- employed			
Pa	id	DIANE M. I	OTTO						P00229	043	
Pro	eparer	Firm's name ► GER		ONDON,	JR AND	ASSO	CIATES	Firm's EIN ► 39			
Us	e Only										
		Firm's address ► 20	00 SO. WAS			STE :	301	Dhana na 920	_432_6	466	

Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor **Amount** status of Name and address (home or business) recipient PUBLIC CHARITY GENERAL FUNDS RAWHIDE BOYS RANCH HOME E7475 RAWHIDE ROAD NEW LONDON, WI 54961 200. PUBLIC CHARITY GENERAL FUNDS ST. PATRICES CHURCH FOOD PANTRY NONE 211 N. MAPLE AVENUE GREEN BAY, WI 54303 200. MEVILLE PUBLIC MUSEUM FOUNDATION NONE PUBLIC CHARITY GENERAL FUNDS 210 MUSEUM PLACE 200. GREEN BAY, WI 54303 Total from continuation sheets 600.

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY	CASH II	NVESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB 9625	- , ,	5.		5.	
TOTAL TO PART I, LINE 3		5.		5.	
FORM 990-PF	TAX	ES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	NET IN		(C) ADJUSTED NET INCOM	
2013 EXCISE TAX	203.		0.		0.
TO FORM 990-PF, PG 1, LN 18	203.	-	0.		0.
FORM 990-PF	CORPORAT	E STOCI	Κ		STATEMENT 3
DESCRIPTION			вос	OK VALUE	FAIR MARKET VALUE
200 SH WHITING PETROLEUM COR		13,759.	6,600.		
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			13,759.	6,600.
FORM 990-PF	PART XV - L OF FOUNDATI		AGERS		STATEMENT 4

NAME OF MANAGER

RICHARD D. HORAK ELLEN P. HORAK

(Rev June 2008) Department of the Treasury Internal Revenue Service

Power of Attorney and Declaration of Representative

► Type or print. ► See the separate instructions.

OM	B No	154	\$5-01 <u>50</u>
For	IRS (Jse	Only

	, .	
Name		
Telephone		
unction		

Power of Attorney	Telephone					
Caution: Form 2848 will not be honored for any part of the state of th		ration before the IF	TS. Function			
Taxpayer name(s) and address		ecurity number(s)	Employer identification			
Richard D. Horak and Ellen P. Horak Foundation, Inc. 755 Nicolet Avenue	<u> </u>		number			
De Pere, WI 54115	1	;	46 1445575			
	Daytime	telephone number	Plan number (if applicable)			
)	<u> </u>			
hereby appoint(s) the following representative(s) as attorney(s)-in	n-fact.					
2 Representative(s) must sign and date this form on page	2, Part II.					
Name and address	CAF No.					
Gerald C. Condon, Jr.	Telephon	000 400	432-6466			
200 S. Washington St., Suite 301 Green Bay, WI 54301	Fax No. Check if new Addres		······			
Name and address	CAF No	4000 47				
Diane M. Lotto	Telephon	000	432-6466			
200 S. Washington St., Suite 301	Fax No.	920-432	2-5751			
Green Bay, WI 54301	Check if new: Addres	s Telephon	e No. 🗌 💮 Fax No 🔲			
Name and address	CAF No.	CAF No				
	Telephon	e No				
	Fax No. Check if new: Addres	s Telephon	e No ☐ Fax No. ☐			
to represent the taxpayer(s) before the Internal Revenue Service			122.110.			
	, in the remaining teat means of					
3 Tax matters						
Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form Numb (1040, 941, 720, e		Year(s) or Period(s) ee the instructions for line 3)			
Application for Tax Exempt Status	1023					
4 Specific use not recorded on Centralized Authorization check this box See the instructions for Line 4. Specific L		torney is for a specifi	<u>.</u>			
5 Acts authorized. The representatives are authorized to red I (we) can perform with respect to the tax matters described documents. The authority does not include the power to red or add additional representatives, the power to sign certain information to a third party. See the line 5 instructions for	ed on line 3, for example, the eive refund checks (see line 6 n returns, or the power to exc	authority to sign any below), the power to	y agreements, consents, or oth substitute another representati			
Exceptions. An unenrolled return preparer cannot sign an See Unenrolled Return Preparer on page 1 of the instruction 10 3(d) of Treasury Department Circular No. 230 (Cito the extent provided in section 10.3(e) of Circular 230. State student practitioner's (levels k and l) authority is limited	ctions. An enrolled actuary ma recular 230) An enrolled retirer See the line 5 instructions for	ay only represent tax ment plan administrat restrictions on tax r	spayers to the extent provided tor may only represent taxpaye matters partners. In most case			
List any specific additions or deletions to the acts otherwi	•	•				
O Bearing of refund about 15 to 10 t			TO ENDODOS OS OLON			
6 Receipt of refund checks. If you want to authorize a repre- checks, initial here and list the name of		receive, BUT NOT T	O ENDORSE OR CASH, refur			

Name of representative to receive refund check(s) ▶

Page	2
rayo	_

7	Notices and commerce representative lister		tices and other written	communications will be ser	nt to you and a co	opy to the first
a b	•	•		of notices and communications of notices and communications.		box ▶ [
8	attorney on file with want to revoke a pr	the Internal Revenue Sonor power of attorney, o	ervice for the same tax reheck here	f this power of attorney au matters and years or period	ls covered by this	document If you do not ▶ □
9	otherwise, see the trustee on behalf of	instructions. If signed by f the taxpayer, I certify t	y a corporate officer, pathat I have the authority	ertner, guardian, tax matter to execute this form on be RNEY WILL BE RETUR	s partner, executor ehalf of the taxpay	_
	72 -	A.7LL		11/15/2013 Date	Jreasurer-	Proceed of
		Signature			Title	(if applicable)
		Signature		Date	Title	(ii applicable)
	_			Richard D. Horak		
	Print Na	me	PIN Number	Print name of taxpo	ayer from line 1	if other than individual
		Signature		Date	Title	(if applicable)
,- 	Print Na		PIN Number			
	FIIIL Na	une	PIN Number			
Par	t II Declarati	ion of Representat	live			
k and Unde • I ar • I ar acco	I I), see the instruction or penalties of perjury or not currently unde or aware of regulation ontants, enrolled age	ons for Part II. I declare that: I suspension or disbarn In scontained in Circular In ents, enrolled actuaries,	nent from practice befor 230 (31 CFR, Part 10), and others;	e the Internal Revenue Ser as amended, concerning th	vice; he practice of atto	nt Tax Clinic Program (levels
	m authorized to repr m one of the followir	, , , ,	entified in Part I for the t	ax matter(s) specified there	e; and	
а	Attomey—a membe	r in good standing of th	-	ort of the jurisdiction shown		below.
	•	olled as an agent under	· ·	cular 230.		
		officer of the taxpayer'	•			
		—a full-time employee or member of the taxpayer	• •	example, spouse, parent, o	child brother or i	esetor)
	Enrolled Actuary—e	• •	the Joint Board for the	Enrollment of Actuaries ur	•	,
h	10 7(c)(1)(viii). You rr		return in question and th	ternal Revenue Service is li ne return must be under ex		
	Student Attorney—s 10 7(d) of Circular 23	tudent who receives per 30.	rmission to practice befo	ore the IRS by virtue of the		
	Student CPA—stude 10.7(d) of Circular 23		sion to practice before t	the IRS by virtue of their st	atus as a CPA st	udent under section
r	Enrolled Retirement			t under the requirements o	of Circular 230 (the	e authority to practice
		ARATION OF REPRI See the Part II instru		SIGNED AND DATED,	THE POWER	OF ATTORNEY WILL
	signation—Insert pove letter (a-r)	Jurisdiction (state) of identification	or	Signature	1	Date
	а	wı (Fredk	Gondon	h	11/15/13
	b	04-24657	1/)10.00	WI Lot		11/10/12

8821

(Rev. August 2008) Department of the Treasury Internal Revenue Service

Tax Information Authorization

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4508-T.

	DMB No 1545-1165						
F	For IRS Use Only						
Received to	y.						
Name							
Telephone	<u> </u>						
Function .							
Date	<i></i>						

 Taxpayer information. Taxp 	payer(s) must sign and date t	this form on line 7.	
Taxpayer name(s) and address (type or pri	nt)	Social security number(s)	Employer identification number
Richard D. Horak and Ellen P. H	lorak Foundation, Inc.	<u> </u>	_ [
755 Nicolet Avenue	•		
De Pere, Wi 54115			46 1445575
		Daytime telephone number	Plan number (if applicable)
		(920) 737-8595	
O Ammaintee If was such to as			
2 Appointee. If you wish to na lame and address	ame more than one appointe	40	00.004045
		O/ 11 110	00-29421R 920-432-6466
Gerald C. Condon, Jr.	4	relephone No	920-432-0400)-432-5751
200 S. Washington St., Suite 30 Green Bay, WI 54301	1		ephone No. Fax No.
	is authorized to inspect and	or receive confidential tax informa	
		o request copies of tax returns.	mon in any office of the IAS to
(a)	(b)	(c)	
Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number	Year(s) or Period(s)	(d)
or Civil Penalty	(1040, 941, 720, etc.)	(see the instructions for line 3)	Specific Tax Matters (see instr.)
Application/Tax Exempt Status	1023	2013	
		2013	
Excise Tax	990-PF	2012 - 2013	
4.0 10	<u> </u>	File (CAF). If the tax information au	
		line 5a or 5b unless the box on line	
		written communications sent to the	•
basis, check this box			▶ ☑
		ions sent to your appointee, check	
prior authorizations for the sar	ne tax matters you listed on	This tax information authorization line 3 above unless you checked the must attach a copy of any authorization.	ne box on line 4. If you do
To revoke this tax information	authorization, see the instru-	ctions on page 4.	
corporate officer, partner, guar that I have the authority to exe	rdian, executor, receiver, adrecute this form with respect	return, either husband or wife mus ministrator, trustee, or party other the to the tax matters/periods on line 3 ON AUTHORIZATION WILL BE RE	nan the taxpayer, I certify above.
▶ DO NOT SIGN THIS FORM	I IF IT IS BLANK OR INCO	MPLETE.	
0			
14 6.74	11/15/2	2013	
Signature	Date	Signature	Date
Richard D. Horak,	President		
Print Name	Title (if applicable)	Print Name	Title (if applicable)
	. ,,,		(iii appiioabio)
PIN n	umber for electronic signature		PIN number for electronic signature
			