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DLN: 93493134074445

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	rthe 2	2014 cal	lendar year, or tax year beginni	ng 01-01-2014 , and ending 12	-31-2014			
B Ch	eck ıf ap	pplicable	C Name of organization FOND DU LAC AREA FOUNDATION			D	Employer ic	lentification number
☐ Add	ress cha	ange				5	51-01815	70
Na	me char	nge	Doing business as					
Init	ıal retur	m				ET	elephone nu	ımber
Fin	al urn/term	nınated	384 N MAIN ST	mail is not delivered to street address)	Room/suite	(920)921	-2215
	ended r		ROOM/SUITE STE 4	ountry, and ZIP or foreign postal code			<i>J</i> 20, J21	
		pending	FOND DU LAC. WI 54935	andy, and zir or foreign postar code		G	Gross receipt	s \$ 6,551,149
			F Name and address of pr	rincipal officer	ш) Is this a	aroup rotu	rn for
			SANDI ROEHRIG	morpar omeer	"("	subordina) Is this a		⊤Yes ▽ No
			384 N MAIN ST FOND DU LAC, WI 54935	5	U/1	5) A 11		-
			,			Are all su included?		s
I Ta	x-exem	pt status	▼ 501(c)(3)	(insert no) 4947(a)(1) or 5.	27	If"No," a	ttach a lıs	t (see instructions)
J W	ebsite	: :► WV	WW FDLAREAFOUNDATION C	ОМ	H(c	Group ex	emption n	umber ►
K For	n of org	janization	Corporation Trust Associat	tion Other ►	<u> </u>	Year of formati	on 1975	M State of legal domicile WI
Pa	rt I	Sum	nmary				<u>'</u>	-
Governance		CREÁTI	ING A BETTER COMMUNITY E	sion or most significant activities BY PROMOTING PHILANTHROF MUNITY ISSUES TODAY AND F	Y, AWARDIN	IG EFFECTI	VE GRANT	rs, and providing
¥ell	2 0	Check t	his box 🛏 if the organization (discontinued its operations or dis	sposed of mor	e than 25%	of its net a	assets
			,	·	•			•
Activities &				rning body (Part VI, line 1a) .			3	
Ě				s of the governing body (Part VI,			. 4	
ន្ទ				n calendar year 2014 (Part V , lın İnecessary)			. 6	
•	1		•	Part VIII, column (C), line 12			7a	
	1			from Form 990-T, line 34			7b)
						Prior Ye	ar	Current Year
a .	8	Contr	butions and grants (Part VIII,	line 1h)			992,948	1,342,431
an He	9			line 2g)			0	
Ravenue	10			nn (A), lines 3, 4, and 7d)		3,	278,561	1,931,536
	11 12		, , ,), lines 5, 6d, 8c, 9c, 10c, and 1 1 (must equal Part VIII, column	· —		11,674	4,594
	12					4,	283,183	3,278,561
	13			rt IX, column (A), lines 1-3) .			897,370	944,341
	14		·	: IX, column (A), line 4)				0
88	15	5aları 5–10		yee benefits (Part IX, column (A)), lines		260,382	295,646
Expenses	16a	Profes	ssional fundraising fees (Part I)	K, column (A), line 11e)	🗀			0
ੜੇ	b	Total fu	undraising expenses (Part IX, column (D), line 25) ▶ 98,327				
	17	Other	expenses (Part IX, column (A)	, lines 11a-11d, 11f-24e) .	🗀		90,858	92,417
	18	Total	expenses Add lines 13-17 (m	ust equal Part IX, column (A), lır	ne 25)	1,	248,610	1,332,404
	19	Rever	nue less expenses Subtract lin	e 18 from line 12			034,573	1,946,157
Net Assets or Fund Balances					B	Beginning of Year	Current	End of Year
SS et	20	Total	assets (Part X, line 16)		🗀		795,567	29,208,985
A PE	21	Total	liabilities (Part X, line 26) .					2,262,991
	22			t line 21 from line 20		27,	795,567	26,945,994
Unde my k	nowled arer ha	Ities of lge and s any k	belief, it is true, correct, and conowledge	xamined this return, including acomplete Declaration of preparer			ed on all in	
			e or print name and title					
			Print/Type preparer's name ANN B FREUND CPA	Preparer's signature ANN B FREUND CPA	Date 2015-05	Check C	I DAAA	008943
Paid		l l	Firm's name HUBERTY & ASSOCIA		1 2010 0	Sell-ellip	loyed 1000 N ► 39-1392	
Preparer			Firm's address ► 145 S MARR ST			Phone no) (920) 923-	-8400

FOND DU LAC, WI 549354434

TYes TNo

Form 990 (2014)

1,096,221

Total program service expenses ►

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f g}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		N o
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \footnote{M}	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2014)

						_
		Check if Schedule O contains a response or note to any line in this Part V		<u> </u>		
1a i	= nter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	I	o	Yes	No
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b		0		
		e organization comply with backup withholding rules for reportable payments to ver	dors and reportable	<u> </u>		
• (gamın	g (gambling) winnings to prize winners?		1 c		
		the number of employees reported on Form W-3, Transmittal of Wage and				
		tatements, filed for the calendar year ending with or within the year covered s return		4		
	,	east one is reported on line 2a, did the organization file all required federal employn	nent tax returns?	Ť		
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (se		2b	Yes	
Ba ∣	Old the	e organization have unrelated business gross income of \$1,000 or more during the	vear?	За		No
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in</i>	•	3b		
		y time during the calendar year, did the organization have an interest in, or a signat				
(over, a	a financial account in a foreign country (such as a bank account, securities accoun	t, or other financial ´	4a		N.1
		nt)?		40		Νo
b i	f"Yes	s," enter the name of the foreign country ► istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and	I Einangial Aggaunta			
	(FBAR		i Filialiciai Accounts			
a '	Was th	he organization a party to a prohibited tax shelter transaction at any time during th	e tax year?	5a		Νo
		ny taxable party notify the organization that it was or is a party to a prohibited tax s	•	5b		Νo
		s," to line 5a or 5b, did the organization file Form 8886-T?				
		a, to this but on only and the organization mention to our of the first of the		5c		
		the organization have annual gross receipts that are normally greater than \$100,0		6a		Νo
	_	zation solicit any contributions that were not tax deductible as charitable contribut		_		
		s," did the organization include with every solicitation an express statement that s not tax deductible?	ucn contributions or gift	6b		
٠ (Organ	izations that may receive deductible contributions under section 170(c).				
		e organization receive a payment in excess of \$75 made partly as a contribution a		7a		Νo
		es provided to the payor?				
		s," did the organization notify the donor of the value of the goods or services provic		7b		
		e organization sell, exchange, or otherwise dispose of tangible personal property form 8282?		:0 7c		No
		s," indicate the number of Forms 8282 filed during the year	i	1		
		e organization receive any funds, directly or indirectly, to pay premiums on a perso	nal benefit	7e		No
		e organization, during the year, pay premiums, directly or indirectly, on a personal	henefit contract?	7f		No
		organization, during the year, pay premains, directly of maneetry, on a personal organization received a contribution of qualified intellectual property, did the organ				110
_		ed?		7 g		Νo
		organization received a contribution of cars, boats, airplanes, or other vehicles, dic	I the organization file a	_,		
		1098-C?		7h		Νo
		<mark>oring organizations maintaining donor advised funds.</mark> donor advised fund maintained by the sponsoring organization have excess busine:	ss holdings at any time			
(durıng	the year?		8		Νo
a I	Old the	e sponsoring organization make any taxable distributions under section 4966? .		9a		Νo
b I	Old the	e sponsoring organization make a distribution to a donor, donor advisor, or related	person?	9b		Νo
:	Sectio	on 501(c)(7) organizations. Enter				
1	nıtıat	ion fees and capital contributions included on Part VIII, line 12 10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club				
	acılıtı -					
		on 501(c)(12) organizations. Enter	1			
		income from members or shareholders				
		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)				
	Costio	an 4047(a)(1) non everent charitable truste. Is the example tion filing Form 0.00 in	iou of Form 10412	12a		
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in larger s," enter the amount of tax-exempt interest received or accrued during the		124		
	r res year	12b				
	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.				
		organization licensed to issue qualified health plans in more than one state?		13a		
		See the instructions for additional information the organization must report on Scho	edule O 			
		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans				
		the amount of reserves on hand				
		e organization receive any payments for indoor tanning services during the tax yea	1	14a	 	Νo
- '	u uil	additional and payments for mason talking services during the tax year		- ···		.,,

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes	
b 111a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 112a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participation in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 112a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►SANDI ROEHRIG

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax vear

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

					•					
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h an or/tr	cheric e Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEVEN MILLIN MEMBER	1 00	х						0	0	0
(2) AARON SADOFF MEMBER	1 00	х						0	0	0
(3) THOMAS HERRE MEMBER	1 00	х						0	0	0
(4) STEPHEN CRAMER MEMBER	1 00	х						0	0	0
(5) CAROL HYLAND MEMBER	1 00	х						0	0	0
(6) PAUL ROSENFELDT MEMBER	1 00	х						0	0	0
(7) SCOTT WITTCHOW MEMBER	1 00	х						0	0	0
(8) KAREN WUEST MEMBER	1 00	х						0	0	0
(9) STEVEN DILLING MEMBER	1 00	х						0	0	0
(10) THERESE MASSEY MEMBER	1 00	х						0	0	0
(11) SANDI ROEHRIG EXEC DIRECT	36 00			х				95,000	0	6,650
(12) PATRICIA MILLER SECRETARY	1 00			х				0	0	0
(13) STEPHEN PETERSON CHAIR	1 00			х				0	0	0
(14) STEPHEN FRANKE	1 00			х				0	0	0
TREASURER		I				<u> </u>	İ			Form 990 (2014)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box thar or/ti	checker Highest compensated	s r Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) JACK TWOHIG VICE CHAIR	1 00			х				0	0	0

lb	Sub-Total		
C	Total from continuation sheets to Part VII, Section A		
d	Total (add lines 1b and 1c)	95,000	6,650

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 99		-						Page S
Part V	/	Statement o	of Revenue ule O contains a respor	nse or note to any lir	ne in this Part VIII			
		Check if Schedi	are o contains a respon	ise of flote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 20	1a	Federated cam	paigns 1a					
and and a	ь	Membership du	es 1b					
Giffs, Grants ilar Amounts	С	Fundraising eve	ents 1c	15,290				
ffs, ⊨A	d	Related organiz	zations 1d					
nila	e	Government grants						
Sir	f		ons, gifts, grants, and 1f	1,327,141				
uti her	•	similar amounts no	ot included above					
真豆	g	Noncash contribute 1a-1f \$	ons included in lines	263,179				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1 a - 1 f	🛌	1,342,431			
				Business Code				
Program Serwde Revenue	2a							
æ	ь							
92	С							
Ser	d							
Ē	е							
200 0	f	All other progra	am service revenue					
<u>~</u>	g		s 2a – 2f					
	3		ome (including dividend ar amounts)		314,325			314,32
	4		stment of tax-exempt bond p	-				
	5	Royalties		🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)	-				
	7a	Gross amount	(ı) Securities	(II) Other				
	/"	from sales of assets other than inventory	4,530,176	354,475				
	b	Less cost or other basis and	3,267,440					
	C	sales expenses Gain or (loss)	1,262,736	354,475				
	d	` '	[] (S)	·	1,617,211	1,262,736		354,47
Other Revenue	8a	Ψ						
яе		See Part IV, lin	ne 18					
ř	Ь	less direction	penses b	6,388				
₹	c		(loss) from fundraising (5,148 events p -	1,240			1,24
			rom gaming activities	-				
	 	Loca direction	noncos h					
	b c		penses b (loss) from gaming activ	vities				
		Gross sales of	ınventory, less					
		returns and allo	owances .					
	Ь	less costofa	a oods sold b					
			oods sold b (loss) from sales of inve	entory 🛌				
		Miscellaneous		Business Code				
	11a	LIFE INSURAN	ICE GAIN		3,354			3,35
	ь							
	С							
	d	All other reven	<u>l</u>					
	e	Total. Add lines	s 11a-11d		3,354			
	12	Total revenue.	See Instructions	· · · · •	3,278,561	1,262,736		673,394

Form 990 (2014) Part IX Statement of Functional Expenses

				• • • • • • •														
Section 50	1(c)(3) and 501((4) organi	zations m	nust compl	lete all c	olumns	All other or	ganız	zatıor	ıs m	usto	com	plet	e c	olun	nn (/	۹)	
	Check if Schedul	e O contains	s a respo	nse or not	e to any	line in t	hıs Part IX											_

6 Compensation not included above, to disqualified persons (as defined under section 4958(7(1)) and persons described in section 4958(7(1)) and persons described in section 4958(2)(3)(b). 7 Other salanes and wages . 147,068 58,827 47,062 41,11 and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions) . 15,842 6,737 5,389 4,77 9,732 5,866 5,12 10 Payroll taxes . 18,406 7,362 5,800 5,12 11 Fees for services (non-employees) . 18,406 7,362 5,800 5,12 11 Fees for services (non-employees) . 18,406 7,362 5,800 5,12 12 Accounting . 7,295 7,29	Check if Schedule O contains a response or note to any line in this Part IX						
domestic governments See Part IV, line 21 944,341				Program service	Management and	Fundraising	
Information technology	1		944,341	944,341			
governments, and foreign individuals. See Part IV, lines 15 and 16 0. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and described in section 4958(I(1)) and persons 4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	2						
Compensation of current officers, directors, trustees, and key employees	3	governments, and foreign individuals See Part IV, lines 15					
See See	4						
(as defined under section 4958(f)(11) and persons	5		95,000	38,000	30,400	26,600	
8	6	(as defined under section 4958(f)(1)) and persons					
and 403 (b) employer contributions)	7	Other salaries and wages	147,068	58,827	47,062	41,179	
10 Payroll taxes	8		16,842	6,737	5,389	4,716	
### Amagement	9	Other employee benefits	18,330	7,332	5,866	5,132	
### Accounting	10	Payroll taxes	18,406	7,362	5,890	5,154	
Legal	11	Fees for services (non-employees)					
C Accounting	а	Management					
Lobbying Professional fundraising services See Part IV, line 17 Investment management fees	b	Legal					
Professional fundraising services See Part IV, line 17	C	Accounting	7,295		7,295		
F Investment management fees	d	Lobbying					
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	е	Professional fundraising services See Part IV, line 17					
amount, list line 11g expenses on Schedule O) 15,000 15,000 2.21 Advertising and promotion	f	Investment management fees					
13	g		15,000		15,000		
14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates	12	Advertising and promotion	8,145	3,258	2,606	2,281	
15 Royalties	13	Office expenses	4,559	1,823	1,459	1,277	
16 Occupancy 24,000 9,600 7,680 6,77 17 Travel 24,000 9,600 7,680 6,77 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3 3 4,149 1,660 1,328 1,16 19 Conferences, conventions, and meetings 4,149 1,660 1,328 1,16 20 Interest 3 3 3 3 21 Payments to affiliates 3 3 3 22 Depreciation, depletion, and amortization 3 3 3 23 Insurance 14,598 11,412 3,186 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 4,1499 1,412 3,186 24 Other expenses Itemize expenses in line 24e expenses on Schedule O) 6,852 2,741 2,193 1,99 35 SUPPLIES 2,699 1,080 864 73	14	Information technology					
17 Travel	15	Royalties					
Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	24,000	9,600	7,680	6,720	
state, or local public officials	17	Travel					
Interest	18						
Payments to affiliates	19	Conferences, conventions, and meetings	4,149	1,660	1,328	1,161	
Depreciation, depletion, and amortization	20	Interest					
Insurance	21	Payments to affiliates					
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a COMPUTER SOFTWARE b SUPPLIES c TELEPHONE d DUES AND PERMITS e All other expenses Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check	22	Depreciation, depletion, and amortization					
miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a COMPUTER SOFTWARE SUPPLIES C TELEPHONE DUES AND PERMITS All other expenses All other expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check	23	Insurance	14,598	11,412	3,186		
a COMPUTER SOFTWARE 6,852 2,741 2,193 1,91 b SUPPLIES 2,699 1,080 864 75 c TELEPHONE 1,973 789 631 55 d DUES AND PERMITS 1,904 762 609 53 e All other expenses 1,243 497 398 32 25 Total functional expenses. Add lines 1 through 24e 1,332,404 1,096,221 137,856 98,33 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check 4<	24	miscellaneous expenses in line 24e If line 24e amount exceeds 10%					
b SUPPLIES 2,699 1,080 864 75 c TELEPHONE 1,973 789 631 55 d DUES AND PERMITS 1,904 762 609 55 e All other expenses 1,243 497 398 34 25 Total functional expenses. Add lines 1 through 24e 1,332,404 1,096,221 137,856 98,32 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check	а		6,852	2,741	2,193	1,918	
d DUES AND PERMITS e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check	b	SUPPLIES	2,699	1,080	864	755	
e All other expenses 1,243 497 398 32 Total functional expenses. Add lines 1 through 24e 1,332,404 1,096,221 137,856 98,32 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check	c	TELEPHONE	1,973	789	631	553	
Total functional expenses. Add lines 1 through 24e 1,332,404 1,096,221 137,856 98,33 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check	d	DUES AND PERMITS	1,904	762	609	533	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check	e	All other expenses	1,243	497	398	348	
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check	25	Total functional expenses. Add lines 1 through 24e	1,332,404	1,096,221	137,856	98,327	
	26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check					

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		36,169	1	38,555
	2	Savings and temporary cash investments		1,528,569	2	2,616,810
	3	Pledges and grants receivable, net			3	289,731
	4	Accounts receivable, net			4	,
4ssets	5	Loans and other receivables from current and former officers, direct key employees, and highest compensated employees Complete P Schedule L	tors, trustees, art II of		5	
	6	Loans and other receivables from other disqualified persons (as desection $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, employers and sponsoring organizations of section $501(c)(9)$ volubeneficiary organizations (see instructions) Complete Part II of Sc		6		
Ψ %	7	Notes and loans receivable, net			7	
₫	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	2,198
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		26,230,829	11	26,193,120
	12	Investments—other securities See Part IV, line 11		, ,	12	68.571
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	_
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		27,795,567	16	29,208,985
	17	Accounts payable and accrued expenses		21,100,001	17	7,882
	18	Grants payable			18	212,240
	19	Deferred revenue			19	212,210
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedul			21	
lities	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified			21	
Liabilit		persons Complete Part II of Schedule L			22	
Ï	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X			0.040.000	
		D			25	2,042,869
	26	Total liabilities. Add lines 17 through 25		0	26	2,262,991
رم dh		Organizations that follow SFAS 117 (ASC 958), check here ▶ a lines 27 through 29, and lines 33 and 34.	nd complete			
ĕ	27	Unrestricted net assets		21,978,511	27	21,299,304
<u>ත</u> ත	28	Temporarily restricted net assets		5,817,056	28	5,646,690
<u></u>	29	Permanently restricted net assets		3,511,300	29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.			23	
Ō	30	Capital stock or trust principal, or current funds			30	
Ą	31	Paid-in or capital surplus, or land, building or equipment fund			31	
S S S	32	Retained earnings, endowment, accumulated income, or other fund			32	
Zet 7	33	Total net assets or fund balances		27,795,567	33	26,945,994
ž	34	Total liabilities and net assets/fund balances		27,795,567		29.208.985

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,2	278,561		
2	Total expenses (must equal Part IX, column (A), line 25)	2			332,404		
3	Revenue less expenses Subtract line 2 from line 1	3			946,157		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			-	-		
5	Net unrealized gains (losses) on investments	5			95,567		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments				359,465		
9							
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		26,9	945,994		
Par	t XII Financial Statements and Reporting			•	•		
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ		
				Yes	No		
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	n				
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate					
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes			
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

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DLN: 93493134074445

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		he organization C AREA FOUNDATION					Employer identification	ation number						
IOND	DO LA	CARLATOUNDATION					51-0181570							
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this p		ons.						
The o	organı	zation is not a private fo					· · · · · · · · · · · · · · · · · · ·							
1	\sqcap	A church, convention	of churches, o	r association of churc	hes described i	n section 170(o)(1)(A)(i).							
2	Г	A school described in				•								
3	Ė	A hospital or a cooper				tion 170(b)(1)	(A)(iii).							
4	Ė	A medical research or	ganızatıon ope	_				i). Enter the						
5	_	hospital's name, city, An organization opera		afit of a college or uni	waraitu awaad a	r anaratad bu s		acambad in						
3	,				versity owned o	ii operated by a	i governinentar unit u	escribed iii						
_	_	section 170(b)(1)(A)				-1: 470/1->/4	\(\bar{\pi}\)\(\cdot\)							
6	<u> </u>	A federal, state, or loc												
7	ļ	An organization that n	•	•	• •	om a governme	ntal unit or from the o	general public						
8	✓	described in section 1 A community trust des				+ 11)								
9	<u></u>	An organization that n					nutions mambarshin	fees and aross						
_	'	receipts from activitie												
		its support from gross												
		acquired by the organi												
10	\vdash	An organization organ		•			•							
11	Ė	An organization organ	-	·		•		out the nurposes of						
	,	one or more publicly s	•	•										
		the box in lines 11a th												
а	Γ	Type I. A supporting o			•									
		supported organization				ty of the direct	ors or trustees of the	supporting						
L	\vdash	organization You mus Type II. A supporting	-	•		with its suppo	rtad arganization(s)	ay bayıng cantrol ar						
D	,	management of the su												
		must complete Part IV			sume persons c	inde control of h	idilage the supported	organization(5) 104						
c	\sqcap	Type III functionally			n operated in c	onnection with,	and functionally inte	grated with, its						
	_	supported organization												
d	ı	Type III non-function												
		not functionally integr (see instructions) Yo					ement and an attentiv	eness requirement						
e	Г	Check this box if the o					s a Type I. Type II. T	vpe III functionally						
	•	integrated, or Type III					, , , ,	, , , ,						
f		Enter the number of su	upported organ	nizations										
g		Provide the following i	nformation abo	out the supported orga	nızatıon(s)									
		ame of supported	(ii) EIN		(iv) Is the org		(v) A mount of	(vi) A mount of						
		organization		organization (described on lines	listed in your docume		monetary support (see instructions)	other support (see instructions)						
				1- 9 above or IRC	docume	inc.	(see mstractions)	instructions,						
				section (see										
				ınstructions))										
					Yes	No								

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 2,279,572 2,703,298 655,618 992,948 1,342,431 7,973,867 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,279,572 2,703,298 655,618 992,948 1,342,431 7,973,867 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 168,364 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from 7,805,503 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 2,279,572 2,703,298 655,618 992,948 1,342,431 7,973,867 Amounts from line 4 Gross income from interest, dividends, payments received on 417,672 459,724 505,636 362,385 314,325 securities loans, rents, royalties 2,059,742 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 11,428 12,045 12,040 24,794 3,354 63,661 capital assets (Explain in Part VI) 11 Total support Add lines 7 through 10,097,270 10 Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 .▶□ Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 77 300 % 14 Public support percentage for 2013 Schedule A, Part II, line 14 15 15 75 380 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	MISCELLANEOUS 63,661

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134074445

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	me of the organization ID DU LAC AREA FOUNDATION		Emp	loyer identification number
ı Oı	OND DO DAC AREA I CONDATION			0181570
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts. Complete if the
	organization answered Tes to Form 93	(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year	48		239
2	Aggregate value of contributions to (during year)	268,226		1,074,205
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year	5,646,690		21,299,304
5	Did the organization inform all donors and donor advi	isors in writing that the assets held in don	or advı	
5	funds are the organization's property, subject to the Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit?	donor advisors in writing that grant funds		!
Pai	rt II Conservation Easements. Complete	if the organization answered "Yes" to	n Forn	<u> </u>
L 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	on or education) Preservation of an Preservation of a c	ertifie	d historic structure
	,,,,,,,	Γ		Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	;	2b	
c	Number of conservation easements on a certified his	storic structure included in (a)	2c	
d	Number of conservation easements included in (c) a historic structure listed in the National Register	cquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transfe	- erred, released, extinguished, or terminate	d by th	ie organization during
	the tax year 🛌			
ŀ	Number of states where property subject to conserva	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		lling of	violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing conservation easem	nents d	luring the year
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	g the year
3	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(II)?	2(d) above satisfy the requirements of sec	tion 17	7 0 (h)(4)(B)(ι)
•	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial		
ar	TIII Organizations Maintaining Collection Complete if the organization answered '		or Otl	her Similar Assets.
.a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide, in Part XIII, the text of the footnote	5 116 (ASC 958), not to report in its reven sets held for public exhibition, education, o	or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar asservice, provide the following amounts relating to the	sets held for public exhibition, education, o		
	(i) Revenue included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		r finan	cial gain, provide the

Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

▶\$___

Part	Titl Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Tre	<u>asures, or (</u>	<u> the</u>	r Similar <i>F</i>	\sse	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck a	any of the	e following that	are a	sıgnıfıcant u	se of	ıts	
а	Public exhibition		d	Г	Loan or	exchange prog	rams				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w they	further '	the organizatio	n's ex	empt purpos	e ın		
5	During the year, did the organization solicit							ıılar	_		_
	assets to be sold to raise funds rather than t		•						<u> </u>		│ No
Par	Part IV, line 9, or reported an an						ed "Y	es" to Form	990	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontributio	ons or other as	setsı	not	Γ,	⁄es	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follov	ving t	able	,					
								/	Mou	nt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					l	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for es	croword	custodial accoi	ınt lıa	bility?	Γ,	⁄es	┌ No
b	If "Yes," explain the arrangement in Part XII	II Check here if the	expla	anatio	n has be	en provided in	Part :	XIII			Γ
Pa	rt V Endowment Funds. Complete					-					
	·	(a)Current year	(b)	Prior y	ear b	(c)Two years bac	(d)	Three years bac	〈 (e)	Four ye	ears back
1a	Beginning of year balance	21,978,511		19,6	88,707	18,546,00	3	18,822,24	-	1	6,575,706
b	Contributions	1,416,697		5	63,882	589,29	4	673,63	3		1,317,636
С	Net investment earnings, gains, and losses	1,066,298		2,7	20,975	1,818,25	8	-52,24	2		1,903,055
d	Grants or scholarships	-1,467,492			94,673	-992,58	+	-538,57			-636,356
e	Other expenditures for facilities	4,982,792									
f	Administrative expenses	-69,149		-3	300,380	-272,26	1	-359,05	0		-337,801
g	End of year balance	27,907,657		21,9	78,511	19,688,70	7	18,546,00	3	1	8,822,240
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	e 1g,	column	(a)) held as					
а		100 000 %									
ь	Permanent endowment -										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	re held a	and administere	d for	the	г	V = -	NI-
	organization by (i) unrelated organizations				_			, la	a(i)	Yes	No No
	(ii) related organizations						•		a(ii)		No
ь	If "Yes" to 3a(II), are the related organization						٠.	<u> </u>	3b		
4	Describe in Part XIII the intended uses of the	•									
Par	t VI Land, Buildings, and Equipme	ent. Complete if t	the o	rgan	ızatıon a	answered 'Ye	s' to	Form 990,	Part :	[V, lır	<u></u>
	11a. See Form 990, Part X, line	10.						T		1	
	Description of property				a) Cost or o			(c) Accumul depreciati		(d) B	ook value
1a	Land										
b	Buildings										
c	Leasehold improvements										
d	Equipment										
_е	Other		•								
	l. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	ımn (E	3), line 10	D(c).)		▶			

	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related.	Complete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	p	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15
(a) Des	cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. Complete if the or		
Part X Other Liabilities. Complete if the organization from 990, Part X, line 25.	ganızatıon answered 'Yes' to	
Part X Other Liabilities. Complete if the organization of liability Other Liabilities. Complete if the organization of liability		
Part X Other Liabilities. Complete if the organization of Port Annual Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of Port Annual Part X, line 25. 1 (a) Description of liability Federal income taxes	ganızatıon answered 'Yes' to	
Part X Other Liabilities. Complete if the organization of Port Annual Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of Port April 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization from 990, Part X, line 25.	(b) Book value	
Part X Other Liabilities. Complete if the organization of Port April 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of Port April 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of Port April 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of Port April 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of Port April 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of Port April 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of Port April 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of Port April 1 (a) Description of liability Federal income taxes	(b) Book value	
Part X Other Liabilities. Complete if the organization of Port April 1 (a) Description of liability Federal income taxes	(b) Book value	

Par		venue per Audited Financial Stat ered 'Yes' to Form 990, Part IV, line 1		ts With Revenue p	er R	eturn Complete If
1		support per audited financial statements			1	2,347,444
2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) or	n investments	2a	-936,266		
b	Donated services and use of fac	cilities	2b			
C	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII)		2d	5,148		
e	Add lines 2a through 2d .				2e	-931,118
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	3,278,562
4	Amounts included on Form 990	, Part VIII, line 12, but not on line 1				
а	Investment expenses not includ	ded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b	-1		
c	Add lines 4a and 4b				4c	-1
5		4c. (This must equal Form 990, Part I, line			5	3,278,561
Part		penses per Audited Financial Sta wered 'Yes' to Form 990, Part IV, line		nts With Expenses	per	Return. Complete
1		audited financial statements			1	1,337,552
2	·	not on Form 990, Part IX, line 25				
а		ilities	2a	1		
b			2b			
c			2c			
d	Other (Describe in Part XIII)		2d	5,148		
e					2e	5,148
3	Subtract line 2e from line 1 .				3	1,332,404
4	A mounts included on Form 990,	, Part IX, line 25, but not on line 1:				
а	Investment expenses not includ	ded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 and	4c. (This must equal Form 990, Part I, line	e 18)		5	1,332,404
Par	XIII Supplemental Info	rmation				
Part		eart II, lines 3, 5, and 9, Part III, lines 1a ines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
SCHE LINE	, , , , , , ,	FUNDRAISING EXPENSE 5,148				
SCHE LINE		ROUNDING -1				
SCHE LINE		FUNDRAISING EXPENSE 5,148				

Jenedale 2 (1 31111 33 3) 23 13		r age 3			
Part XIII Supplemental Information	on (continued)				
Return Reference	Explanation				
l					
-					

Schedule D (Form 990) 2014

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DLN: 93493134074445

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

	ION				51-0181570)
rt I Fundraising Activ			janizatio	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-E2
Indicate whether the organ	ızatıon raısed funds t	hrough a	ny of the f	following activities Che	eck all that apply	
Mail solicitations		J	-	Solicitation of non		
Internet and email soli	cıtatıons		f	Solicitation of gov		
Phone solicitations			g	Special fundraisin		
☐ In-person solicitations						
Did the organization have a or key employees listed in						Г _{Yes} Г _N
If "Yes," list the ten highes to be compensated at least			fundraıseı	rs) pursuant to agreem	ents under which the fu	ındraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
al			.			
List all states in which the registration or licensing	organization is regist	ered or li	censed to	solicit contributions o	r has been notified it is	s exempt from

		events with gross receipts g		ions and gross income	5 011 1 01111 330 EZ, III	ics I and ob. List
			(a) Event #1 CELE OF GIV DIN	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(6)
Revenue	1	Gross receipts	21,678	3		21,678
eVe	2	Less Contributions	15,290			15,290
<u>~</u>	3	Gross income (line 1 minus line 2)	6,388	3		6,388
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
쬬	7	Food and beverages .	4,180			4,180
Direct	8	Entertainment				
ā	9	Other direct expenses .	968	3		968
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(5,148)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)	🕨	1,240
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	•
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
Б Б	4	Rent/facility costs				
₫	5	Other direct expenses				
	6	Volunteerlabor	┌ Yes %			_
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)		
9 a b	Ist	ter the state(s) in which the organiza the organization licensed to conduct No," explain	t gaming activities in eac	h of these states?		「Yes 「No
10a b		re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	· · Fyes F No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	J ²		Г _{Yes} Г	— No
13	Indicate the percentage of gaming acti		1 1	, , , ,	
а	The organization's facility		13a		%
b	An outside facility				%
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records		
	Name ▶				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
154				┌ Yes 「	– _{No}
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the		
c	If "Yes," enter name and address of the	e third party			
	Name ►				
	Address 🏲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$		······		
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes} [Γ _{No}
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent		
	ın the organization's own exempt activi		·		
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493134074445 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization FOND DU LAC AREA FOUNDATION 51-0181570 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

Additional Data

Software ID:

Software Version:

EIN: 51-0181570

Name: FOND DU LAC AREA FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THELMA SADOFF CENTER	39-1816401		63,352				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
AMERICAN RED CROSS- NORTHEAST WI CHA	53-0196605		7,500					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ARC OF FDL	53-0196605		328,012					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BOYS & GIRLS CLUB OF FDL	39-1896496		24,320					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BRANDON FOOD PANTRY	30-0432338		6,035						

<u>Form 990,Schedule I, Pa</u>	<u>rt II, Grants an</u>	<u>d Other Assistance</u>	e to Domestic Orga	<u>anizations and Doi</u>	<u>mestic Governmer</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROKEN BREAD	30-0219941		21,649				

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>d Other Assistance</u>	<u>e to Domestic Org</u>	<u>anizations and Do</u>	<u>mestic Governmer</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDINAL STRITCH UNIVERSITY	39-0806325		6,255				

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>،d Other Assistanc</u>	≥ to Domestic Org	<u>anizations and Do</u> r	<u>mestic Governmer</u>	its.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MUSEUM OF FDL	56-2471187		14,500				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CITY OF FDL	39-6005450		38,809							

<u>Form 990,Schedule I, Pa</u>	<u>rt II, Grants an</u>	<u>d Other Assistance</u>	e to Domestic Orga	<u>anizations and Doi</u>	<u>mestic Governmer</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY RESOURCE CENTER	39-1297284		17,049				

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
FDL AREA ASSOCIATION OF COMMERCE FO	39-1777015		10,021								

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FDL AREA UNITED WAY	39-0806194		27,631							

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>d Other Assistanc</u> e	≥ to Domestic Org	<u>anizations and Do</u> r	<u>mestic Governmer</u>	its.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FDL AREA WOMEN'S FUND INC	46-3045281		10,827				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
39-1411371		21,875								
	(b) EIN	(b) EIN (c) IRC Code section if applicable	(b) EIN (c) IRC Code section (d) Amount of cash grant	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash cash sistance (book, FMV, appraisal, other)	(b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (book, FMV, appraisal, other) (g) Description of non-cash assistance				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FDL SCHOOL DISTRICT	39-1411371		50,115							

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FDL YMCA	39-0806436		8,232							

Form 990,Schedule I, Pa	rt II, Grants an	<u>d Other Assistance</u>	e to Domestic Orga	<u>anizations and Doi</u>	<u>mestic Governmer</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOND DU LAC AREA FOUNDATION	51-0101570		7,296				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FONDY FOOD PANTRY	51-0156435		19,500						

<u>Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FREE SPIRIT RIDERS	39-1614703		6,750						

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>d Other Assistance</u>	<u>e to Domestic Org</u>	<u>anizations and Do</u>	<u>mestic Governmer</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIAN UNIVERSITY	39-1024723		21,472				

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MORAINE PARK FOUNDATION INC	51-0188166		14,500						

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SALUTE THE TROOPS	45-4968314		6,612					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SALVATION ARMY OF FDL	36-2167910		15,400							

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAMARITAN FREE CLINIC	39-1684956		9,011							

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SOLUTION CENTER	39-1452956		14,471						
'		1			1				

<u>Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SONS OF ZEBEDEE STS JAMES & JOHN	39-1999829		5,500							

<u>Form 990,Schedule I, Pa</u>	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST MARY'S SPRINGS ACADEMY	39-1130623		30,204						

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED WAY OF FDL	23-7349000		5,494							

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SEE ATTACHMENT	51-0181570		131,949					
	-							

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DLN: 93493134074445

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	e of the organization DU LAC AREA FOUNDATION				Employer identificat	ion nu	mber	
TONL	DO LAC AREA FOUNDATION				51-0181570			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do noncash contrib	etermı		ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests				<u> </u>			
4	Books and publications							
5	Clothing and household goods							
6	goods				-			
7	Boats and planes							
8	Intellectual property				+			
9	Securities—Publicly traded .	X	6	263,179	<u>, </u>			
10	Securities—Closely held stock .		Ŭ	203,17	<u>'</u>			
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
14	structures							
15	Real estate—Residential				-			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	O ther ►()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization comple				29			
							Yes	No
30a	During the year, did the organiza							
	it must hold for at least three ye				ired to be used			
	for exempt purposes for the enti					30a		Νo
b	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	•	ies or related organizations	to solicit, process, or sell	noncasn · · · ·	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	an amount	in column (c) for a type of	property for which column	(a) is checked.			i

describe in Part II

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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DLN: 93493134074445

OMB No 1545-0047

2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
FOND DU LAC AREA FOUNDATION

Employer identification number

51-0181570

Explanation

990 Schedule O, Supplemental Information

Return Reference

FORM 990, PAGE 6, PART VI,	1
LINE2	FOND DU LAC AREA FOUNDATION FOND DU LAC AREA FOUNDATION MRKTG DIR EXEC DIRECT MOTHER AND SON
FORM 990, PAGE 6, PART VI, LINE 7A	THE BOARD OF DIRECTORS OF THE FOND DU LAC AREA FOUNDATION SHALL HAVE NO MORE THAN 15 MEMBE RS SIX OF THE MEMBERS OF THE BOARD SHALL BE APPOINTED BY COMMUNITY LEADERS FROM THE JUDIC IAL SYSTEM, FOND DU LAC CITY GOVERNMENT, FOND DU LAC COUNTY BAR ASSOCIATION, ASSOCIATION O F COMMERCE AND THE FOND DU LAC SCHOOL BOARD THE APPOINTING AUTHORITES ONLY FUNCTION IS TH E BOARD APPOINTMENT AND THOSE APPOINTING AUTHORITIES HAVE NO FURTHER POWER RELATED TO THE FOND DU LAC AREA FOUNDATION, THE FOND DU LAC AREA FOUNDATION BOARD OF DIRECTORS, OR ITS AC TIVITIES OR DECISIONS
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS EMAILED WITH PASSWORD PROTECTION TO ALL BOARD MEMBERS TO VIEW PRIOR TO FIL ING A HARD COPY OF THE FORM 990 IS ALSO AVAILABLE FOR REVIEW
FORM 990, PAGE 6, PART VI, LINE 12C	ALL OFFICERS, DIRECTORS, AND EMPLOYEES ARE REQUIRED TO SIGN CONFLICT OF INTEREST STATEMENT S ANNUALLY THE ACCOMPANYING POLICY ALSO INCLUDES THE PROCESS FOR DISCLOSURE FAF MINUTES REFLECT DISCLOSURES OF POTENTIAL CONFLICTS AS THEY OCCUR MOST COMMON DISCLOSURES RELATE T O GRANT AWARD RECOMMENDATIONS
FORM 990, PAGE 6, PART VI, LINE 15A	SALARIES ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS WITH THE BOARD ALSO CONDUCTIN G AN ANNUAL PERFORMANCE REVIEW IN ORDER TO ARRIVE AT AN APPROPRIATE SALARY, THE BOARD REV IEWS SALARY COMPENSATION TABLES PROVIDED BY THE COUNCIL ON FOUNDATIONS BASED UPON SALARY C OMPARISONS OF HUNDREDS OF COMMUNITY FOUNDATIONS OF ALL SIZES AS WELL AS USE LOCAL SALARY C OMPARISONS
FORM 990, PAGE 6, PART VI, LINE 15B	SALARIES ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
FORM 990, PAGE 6, PART VI, LINE 19	ALL DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE ADDRESS SHOWN ON PAGE 1 OF FORM 990
FORM 990, PART XI, LINE 9	FUNDRAISING EXPENSE 5,148 ROUNDING 1 FUNDRAISING EXPENSE -5,148
	THE ORGANIZATION CHANGED FROM CASH TO ACCRUAL ACCOUNTING TO MEET STATE OF WISCONSIN

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DLN: 93493134074445

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization FOND DU LAC AREA FOUNDATION **Employer identification number**

51-0181570

Part I Identification of Disregarded Entities Complete	f the organization a	answered "Yes" on	Form 990, Pa	rt IV, line 33.	
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) col enti	512(b) ntrolled
						Yes	No
(1) SOPHIA FOUNDATION INC 384 N MAIN STREET FOND DU LAC, WI 54935	SUP ORG	WI	С3	11A	FDL FDN		No

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	atıon ansv	ered "Ye	s" on Form	990, Part 1	[V, line 3	4
Part III Identification of Related Organizations Taxable as a Partnership Complete if the organ because it had one or more related organizations treated as a partnership during the tax year.	tax year.										
											$^{-}$

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	Ü)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	
									ı			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

cheddle it (Form 550) 2014				Ра	ge J
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	n 990, Part IV, line	e 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		No
b Gift, grant, or capital contribution to related organization(s)			1b		No
c Gift, grant, or capital contribution from related organization(s)			1c		No
d Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Dividends from related organization(s)			1f		No
g Sale of assets to related organization(s)			1 g		No
h Purchase of assets from related organization(s)			1h		No
i Exchange of assets with related organization(s)			1i		No
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)			1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)			11		No
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		No
• Sharing of paid employees with related organization(s)			10		No
p Reimbursement paid to related organization(s) for expenses			1p		No
q Reimbursement paid by related organization(s) for expenses			1q		No
r Other transfer of cash or property to related organization(s)			1r		No
s Other transfer of cash or property from related organization(s)			1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

4											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	,)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	te Code V-U	BI Genera	.al or′	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount i	ın manag	₄ging ˈ	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partn	.ier?	1 '
1	1	foreign	unrelated,	organizations?		'	1	of Schedu	ie .		1 '
1	1	country)	excluded from	('	1	K-1			1 '
1		1	tax under	í		'	1	(Form 106	,5)		1
1	1	1	sections 512-	('	1	,	´		1
1	1	1	514)		$\overline{}$	'		$\overline{}$		-	
1	1	1	1 ' '	Yes No		'	Yes N	No	Yes	No	1
1	 		1	$\overline{}$	+	+		+			4
1			<u> </u>			'					

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**

Form **3115**

(Rev December 2009)
Department of the Treasury

Application for Change in Accounting Method

OMB No 1545-0152

Department of the Treasury Internal Revenue Service				
Name of filer (name of parent corporation if a consolidation	ated group) (see instructions)	Identification number (see instructions)	
		51-0181570		
		Principal business activity code number (s	ee instructions)	
FOND DU LAC AREA FONDATION		813219		
Number, street, and room or suite no. If a P.O. box, se	e the instructions	Tax year of change begins (MM/DD/YYY)	01/01/201	4
384 MAIN ST SUITE 4		Tax year of change ends (MM/DD/YYYY)		4
City or town, state, and ZIP code		Name of contact person (see instructions)	ţ	
FOND DU LAC, WI 54935		SANDI ROEHRIG		
Name of applicant(s) (if different than filer) and identific	cation number(s) (see instructions)	·	erson's telephone nun	nber
If the applicant is a second set of a second set	to decrease the sale that the sale	920-921-		
If the applicant is a member of a consolidation of the applicant is a member of the applicant is a m		had (see instructions for when Form	▶ □	
required), check this box	arallori of Nepreserlative, is altac	ined (see instructions for when roth	▶ □	
Check the box to indicate the type of ap	policant	Check the appropriate box to ind	licate the type	
☐ Individual	Cooperative (Sec 1381)	of accounting method change be		
Corporation	☐ Partnership	(see instructions)		
Controlled foreign corporation	☐ S corporation	☐ Depreciation or Amortization		
(Sec 957)	Insurance co. (Sec 816(a))	Financial Products and/or Finan	ncial Activities of	
☐ 10/50 corporation (Sec 904(d)(2)(E))	☐ Insurance co (Sec 831)	Financial Institutions		
Qualified personal service	Other (specify) ►	Other (specify) ▶		
corporation (Sec 448(d)(2))				
	on ► 501(c)(3)			
or to the taxpayer's requested change in method o well as any other information that is not speci. The taxpayer must attach all applicable Part I Information For Automatic	ufically requested supplemental statements reques			
First the second that the second		mber for the requested automatic char	nge Enter Yes	s No
only one designated automatic accounts of the requested change has no comboth a description of the change and comboth and description of the change and comboth and description of the change and comboth and description of the change and comboth and description of the change and comboth and description of the change and comboth and description of the change and comboth and description of the change and description of the cha	inting method change number, exce designated automatic accounting me citation of the IRS guidance providing	ept as provided for in guidance published thod change number, check "Other," an g the automatic change. See instruction	ed by the nd provide	5 140
 ▶ (a) Change No 122 Do any of the scope limitations de 	(b) Other ☐ Description ►	roc 2008-52 cause automatic cons	ent to be	
unavailable for the applicant's requi			chi to be	X
Note. Complete Part II below and then Pa				
Part II Information For All Reques			Yes	s No
	engage in the trade or busines	s to which the requested change r		X
If "Yes," the applicant is not eligible	· · · · · · · · · · · · · · · · · · ·	atic change request procedures		
4a Does the applicant (or any present	or former consolidated group in v	which the applicant was a member d	uring the	Ì
applicable tax year(s)) have any Fe If "No," go to line 5				X
b Is the method of accounting the ap	plicant is requesting to change ar	issue (with respect to either the app	olicant or	
		s a member during the applicable tax	k year(s))	
either (i) under consideration or (ii)	· · _ · _ · _ · _ · _ · _ · _ · _ ·			X
	Signature (see ınstru	•		
Under penalties of perjury, I declare that I have examine application contains all the relevant facts relating information of which preparer has any knowledge	ined this application, including accompanyi to the application, and it is true, correct, a	and complete. Declaration of preparer (other the	han applicant) is bas	nd belief, sed on all
Filer		Preparer (other than filer/a	applicant)	
Sandi Rachrig	5/14/15			
Signature and date SAUDI RUS HRIG - XX	ECUTIVE DIR.	Signature of individual preparing the ap	·	
Name and title (print or ty)	pe)	Name of individual preparing the application	ation (print or type)	
	HÜBI	ERTY & ASSOCIATES, S.C.	nlication	

Part	Information For All F	Requests (continue	ed)		Yes	No
4c		ormer consolidated g	roup in which the applica	sue pending (with respect to either the int was a member during the applicable		X
d	Is the request to change the	method of accounting	ng being filed under the	procedures requiring that the operating		
	division director consent to the		•			X
_	If "Yes," attach the consent s			. da., a. 120 da.,da.,	-	V
е		-	-	-day or 120-day window period? uired statement (see instructions)		X
	☐ 90 day ☐ 120 da	• •	-	uned statement (see instructions)		
f		•		the examining agent and the tax	'' ,'	,
	year(s) under examination	·	•			
	Name ▶		elephone number	Tax year(s) ▶	`	-
g 	Has a copy of this Form 311	•				N/A
5a	applicable tax year(s)) have			the applicant was a member during the		x
	If "Yes," enter the name of th	=	Appeals officer and/		, ,	
	telephone number, and the ta	•	eals and/or a Federal co	urt.	37.2	
	Name ▶		elephone number 🕨	Tax year(s) ►	,	2
b	Has a copy of this Form 311 on line 5a?	5 been provided to t	the Appeals officer and/o	or counsel for the government identified		N/A
С	9	• •	<u> </u>	under consideration by Appeals and/or		١.,
	member for the tax year(s) the			ated group in which the applicant was a	-7	X
	If "Yes," attach an explanation	• •	imbery (see mandehons)			
6	•		r 5a with respect to any	present or former consolidated group,	3**	
				(b) identification number, (c) address,	1	
	and (a) tax year(s) during w		is a member that is unde	er examination, before an Appeals office,	-	
7			s outher an entity (include	ng a limited liability company) treated as		1,1
′				od of accounting that is an issue under		ŀ.
	consideration in an examina	tion, before Appeals,	or before a Federal cou	irt, with respect to a Federal income tax	,	
	return of a partner, member,		•			X
_	If "Yes," the applicant is not	-	-		,	. "
8a	receive audit protection for the	•		onsent) state that the applicant does not		X
b	If "Yes," attach an explanatio	· · ·	(See manachons):		-	1 21
	·		I party requested or ma	ade (under either an automatic change		
	procedure or a procedure re	quiring advance con		od of accounting within the past 5 years	23.	
	(including the year of the req					X
b	if "Yes," for each trade or I (including the tax year of cha			ested change in method of accounting diconsent	-	
С				t Agreement granting a change was not		
	an explanation	(5, or the change wa	s not made of not made	in the requested year of change, attach		
10a	•	decessor, or a rela	ted party currently hav	ve pending any request (including any		
				ccounting, or technical advice?		X
b				e taxpayer, identification number(s), the		
	type of request (private letter in the request(s)	ruling, change in me	thod of accounting, or te	chnical advice), and the specific issue(s)		1
11	Is the applicant requesting to	change its overall in	method of accounting?		X	
				's present and proposed methods of		1
	accounting Also, complete S			, .		
	Present method:	⊠ Cash	☐ Accrual	☐ Hybrid (attach description)		
	Proposed method:	☐ Cash		☐ Hybrid (attach description)		

Par		Information For	All Reques	sts (continued)				Yes	No
12 a	accou comp The it	inting and also cha lete description for em(s) being change	nging to a s each of the f	_	ounting for one				
c d	The a	pplicant's proposed	method for t	e item(s) being change he item(s) being chan d of accounting (cash,	ged	d)			
13	activit 1 446 provid overa accou	y code for each If -1(d), describe wh led by each trade o Il method of accoun nting method as pa	the applicar nether each r business ai ting for each rt of this appl	ption of the applicant it has more than one trade or business is nd any other types of trade or business; and ication or a separate a	e trade or busine s accounted for activities engage and which trade o application. SEE	ess as defined in Roseparately, the good in that generate in business is request STATEMENT I	egulations section lods and services gross income; the sting to change its	1	
14	For in	le proposed methoo surance companies " attach an explana	, see the inst	ng be used for the appropriate in the appropriate i	plicant's books a	nd records and fina	ncial statements?	Х	
15a	reorga		or liquidation	I it engage, in a tr during the proposed tion 381(b)(1)?					X
b 16	the m distrib the ch	ethods of accountir ution or transfer an ange(s) requested (ng used by the digneral the methor in this application.	opense that are the sume parties to the sectid(s) that would be relation at the incomplete that the incomplete ion 381(a) trans quired by section	action immediately n 381(c)(4) or (c)(5)	before the date of absent consent to		Х	
17	If the	applicant is changin counting for any p ories subject to sec	g to either th	e overall cash metho ect to section 263A, er the applicant's gros	d, an overall acc any long-term	rual method, or is ch contract subject to	nanging its method section 460, or		
	1st pred year en	eding ded mo	уг	2nd preceding year ended mo	уг	3rd preceding year ended mo	yr		
Part		Information For	Advance C	Consent Request	N/A			Yes	No
18	other	published guidance	as an autom	described in any rev atic change request? ibing why the applic	•				
19	detaile situati (statut	ed and complete de on and that demons es, regulations, pul	escription of strates that the plished ruling	asis supporting the properties that explain the applicant is authories, court cases, etc.) so a statement that no	ns how the law uzed to use the p supporting the pi	specifically applies proposed method. In oposed method. Als	to the applicant's iclude all authority		
20				to the proposed char		ions)			
21 22				easons for the propos consolidated group fo	-	change, do all othe	r members of the		
		lidated group use th " attach an explana		method of accounting	for the item beir	ng changed?			
23a		•		ed to this application (see instructions)	\$			ļ
b Part		applicant qualifies for Section 481(a) A		user fee, attach the re	equired informati	on or certification (s	ee instructions)	Voc	No
24	Does the sumplement of the sum of	ne applicable revenue	procedure, re ange in metho	evenue ruling, notice, red d of accounting on a cul				res	X
25	used compu	e. ► \$ (1,8 to determine the utation for each co ation, attach a list o	59, 464) A section 481 mponent If f the name,	Indicate whether the trach a summary of the (a) adjustment If it it more than one applied dentification number, streent attributable to	ne computation a is based on mo cant is applying principal busine	and an explanation of nore than one com for the method cha	ponent, show the ange on the same		

Ea 2	145 (Pay 12 2000)	_	4
	115 (Rev 12-2009) Section 481(a) Adjustment (continued)		age 4
		Yes	NO
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?	N/A	
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation	N/A	
Sche	dule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be complet	ed)	
Pai	Change in Overall Method (see instructions)		
1	Enter the following amounts as of the close of the tax year preceding the year of change If none, state "None" Also statement providing a breakdown of the amounts entered on lines 1a through 1g SEE STATEMENT II	, attacl	n a
	A	mount	
а	Income accrued but not received (such as accounts receivable)	159	,397
b	Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method		NONE
С	Expenses accrued but not paid (such as accounts payable)	,018	,863)
ď	Prepaid expenses previously deducted		NONE
е	Supplies on hand previously deducted and/or not previously reported .		NONE
f	Inventory on hand previously deducted and/or not previously reported Complete Schedule D, Part II		NONE
g	Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment ▶		NONE
h	Net section 481(a) adjustment (Combine lines 1a–1g) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25.	.859	,464)
		,,,,,	<u>/ 10 1</u> /
2	is the applicant also requesting the recurring item exception under section 461(h)(3)? SEE STATEMENT .III Yes		No
3	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applie the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a explaining the differences.	cable, used w d with Part I	then the , lines

Part | Change to the Cash Method For Advance Consent Request (see instructions) N/A

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

- 1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
- 2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

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

- 1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 02 of Rev. Proc. 2004-34, 2004-1 C B. 991, attach the following information
 - a A statement explaining how the advance payments meet the definition in section 4 01 of Rev Proc 2004-34
- b If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8 02(3)(a)-(c) of Rev. Proc. 2004-34.
- c If the applicant is filing under the advance consent provisions of Rev. Proc 97-27, the information required by section 8 03(2)(a)-(f) of Rev Proc 2004-34.
- If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1 451-5(b)(1)(ii), attach the following
- a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1)
- b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1 451-5(a)(2)(i) and (3).
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii)
- d A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

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

Part I General LIFO Information N/A

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

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
- a Valuing inventory (e.g., unit method or dollar-value method)
- b Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
- d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method
- 6 If changing to the IPIC method, attach a completed Form 970

Part | Change in Pooling Inventories N/A

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use
- If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2)
- a A description of the types of products produced by the applicant If possible, attach a brochure
- b A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces
- d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1 472-8(b)(3)
- If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

	15 (Rev 12-2009)				Page 6
	dule D—Change in the Treatment of Long-Term Contracts Under	Section 460, I	nventories, or (Other	
Par	on 263A Assets (see instructions)	(Also complete	Part III on page	s 7 and	Q \N/\
1	To the extent not already provided, attach a description of the applicant's p and expenses from long-term contracts. Also, attach a representative actu				
	change If the applicant is a construction contractor, attach a detailed descr			or the re-	questeu
2a	Are the applicant's contracts long-term contracts as defined in section 460(1			Yes	□ No
b b	If "Yes," do all the contracts qualify for the exception under section 460(e) (s			_ res ⊒ Yes	□ No
D	If line 2b is "No," attach an explanation	see monactions,		_ 103	
С	If line 2b is "Yes," is the applicant requesting to use the percentage-of-com	nletion method us	ing cost-to-		
C	cost under Regulations section 1 460-4(b)?	pietion metriod da		Yes	□ No
d	If line 2c is "No," is the applicant requesting to use the exempt-contra	oct nercentage-of			
u	method under Regulations section 1 460-4(c)(2)?			Yes	□ No
	If line 2d is "Yes," attach an explanation of what cost comparison the app	licant will use to			
	contract's completion factor		G01017111110 G		
	If line 2d is "No," attach an explanation of what method the applicant is usin	g and the authorit	y for its use.		
3a	Does the applicant have long-term manufacturing contracts as defined in se	-		Yes	☐ No
b	If "Yes," attach an explanation of the applicant's present and proposed met		ing for long-		
	term manufacturing contracts.	()	0		
С	Attach a description of the applicant's manufacturing activities, including any	required installation	on of manufacture	d goods	
1	To determine a contract's completion factor using the percentage-of-completion	etion method			
а	Will the applicant use the cost-to-cost method in Regulations section 1 460-	-4(b)? .		☐ Yes	☐ No
b	If line 4a is "No," is the applicant electing the simplified cost-to-cost method	od (see section 4	60(b)(3) and		
	Regulations section 1 460-5(c))?			☐ Yes	☐ No
5	Attach a statement indicating whether any of the applicant's contracts a	re either cost-plu	ıs long-term		
	contracts or Federal long-term contracts				10)
ar		nges (Also comp	lete Part III on pa	ages / a	na 8) N
1	Attach a description of the inventory goods being changed				
2	Attach a description of the inventory goods (if any) NOT being changed				
3a	Is the applicant subject to section 263A? If "No," go to line 4a			☐ Yes	∐ No
b	Is the applicant's present inventory valuation method in compliance with se	ection 263A (see i	nstructions)?	□ v	
	If "No," attach a detailed explanation	· · · · · ·	<u> </u>	∐ Yes	∐ No
	Observation and the second of	Inventory Be	ng Changed		tory Not Changed
а	Check the appropriate boxes below.	Present method	Proposed method	ļ	nt method
	Identification methods	Fresent metriod	Proposed metrod	Fresci	it ilictilod
	Specific identification			 	
	FIFO LIFO			+	
	Other (attach explanation)				
	Valuation methods.	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Cost				
	Cost Cost or market, whichever is lower			<u> </u>	
	Retail cost			+	
	Retail, lower of cost or market .			-	
	The state of the s		-	 -	
b	Other (attach explanation) Enter the value at the end of the tax year preceding the year of change			 	
5	If the applicant is changing from the LIFO inventory method to a non-l	IEO method att	ach the following	unforma	tion (see
,	in the applicant is changing from the LIFO inventory method to a non-tinistructions)	ii O metriod, att	acit the lollowing	пвонна	נוטוו (56

- a Copies of Form(s) 970 filed to adopt or expand the use of the method
- b Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1 472-6(a) or (b), or whether the applicant is proposing a different method.
- Only for applicants requesting an automatic change. The statement required by section 22 01(5) of the Appendix of Rev Proc 2008-52 (or its successor)

Part III Me

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

Section A—Allocation and Capitalization Methods

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

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S ratio, or other reasonable allocation method)

Section B—Direct and Indirect Costs Required To Be Allocated N/A

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

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

Form 3115 (Rev	12-2009)
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Form 3	115 (Rev. 12-2009)			Page 8
Par				
	on C-Other Costs Not Required To Be Allocated (Complete Section C only if the app	olicant is reque	sting to ch	nange its
meth	od for these costs) N/A			
		Present method	Propose	d method
1	Marketing, selling, advertising, and distribution expenses			
2	Research and experimental expenses not included in Section B, line 26			
3	Bidding expenses not included in Section B, line 22			
4	General and administrative costs not included in Section B			
5	Income taxes			
6	Cost of strikes			
7	Warranty and product liability costs			
8	Section 179 costs			
9	On-site storage			
10	Depreciation, amortization, and cost recovery allowance not included in Section B, line 11			
11	Other costs (Attach a list of these costs)			
Sche	dule E—Change in Depreciation or Amortization (see instructions) N/A			
	ants requesting approval to change their method of accounting for depreciation or ameants must provide this information for each item or class of property for which a change is rec		lete this	section.
under	See the List of Automatic Accounting Method Changes in the instructions for informal sections 56, 167, 168, 197, 1400l, 1400L, or former section 168. Do not file Form 3115 will be described in the instructions.			
1	Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)? If "Yes," the only changes permitted are under Regulations section 1 167(a)-11(c)(1)(III)		☐ Yes	□ No
2	Is any of the depreciation or amortization required to be capitalized under any Code section	(e g , section	☐ Yes	□ No
	If "Yes," enter the applicable section ▶	- 	163	
3	Has a depreciation, amortization, or expense election been made for the property (e.g., the ϵ sections 168(f)(1), 179, or 179C)?	election under	☐ Yes	□ No
	If "Yes," state the election made ▶			
4a	To the extent not already provided, attach a statement describing the property being chang type of property, the year the property was placed in service, and the property's use in the income-producing activity	ged. Include in t		
b	If the property is residential rental property, did the applicant live in the property before renting	a it?	☐ Yes	☐ No
c	Is the property public utility property?	9 11	☐ Yes	☐ No
5	To the extent not already provided in the applicant's description of its present method, attac	sh a ctatamant .		
J	property is treated under the applicant's present method (e.g., depreciable property, in Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as	nventory proper	ty, supplie	
6	If the property is not currently treated as depreciable or amortizable property, attach a state proposed change to depreciate or amortize the property	ement of the fa	icts suppo	rting the
7	If the property is currently treated and/or will be treated as depreciable or amortizable information for both the present (if applicable) and proposed methods	e property, pro	vide the f	following
а	The Code section under which the property is or will be depreciated or amortized (e.g., section \mathbf{q}).	on 168(g))		
b	The applicable asset class from Rev. Proc 87-56, 1987-2 C B 674, for each asset deprecial under section 1400L, the applicable asset class from Rev Proc 83-35, 1983-1 C B 745, former section 168 (ACRS); an explanation why no asset class is identified for each asset been identified by the applicant	for each asset	depreciat	ed under
С	The facts to support the asset class for the proposed method			
	The depreciation or amortization method of the property, including the applicable Code seconethod under section 168(b)(1)).	tion (e.g., 200%	6 declining	balance
е	The useful life, recovery period, or amortization period of the property			
f	The applicable convention of the property			
g	A statement of whether or not the additional first-year special depreciation allowance (for	revamble as r	rovided h	v section
3	168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the propert as to why no special depreciation allowance was or will be claimed			

Fond du Lac Area Foundation EIN: 51-0181570 December 31, 2014

Attachment to Form 3115

Statement I- Form 3115, Part II, Line 13

Fond du Lac Area Foundation awards grants to organizations that qualify under IRC SEC 501(c)(3). Scholarships are awarded to individuals in compliance with HR4-Pension Protection Act of 2006. The principal business activity code is 813219.

Statement II- Schedule A, Part I, line 1

Income not received at December 31,2014

\$159,397

Agency funds accrued but not paid at December 31,2014

\$ 2,018,863

Statement III- Schedule A, Part I, line 2

Fond du Lac Area Foundation requesting permission to adopt the recurring item exception as part of it application to change from the modified cash method to accrual method of accounting. The exception will be used with respect to all activities of Fond du Lac Area Foundation and with respect to all types of items within such activities.

DATE	RECIPIENT	AMOUNT	FOR	EIN #
3/19/14	Adventure Unlimted		General Support	43-0798771
	Advocap		Children's Medical Needs	39-1053365
5/28/14	Advocap	700 00	Parent Cafe Program	39-1053365
10/24/14	Advocap Head Start	615 20	Children's Medical Needs	39-1053365
11/11/14	Advocap Head Start	1,000 00	Children's Medical Needs	39-1053365
2/18/14	Agnesian Healthcare Foundation	70 00	General Support	39-1684956
3/28/14	Agnesian Healthcare Foundation	203 00	Hospice Home of Hope	39-1684956
7/25/14	Agnesian Healthcare Foundation	500 00	General Support	39-1684956
8/20/14	Agnesian Healthcare Foundation	500 00	General Support	39-1684956
12/22/14	Agnesian Healthcare Foundation	200 00	General Support	39-1684956
2/26/14	Agnesian HealthCare-Hospice Hope	400.00	General Support	39-1684956
8/1/14	Aids Network	50 00	General Support	39-1548528
1/16/14	ALABGS	240 00	Badger Girls	39-6076509
5/6/14	Altrusa International Foundation-FDL	380.00	General Support	45-4483509
5/16/14	American Cancer Society	1,500.00	General Support	41-0724036
	American Cancer Society	3,221 00	General Support	41-0724036
	American Heart Association		General Support	13-5613797
	American Heart Association		scholarship	13-5613797
3/14/14	American Red Cross	5,000 00	Dine for Disaster Sponsorship	53-0196605
3/14/14	American Red Cross/Northeast WI Chapter	2 500 00	Disaster Gartnerships	53-0196605
	American United		Disaster Partnerships General Support	23-7334055
	Arc of FDL		General Support	39-1034161
	Arc of FDL	=	General Support	39-1034161
	Arc of FDL	-	general support	39-1034161
	Arc of FDL		General Support	39-1034161
	Arc of Fond du Lac	100,000 00		39-1034161
=-	Arc of Fond du Lac		Group Home support	39-1034161
	Arden Wood	•	General Support	53-0184647
12/11/14			General Support	39-1707358
1/16/14	Badger Boys State		Badger Boys	39-6076509
4/1/14	Badgerland Youth for Christ		Teen Parents-Fresh Start	36-2193619
7/16/14	Bay Lakes Council, BSA	75 00	General Support	39-1184320
10/13/14	Beaver Dam Scholarship Foundation Inc	440 00	General Support	41-1700851
5/1/14	Berry, Halfway House, Robert E.	250 00	General Support	39-1085048
4/1/14	Bethany Christian Services	1,000 00	Life Impact Program	38-1405282
4/1/14	Big Brother-Big Sisters of FDL Cty	3,000 00	Bigs & Littles Programming	39-1330971
3/21/14	Big Brothers Big Sisters	1,995 00	General Support	39-1330971
5/2/14	Big Brothers Big Sisters	2,971 00	General Support	39-1330971
12/13/14	Big Brothers Big Sisters of FDL	1,000 00	General Support	39-1330971
7/2/14	Big Brothers Big Sisters of Green Lake Cty	700 00	General Support	39-1514636
5/2/14	Blandine House	2,971 00	General Support	23-7025601
	Boy Scouts of America/Bay Lakes Council		General Support	39-1184320
	Boys & Girls Club of FDL		Summer Program	39-1896496
	Boys & Girls Club of FDL	•	General Support	39-1896496
	Boys & Girls Club of FDL	•	General Support	39-1896496
	Boys & Girls Club of FDL		General Support	39-1896496
	Boys & Girls Club of FDL		General Support	39-1896496
	Boys & Girls Club of FDL	•	Just Play Initiative	39-1896496
	Boys & Girls Club of FDL		Project Learn	39-1896496
	Boys & Girls Club of FDL	· ·	General Support	39-1896496
	Boys & Girls Club of FDL		General Support	39-1896496
	Boys & Girls Club of Fox Valley	•	General Support	39-1225709
	Boys and Girls Club of Kenosha Brandon Food Pantry	•	General Support	39-1732935
	Brandon Food Pantry Brandon Public Library		STS Food Program General Support	30-0432338
· · · · · · · · · · · · · · · · · · ·	Broken Bread		General Support	school 56-2471187
-	Broken Bread		General Support	56-2471187 56-2471187
	Broken Bread		STS Food Program	56-2471187 56-2471187
	Brooke Industries Inc	· ·	General Support	39-1035282
•	Brooke Industries, Inc		General Support	39-1035282
•	California Polytechnic State Univ and Sarah	25.31	s.e. eebb.,,	
6/18/14		1.000 00	Scholarship	school/govt
	Cardinal Stritch University and Molly Toll		Scholarship	school/govt
	Caring Group Elmbrook, Inc		scholarship	46-1918402
6/24/14	Carroll University and Courtney Disterhaft	2,500 00	scholarship	39-0806325
	Carroll University and Courtney Kohlmann	1,000 00	Scholarship	39-0806325
		750.00	scholarship	39-0806325
6/18/14	Carroll University and Hannah Koechel	750 00		
6/18/14	Carroll University and Hannah Koechel Carroll University and Hannah Koechel		scholarship	39-0806325
6/18/14 6/18/14		500 00		39-0806325 39-0806325

8/6/14	Carthage College and Logan Melius	1,500 00	scholarship	37-0661496
8/8/14	Carthage College and Logan Melius	1,000 00	scholarship	37-0661496
7/1/14	Carthage College and Nathan Stahl Catholic Charities of the Archdiocese of	500 00	scholarship	37-0661496
4/1/14	Milwaukee, Inc	1,000,00	Behavioral Helath & Counselin	39-0806321
	Cedars Camps	•	General Support	44-0663883
	Cerebral Palsy of Midwest Wi		General Support	39-6026845
	Charity Club of FDL		General Support	39-6079992
3/19/14	Children's Museum of FDL		General Support	56-2471187
3/26/14	Children's Museum of FDL	500 00	General Support	56-2471187
9/16/14	Children's Museum of FDL	3,000 00	General Support	56-2471187
12/11/14	Children's Museum of FDL	10,000 00	General Support	56-2471187
9/12/14	Christ Child Society-FDL Chapter Christian Science Association/Gordon R	1,000 00	Layette Program	39-2011042
4/24/14	Clarke	100 00	General Support	42-2254742
6/2/14	Church of Our Savior	894 00	General Support	school/govt
6/16/14	Church of Peace/Food Pantry	687 00	scholarship	Church
	Church of Peace/Food Pantry	-	STS Food Program	Church
	City of FDL	2,603 96	Loop Website	39-6005450
	City of FDL		Loop Website	39-6005450
	City of FDL	•	General Support	39-6005450
	City of FDL		General Support	39-6005450
	City of FDL Parks Dept		Flowers in the park	39-6005450
	City of FDL Parks Dept		Pool Passes	39-6005450
	City of FDL/Park Watch		General Support	39-6005450
	Clarity Care, Inc		Help at Home	39-1569283
8/20/14	Clarity Care, Inc Community fdn of North Central WI-Three	500.00	Help at Home	39-1569283
11/26/14	Lakes Current Fund	1 000 00	General Support	39-1577472
	Concordia University and Emma Sippel	•	scholarship	39-0833608
	Concordia University and Laura Wilsmann		Scholarship	39-0833608
	Concordia University and Ryan Billman	-	scholarship	39-0833608
7/23/14	Concordia University and Sabrina Schneider	1,000 00	Scholarship	39-0833608
7/16/14	Congregation of Sisters of St. Agnes	100 00	General Support	39-0806217
3/28/14	Cops for Kids Foundation	4,347 00	General Support	39-1988124
	Council on Foundations	· ·	General Support	13-6068327
9/4/14	Covenant United Methodist Church Covenant United Methodist Church and Boy	505 00	General Support	church
11/19/14	Scout Troop #712	222 00	General Support	Church
	CTF of Illinois	1,000 00	General Support	36-4386948
	Cystic Fibrosis Foundation	•	General Support	36-2468111
	Daystar Foundation & Library		General Support	73-1361940
	DePaul University & Daniel Loomans		Scholarship	school/govt
	Donors Forum of Wisconsin		Membership	39-6236498
	Downeast Coastal Conservancy		General Support	01-0430078
	Downeast Coastal Conservancy		General Support	01-0430078
	Downtown FDL Partnership		multiple invoices	46-1169019
	Downtown FDL Partnership		Loop FdL Materials	46-1169019
	Downtown FDL Partnership		General Support	46-1169019
	Downtown FDL Partnership Inc		General Support	46-1169019
	Drake University & Jonathan Opheim	•	Scholarship	school/govt
	Edgewood College and Allison Berryman Experimental Aircraft Assn		Scholarship General Support	school/govt 39-1033301
9/12/14	Fairwater Historical Society	500 00	Former Teacher Photo Exhibit	39-1976159
	Family Resource Center		Children's Medical Needs	39-1297284
3/20/14	Family Resource Center	1,000.00	Children's Medical Needs Pregnancy, Parenting Support	39-1297284 :
4/1/14	Family Resource Center	6,000 00	Program	39-1297284
6/24/14	Family Resource Center	305 00	General Support	39-1297284
017174	Family Resource Center	289 20	General Support	39-1297284
9/2/14	family Resource Center	2,000 00	General Support	39-1297284
10/8/14	Cample Danning Course of CD)		Parents as Teachers Program	39-1297284
10/8/14	Family Resource Center of FDL		157 Rules for Success Event	39-1777015
10/8/14 9/23/14 3/20/14	FDL Area Association of Commerce	-		
10/8/14 9/23/14 3/20/14 4/28/14	FDL Area Association of Commerce FDL Area Association of Commerce	3,461 00	Ag Ambassador Program	
10/8/14 9/23/14 3/20/14 4/28/14 5/1/14	FDL Area Association of Commerce FDL Area Association of Commerce FDL Area Association of Commerce	3,461 00	Ag Ambassador Program Leadership FDL	
10/8/14 9/23/14 3/20/14 4/28/14 5/1/14	FDL Area Association of Commerce FDL Area Association of Commerce FDL Area Association of Commerce FDL Area Association of Commerce	3,461 00 2,000 00	Leadership FDL	39-1777015
10/8/14 9/23/14 3/20/14 4/28/14 5/1/14 9/12/14	FDL Area Association of Commerce FDL Area Association of Commerce FDL Area Association of Commerce FDL Area Association of Commerce FDL Area Association of Commerce	3,461 00 2,000 00 1,960 00	Leadership FDL Youth Leadership FDL	39-1777015 39-1777015
10/8/14 9/23/14 3/20/14 4/28/14 5/1/14 9/12/14 5/20/14	FDL Area Association of Commerce FDL Area Association of Commerce FDL Area Association of Commerce FDL Area Association of Commerce FOUNDATION FDL Area Back to School Program	3,461 00 2,000 00 1,960 00 200 00	Leadership FDL Youth Leadership FDL General Support	39-1777015 39-1777015 45-3576066
10/8/14 9/23/14 3/20/14 4/28/14 5/1/14 9/12/14 5/20/14 3/19/14	FDL Area Association of Commerce FDL Area Association of Commerce FDL Area Association of Commerce FDL Area Association of Commerce FDL Area Association of Commerce	3,461 00 2,000 00 1,960 00 200 00 100 00	Leadership FDL Youth Leadership FDL	39-1777015 39-1777015 39-1777015 45-3576066 51-0181570 51-0181570

3/6/14	FDL Area United Way	3,000 00	United Youth	39-0806194
9/3/14	FDL Area United Way	1,414 00	General Support	39-0806194
12/11/14	FDL Area United Way	2.000 00	General Support	39-0806194
7/16/14	FdL Area Women's Fund		General Support	46-3045282
	FdL Area Women's Fund		General Support	46-3045282
•	FDL Artists Association		• •	93-0696386
-, .			Art Awards	
	FDL Christian School		General Support	39-1828869
	FDL Community Theater		Kids Theater	39-1501678
9/3/14	FDL Community Theater	623 00	General Support	39-1501678
4/8/14	FDŁ Concert Association	300 00	General Support	39-1083304
4/1/14	FDL County	2,000 00	Community Gardens	govt
4/1/14	FDL County	900 00	Jr Master Gardeners	govt
10/8/14	FDL County 4-H	3.500 00	Scholarships	39-6100393
	FDL County Goffried Arboretum	•	Prairie Fest	39-6005696
	FDL County Health Dept	-•	Save a Smile	Govt
-	FDL County Historical Society	•		39-6075667
	•	•	General Support	
9/4/14	FDL County Historical Society	492 00	Historical Preservation	39-6075667
4/1/14	FDL County-Gottfried Prairie and Arboretum	1,000 00	Educational Programs	39-6005696
			FAMA-Shady Grove	
6/11/14	FDL County-Gottfned Prairie and Arboretum	500 00	Performers	39-6005696
3/14/14	FDL Cty Historical Society	100 00	General Support	39-6075667
3/19/14	FDL Family YMCA	300 00	General Support	39-0806436
	FDL Family YMCA		General Support	39-0806436
	FDL High School	•	• • • • • • • • • • • • • • • • • • • •	
	-	•	Fondy Idol	39-1411371
	FDL High School	· ·	Indigent Fund	39-1411371
	FDL High School	•	Life & Leisure Class	39-1411371
5/13/14	FDL High School	2,000 00	Scholarship	39-1411371
5/13/14	FDL High School	175 00	Scholarship	39-1411371
5/13/14	FDL High School	500 00	Scholarship	39-1411371
5/13/14	FDL High School	500 00	Scholarship	39-1411371
5/13/14	FDL High School		Scholarship	39-1411371
· · · · · · · · · · · · · · · · · · ·	FDL High School		Scholarship	39-1411371
	FDL High School	•	Scholarship	39-1411371
	FDL High School	· ·		
	-		General Support	39-1411371
	FDL High School/ Fondy Idol 8	•	General Support	school
	FDL Literacy Services	•	General Support	39-1901303
5/19/14	FDL Lutheran Home Inc	872 00	General Support	39-0806344
2/18/14	FDL Public Library	558 92	General Support	39-1627883
2/18/14	FDL Public Library	573 75	General Support	39-1627883
6/2/14	FDL Public Library	1,297 00	General Support	39-1627883
9/3/14	FDL Public Library	623 00	General Support	city/govt
9/3/14	FDL Rotary Club Charities Inc		General Support	39-1342747
	FDL School District		General Support	39-1411371
	FDL School District	•	SWAT team	39-1411371
	FDL School District	•	Drug Free communities	39-1411371
4/24/14	FDL School District	655.35	Children's Medical Needs	39-1411371
	FDL School District	399 00	Scholarship	39-1411371
8/20/14	FDL School District	596 00	Scholarship	39-1411371
10/21/14	FDL School District/ Sabish Middle School	1,167 00	General Support	39-1411371
10/21/14	FDL School District/ Theisen Middle School	1,167 00	General Support	39-1411371
	FDL School District/ Woodworth Middle	•		
10/21/14	•	1 167 00	General Support	39-1411371
	FDL School District/FDL High School			
		•	General Support	39-1411371
	FDL School District/Lakeside Diamonds		Impact support	39-1411371
	FDL Symphonic Band		General Support	39-1400395
9/16/14	FDL Symphonic Band	1,000 00	General Support	39-1400395
1/10/14	FDL United Way	500 00	General Support	39-0806194
3/20/14	FDL YMCA	500 00	Strong kids campaign	39-0806436
3/28/14	FDL YMCA	2,500 00	General Support	39-0806436
	FDL YMCA		General Support	39-0806436
	FDL YMCA		General Support	39-0806436
	FDL YMCA		General Support	39-0806436
	FDL YMCA		General Support	39-0806436
	FDL YMCA Foundation Fund		General Support	51-0181570
	Feeding American-Eastern Wi		STS Food Program	39-1808502
	First Church of Christ Scientist FDL		General Support	04-2254742
	First Church of Christ Scientist FDL	300 00) General Support	04-2254742
9/2/14	First Church of Christ Scientist FDL	300 00) General Support	04-2254742
3/19/14	First Church of Christ Scientist Minocqua	1,000 00) General Support	04-2254742
	First Church of Christ Scientist Minocqua	•) General Support	04-2254742
	First Church of Christ Scientist Minocqua) General Support	04-2254742
.,-,		200 00		

8/4/1				
	4 First Church of Christ Scientist Minocqua	200 00	General Support	04-2254742
9/2/1	4 First Church of Christ Scientist Minocqua		General Support	04-2254742
	First Church of Christ, Scientist/FDL		General Support	04-2254742
5/19/1	4 First Presbyterian Church of FDL		General Support	Church
7/16/1	4 Fond du Lac Area Foundation	500 00	Celebration Sponosor	51-0181570
9/3/14	Fond du Lac Area Foundation		General Support	51-0181570
	Fond du Lac Area Foundation	500 00	Celebration of Giving Award	51-0181570
10/16/14	Fond du Lac Area Foundation	5,000 00	Holiday Lights Support	51-0181570
2/26/14	Fond du Lac Humane Society	237 50	General Support	39-1138151
5/16/14	Fond du Lac Symphonic Band	250 00	General Support	39-1400395
10/2/14	Fond du Lac Symphonic Band	1,167 00	General Support	39-1400395
	Fondy Food Pantry	500 00	General Support	51-0156435
5/27/14	Fondy Food Pantry	3,000 00	General Support	51-0156435
12/16/14	Fondy Food Pantry	16,000 00	STS Food Program	51-0156435
8/8/14	Fox Valley Technical College and Cody Mueller	2,500 00	scholarship	school/govt
7/20/4	Fox Valley Technical College and Jacob			
	Flaherty		scholarship	school/govt
	Free Spirit Riders		Annual Benefit Auction	39-1614703
	Free Spirit Riders	-	General Support	39-1614703
	Free Spirit Riders		General Support	39-1614703
	Free Spirit Riders		General Support	39-1614703
	Friends of Sarnelli House		General Support	20-4519502
	Friends of Taylor Park Pool Inc		General Support	45-4204852
	Friends of the FDL Public Library		General Support	39-1627883
	Friends of the FDL Senior Center	•	Senior Outreach	39-1658681
12/10/14	Friends of Women in Recovery	3,202 00	General Support	39-1678741
3/14/14	Friends of Women in Recovery/Beacon House	250 00	Annual Fund Drive	39-1678741
9/16/14	Friends of Women in Recovery/Beacon House	600.00	YMCA Memberships	39-1678741
	Globe University and Amber Mildebrandt		scholarship	school/govt
	Grain of Wheat Community/Center for	.,000.00	Seriol Simp	367.501, 6501
9/16/14	Spirituality	2 080 00	General Support	39-1520888
	Habitat for Humanity		Hard Hats & Heels	39-1859682
	Habitat for Humanity of FDL Cty		Cheers Award	39-1859682
	Habitat for Humanity of FDL Cty	•	General Support	39-1859682
	Haentze Floral		memorial wreath	government
	Haentze Floral		Memorial wreath removal	govt
	Hands of Faith, Inc		General Support	39-2035122
	Heritage of Hope Inc		General Support	35-1440955
	Holy Family Catholic Community		General Support	39-1998002
, ,	Holy Family Catholic Community and Boy	1,000 00	ослегы зарры.	33 1330001
11/21/14	Scout Troop #777	427 00	General Support	39-1998002
5/20/14	Holy Family Parish		General Support	39-5421290
	Holy Family Parish	4,000 00	ocher a - ppor	33 3 .22232
4/22/14	St. Ambrose Men's Group	1,000 00	AC Tonjes Award 2014	39-1998002
	Housing Opportunities & Maintenance for the	•	,	
5/16/14	Elderly	1 000 00	e 16	
7 10 14 4		1,000 00	General Support	36-3172591
	lowa State University & Bailey Hoch		Scholarship	36-3172591 school/govt
7/16/14	Junior Achievement/FdL AC	1,000 00		
7/16/14 9/16/14	Junior Achievement/FdL AC Just Fare Market	1,000 00 1,000 00	Scholarship	school/govt
7/16/14 9/16/14 7/16/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund	1,000 00 1,000 00 500 00	Scholarship General Support	school/govt 39-0826295
7/16/14 9/16/14 7/16/14 4/8/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin	1,000 00 1,000 00 500 00 100 00	Scholarship General Support General Support	school/govt 39-0826295 68-1901303
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News	1,000 00 1,000 00 500 00 100 00 500 00	Scholarship General Support General Support team can-a-beans	school/govt 39-0826295 68-1901303 23-1907729
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School	1,000 00 1,000 00 500 00 100 00 500 00 575 00	Scholarship General Support General Support team can-a-beans General Support	school/govt 39-0826295 68-1901303 23-1907729 39-1425288
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School	1,000 00 1,000 00 500 00 100 00 500 00 575 00 307 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club	1,000 00 1,000 00 500 00 100 00 500 00 575 00 307 00 150 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 5/19/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp	1,000 00 1,000 00 500 00 100 00 500 00 575 00 307 00 150 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 5/19/14 7/2/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann	1,000 00 1,000 00 500 00 100 00 500 00 575 00 307 00 150 00 1,000 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 5/19/14 7/2/14 5/20/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann Loaves & Fishes	1,000 00 1,000 00 500 00 100 00 500 00 575 00 307 00 150 00 1,000 00 940 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support General Support General Support	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669 39-6076927
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 5/19/14 7/2/14 5/20/14 7/16/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann Loaves & Fishes Loaves & Fishes	1,000 00 1,000 00 500 00 100 00 575 00 307 00 150 00 1,000 00 940 00 750 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support General Support General Support General Support Scholarship	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669 39-6076927 39-0821861
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 5/19/14 7/2/14 5/20/14 7/16/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann Loaves & Fishes	1,000 00 1,000 00 500 00 100 00 575 00 307 00 150 00 1,000 00 940 00 750 00 550 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support General Support General Support Scholarship General Support	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669 39-6076927 39-0821861 45-3576066
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 7/2/14 5/20/14 7/16/14 8/20/14 4/8/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann Loaves & Fishes	1,000 00 1,000 00 500 00 500 00 575 00 307 00 150 00 1,000 00 940 00 750 00 250 00 225 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support General Support General Support General Support General Support Scholarship General Support Back to School 2014	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669 39-6076927 39-0821861 45-3576066 45-3576066
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 5/19/14 5/20/14 7/2/14 8/20/14 4/8/14 12/16/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann Loaves & Fishes	1,000 00 1,000 00 500 00 500 00 575 00 307 00 150 00 1,000 00 940 00 750 00 250 00 225 00 500 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support General Support General Support General Support General Support Scholarship General Support Back to School 2014 Back to School 2014	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669 39-6076927 39-0821861 45-3576066 45-3576066
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 5/19/14 7/2/14 5/20/14 7/16/14 8/20/14 4/8/14 12/16/14 3/19/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann Loaves & Fishes	1,000 00 1,000 00 500 00 500 00 575 00 307 00 150 00 1,000 00 750 00 250 00 225 00 500 00 2,815 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support General Support General Support General Support scholarship General Support Back to School 2014 Back to School 2014 General Support	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669 39-6076927 39-0821861 45-3576066 45-3576066 45-3576066 39-1857037
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 5/19/14 7/2/14 5/20/14 7/16/14 8/20/14 4/8/14 12/16/14 3/19/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann Loaves & Fishes Loaves & Fishes Loaves & Fishes Loaves & Fishes Loaves & Fishes Loaves & Fishes Loaves & Mishes Loaves & Fishes Loaves & Mishes Loaves & Fishes Loaves & Mishes Loaves & Fishes Loaves &	1,000 00 1,000 00 500 00 500 00 575 00 307 00 150 00 1,000 00 750 00 250 00 225 00 500 00 2,815 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support General Support General Support General Support General Support Scholarship General Support Back to School 2014 Back to School 2014 General Support STS Food Program	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669 39-6076927 39-0821861 45-3576066 45-3576066 45-3576066 39-1857037 Church
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 5/19/14 7/2/14 5/20/14 4/8/14 12/16/14 3/19/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann Loaves & Fishes Loaves &	1,000 00 1,000 00 500 00 500 00 575 00 307 00 1,000 00 750 00 250 00 250 00 2,815 00 1,000 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support General Support General Support General Support General Support Scholarship General Support Back to School 2014 Back to School 2014 General Support STS Food Program	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669 39-6076927 39-0821861 45-3576066 45-3576066 45-3576066 39-1857037 Church
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 5/19/14 7/2/14 5/20/14 4/8/14 12/16/14 3/19/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann Loaves & Fishes Loaves & Fishes Loaves & Fishes Lomira Area Education Enrichment Fdn Lomira Area Food Pantry Longyear Museum Lutheran Social Services of Wi and Upper Michigan Mahala's Hope	1,000 00 1,000 00 500 00 500 00 575 00 307 00 1,000 00 940 00 750 00 250 00 255 00 2,815 00 1,000 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support General Support General Support General Support General Support Scholarship General Support Back to School 2014 Back to School 2014 General Support STS Food Program General Support	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669 39-6076927 39-0821861 45-3576066 45-3576066 45-3576066 39-1857037 Church 04-2203829
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 5/20/14 7/2/14 5/20/14 4/8/14 12/16/14 3/19/14 9/16/14 7/2/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann Loaves & Fishes Loaves & Fishes Loaves & Fishes Lomira Area Education Enrichment Fdn Lomira Area Education Enrichment Fdn Lomira Area Food Pantry Longyear Museum Lutheran Social Services of Will and Upper Michigan Mahala's Hope Make a Wish- Illinois	1,000 00 1,000 00 500 00 500 00 575 00 307 00 1,000 00 940 00 750 00 250 00 250 00 2,815 00 1,000 00 2,500 00 1,000 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support General Support General Support General Support General Support Scholarship General Support Back to School 2014 Back to School 2014 General Support STS Food Program General Support Mental Health for Elderly	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669 39-6076927 39-0821861 45-3576066 45-3576066 45-3576066 39-1857037 Church 04-2203829
7/16/14 9/16/14 7/16/14 4/8/14 9/25/14 2/18/14 5/22/14 12/8/14 5/20/14 7/2/14 5/20/14 4/8/14 12/16/14 3/19/14 9/16/14 7/2/14 10/21/14	Junior Achievement/FdL AC Just Fare Market Juvenile Diabetes Fund Kids from Wisconsin Kind News Laconia High School Laconia High School Lake Area Club Lake Lundgren Bible Camp Lakeland College and Joshua Leisemann Loaves & Fishes Loaves & Fishes Loaves & Fishes Lomira Area Education Enrichment Fdn Lomira Area Food Pantry Longyear Museum Lutheran Social Services of Wi and Upper Michigan Mahala's Hope	1,000 00 1,000 00 500 00 500 00 575 00 307 00 1,000 00 940 00 750 00 250 00 500 00 2,815 00 1,000 00 2,500 00 2,500 00 1,000 00	Scholarship General Support General Support team can-a-beans General Support Magazines for schools Golf Team Support General Support General Support General Support General Support General Support Scholarship General Support Back to School 2014 Back to School 2014 General Support STS Food Program General Support Mental Health for Elderly Trauma Program	school/govt 39-0826295 68-1901303 23-1907729 39-1425288 53-0225390 govt/school school 39-1450669 39-6076927 39-0821861 45-3576066 45-3576066 45-3576066 39-1857037 Church 04-2203829

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1/21/14	March of Dimes	50 00	General Support	13 1846366	
2/4/14	March of Dimes	25 00	General Support	13-1846366	
5/27/14	Marian University	872 00	Scholarship	39 1024723	
6/2/14	Marian University	500 00	Scholarship	39-1024723	
12/22/14	Marian University	750 00	General Support	39 1024723	
12/22/14	Marian University	250 00	General Support	39-1024723	
	Marian University & Kayla Meyer		scholarship	39-1024723	
	Marian University & Turkessa Hayes		scholarship	39-1024723	
	Marian University and Allyson Eigenbrodt	-	scholarship	39 1024723	
	· · · · · · · · · · · · · · · · · · ·		scholarship	39-1024723	
	Marian University and Amber Schmidt		·		
	Marian University and Ashley Benzing		Scholarship	39-1024723	
	Marian University and Ashley Benzing		scholarship	39-1024723	
	Marian University and Brittnee Freund		Scholarship	39-1024723	
7/11/14	Marian University and Carlene Janssen	1,000 00	scholarship	39-1024723	
9/9/14	Marian University and Christina Pattee	1,000 00	Scholarship	39-1024723	
7/11/14	Marian University and Christy Johlke	1,000 00	scholarship	39-1024723	
7/2/14	Marian University and David Memenga	750 00	scholarship	39-1024723	
6/11/14	Marian University and Jace Klimeck	1,000 00	Scholarship	39-1024723	
6/11/14	Marian University and Jace Klimeck	1,000 00	scholarship	39-1024723	
6/18/14	Marian University and Jennifer Stadler	3,500 00	scholarship	39-1024723	
	Marian University and Jennifer Stadler	-	scholarship	39-1024723	
	Marian University and Mary Scharinger		scholarship	39-1024723	
	Marian University and Philomena Wallin		scholarship	39-1024723	
	Marian University and Rose Forester	•	Scholarship	39-1024723	
	Marquette University		General Support	39-0806251	
	•		• •	39-0806251	
	Marquette University		General Support		
	Marquette University		General Support	39-0806251	
8/18/14	Massachusettes Institute of Technology	25 00	General Support	04-2103594	
6/16/14	Medical College of WI and Michael Hansen	2,000 00	scholarship	school/govt	
11/14/14	Milwaukee School of Engineering	50 00	General Support	39-0477970	
1/29/14	Moraine Park Foundation	4,000 00	Scholarships	51-0188166	
1/29/14	Moraine Park Foundation	1,000.00	Scholarship	51-0188166	
1/29/14	Moraine Park Foundation	400 00	Scholarship	51-0188166	
3/14/14	Moraine Park Foundation	3,200 00	Gourmet Dinner	51-0188166	
6/2/14	Moraine Park Foundation	500 00	Scholarship	51-0188166	
	Moraine Park Foundation		Scholarship	51-0188166	
	Moraine Park Foundation		Scholarship	51-0188166	
			•		
	Moraine Park Foundation		Scholarship	51-0188166	
10/28/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline	1,000 00	Scholarship	51-0188166	
10/28/14 7/8/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn	1,000 00	Scholarship Scholarship	51-0188166 school/govt	
10/28/14 7/8/14 4/8/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS	1,000 00 1,000 00 500 00	Scholarship Scholarship General Support	51-0188166 school/govt 39-1536251	
10/28/14 7/8/14 4/8/14 5/20/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI	1,000 00 1,000 00 500 00 500 00	Scholarship Scholarship General Support General Support	51-0188166 school/govt 39-1536251 39-1466269	
10/28/14 7/8/14 4/8/14 5/20/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter	1,000 00 1,000 00 500 00 500 00	Scholarship Scholarship General Support	51-0188166 school/govt 39-1536251	
10/28/14 7/8/14 4/8/14 5/20/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI	1,000 00 1,000 00 500 00 500 00	Scholarship Scholarship General Support General Support	51-0188166 school/govt 39-1536251 39-1466269	
7/8/14 4/8/14 5/20/14 8/6/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter	1,000 00 1,000 00 500 00 500 00 100 00	Scholarship Scholarship General Support General Support	51-0188166 school/govt 39-1536251 39-1466269	
7/8/14 4/8/14 5/20/14 8/6/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River	1,000 00 1,000 00 500 00 500 00 100 00	Scholarship Scholarship General Support General Support General Support	51-0188166 school/govt 39-1536251 39-1466269 39-1139220	
7/8/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00	Scholarship Scholarship General Support General Support General Support	51-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159	
7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00	Scholarship Scholarship General Support General Support General Support General Support	51-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256	
7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support	51-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604	
7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support	51-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support Alternative Learning Center	51-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support General Support Alternative Learning Center Art Program	51-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools North Fond du Lac Public Schools	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support Alternative Learning Center	51-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14 12/9/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools North Fond du Lac Public Schools Northeast Wisconsin Technical College and	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00 500 00 650 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support Alternative Learning Cente Art Program Artist in Residence	school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14 12/9/14 7/30/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools North Fond du Lac Public Schools Northeast Wisconsin Technical College and Adam King	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00 500 00 500 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support General Support Alternative Learning Cente Art Program Artist in Residence scholarship	school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14 12/9/14 7/30/14 3/6/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools Northeast Wisconsin Technical College and Adam King Oakfield Public Library	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00 500 00 500 00 350 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support Alternative Learning Cente Art Program Artist in Residence scholarship Display Case	school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14 12/9/14 7/30/14 3/6/14 11/4/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools Northeast Wisconsin Technical College and Adam King Oakfield Public Library Oakfield Public Library	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00 500 00 350 00 500 00 500 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support Alternative Learning Cente Art Program Artist in Residence scholarship Display Case General Support	\$1-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14 12/9/14 7/30/14 3/6/14 11/4/14 8/18/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools North Fond du Lac Public Schools Northeast Wisconsin Technical College and Adam King Oakfield Public Library Oakfield Public Library Platelet Disorder Support Association	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00 500 00 350 00 25 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support General Support Alternative Learning Cente Art Program Artist in Residence scholarship Display Case General Support General Support General Support	\$1-0188166 \$chool/govt 39-1536251 39-1466269 39-1139220 \$8-2471159 36-2139256 39-2007604 39-2007604 \$chool \$chool \$chool/govt Govt govt 22-3611011	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14 12/9/14 7/30/14 3/6/14 11/4/14 8/18/14 3/19/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools North Fond du Lac Public Schools Northeast Wisconsin Technical College and Adam King Oakfield Public Library Olakfield Public Library Platelet Disorder Support Association Principia Annual Fund	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00 500 00 350 00 500 00 25 00 100 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support General Support Alternative Learning Cente Art Program Artist in Residence scholarship Display Case General Support General Support General Support General Support	\$1-0188166 \$chool/govt 39-1536251 39-1466269 39-1139220 \$8-2471159 36-2139256 39-2007604 39-2007604 \$chool \$chool \$chool/govt Govt govt 22-3611011 43-0652667	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14 12/9/14 7/30/14 3/6/14 11/4/14 8/18/14 3/19/14 1/21/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools North Fond du Lac Public Schools Northeast Wisconsin Technical College and Adam King Oakfield Public Library Oakfield Public Library Platelet Disorder Support Association Principia Annual Fund Randolph High School	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00 500 00 350 00 25 00 100 00 200 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support General Support Alternative Learning Center Art Program Artist in Residence scholarship Display Case General Support General Support General Support General Support General Support General Support General Support General Support Randolph Athletic Dept	51-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604 r school school school/govt Govt govt 22-3611011 43-0652667 39-1443845	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14 12/9/14 7/30/14 3/6/14 11/4/14 8/18/14 3/19/14 1/21/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools North Fond du Lac Public Schools Northeast Wisconsin Technical College and Adam King Oakfield Public Library Olakfield Public Library Platelet Disorder Support Association Principia Annual Fund	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00 500 00 350 00 25 00 100 00 200 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support General Support Alternative Learning Cente Art Program Artist in Residence scholarship Display Case General Support General Support General Support General Support	\$1-0188166 \$chool/govt 39-1536251 39-1466269 39-1139220 \$8-2471159 36-2139256 39-2007604 39-2007604 \$chool \$chool \$chool/govt Govt govt 22-3611011 43-0652667	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14 12/9/14 7/30/14 3/6/14 11/4/14 8/18/14 3/19/14 1/21/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools North Fond du Lac Public Schools Northeast Wisconsin Technical College and Adam King Oakfield Public Library Oakfield Public Library Platelet Disorder Support Association Principia Annual Fund Randolph High School	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00 500 00 350 00 25 00 100 00 200 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support General Support Alternative Learning Center Art Program Artist in Residence scholarship Display Case General Support General Support General Support General Support General Support General Support General Support General Support Randolph Athletic Dept	51-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604 r school school school/govt Govt govt 22-3611011 43-0652667 39-1443845 39-1052471	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14 12/9/14 7/30/14 3/6/14 11/4/14 8/18/14 3/19/14 1/21/14 6/2/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools North Fond du Lac Public Schools Northeast Wisconsin Technical College and Adam King Oakfield Public Library Oakfield Public Library Platelet Disorder Support Association Principia Annual Fund Randolph High School	1,000 00 1,000 00 500 00 500 00 100 00 200 00 300 00 1,000 00 500 00 500 00 25 00 100 00 200 00 700 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support General Support Alternative Learning Center Art Program Artist in Residence scholarship Display Case General Support General Support General Support General Support General Support General Support General Support General Support Randolph Athletic Dept	51-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604 r school school school/govt Govt govt 22-3611011 43-0652667 39-1443845	
10/28/14 7/8/14 4/8/14 5/20/14 8/6/14 3/3/14 7/16/14 5/20/14 3/11/14 9/22/14 12/9/14 7/30/14 8/18/14 3/19/14 1/21/14 6/2/14	Moraine Park Foundation Moraine Park Technical College and Jacqueline Gunn Mount Tabor Center-SPIRTUS NAMI National MS Society-WI chapter National Wild Turkey Federation Rock River Chapter Neighborhood Boys & Girls Club New Beginnings New Beginnings Pregnancy Care Center North Fond du Lac Public Schools North Fond du Lac Public Schools Northeast Wisconsin Technical College and Adam King Oakfield Public Library Oakfield Public Library Platelet Disorder Support Association Principia Annual Fund Randolph High School Rawhide Boys Ranch	1,000 00 1,000 00 500 00 500 00 100 00 200 00 75 00 300 00 1,000 00 500 00 25 00 100 00 200 00 2,000 00	Scholarship Scholarship General Support General Support General Support General Support General Support General Support General Support General Support Alternative Learning Center Art Program Artist in Residence scholarship Display Case General Support General Support General Support General Support General Support General Support General Support General Support General Support General Support	51-0188166 school/govt 39-1536251 39-1466269 39-1139220 58-2471159 36-2139256 39-2007604 39-2007604 r school school school/govt Govt govt 22-3611011 43-0652667 39-1443845 39-1052471	
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5/16/14 Salute the Troops	1 000 00 Coneral Support	45 4069214
9/19/14 Salute the Troops	1,000 00 General Support 4,000 00 Veterans Resources	45-4968314 45-4968314
11/26/14 Salute the Troops	100 00 General support	45-4968314
12/4/14 Salute the Troops	100 00 General Support	45-4968314
2/26/14 Salvation Army of FDL	400 00 General Support	36-2167910
4/1/14 Salvation Army of FDL	4,000 00 General Support	36-2167910
4/8/14 Salvation Army of FDL		36-2167910
5/1/14 Salvation Army of FDL	500 00 General Support	
12/16/14 Salvation Army of FDL	3,000 00 General Support	36-2167910
3/24/14 Samaritan Free Clinic	7,500 00 STS Food Program	36-2167910
5/19/14 Samaritan Free Clinic	2,000 00 General Support	39-1684956
6/9/14 Samaritan Free Clinic	388 00 General Support	39-1684956
9/3/14 Samaritan Free Clinic	2,000 00 General Support	39-1684956
9/22/14 Samaritan Free Clinic	623 00 General Support	39-1684956
	2,000 00 General Support	39-1684956
12/9/14 Samaritan Free Clinic	2,000 00 General Support	39-1684956
2/12/14 School District of Oakfield	500 00 Digital Camera for Art Dept	govt/school
3/26/14 School District of Oakfield	400 00 Geocaching Equipment	govt/school
4/11/14 School District of Oakfield	700 00 General Support	govt/school
5/27/14 School District of Oakfield	7,000 00 General Support	govt/school
11/19/14 School District of Onlyfield	55000 D 15 45 14411	
11/18/14 School District of Oakfield 1/8/14 Solutions Center	550 00 Book Bag/Free Little Library	school
1/8/14 Solutions Center 1/29/14 Solutions Center	50 00 General Support	39-1452956
• •	100 00 General Support	39-1452956
2/18/14 Solutions Center	100 00 General Support	39-1452956
2/26/14 Solutions Center 3/6/14 Solutions Center	237.50 General Support	39-1452956
• •	5,000 00 Transportation	39-1452956
3/14/14 Solutions Center	1,000 00 General Support	39-1452956
3/21/14 Solutions Center	509 00 General Support	39-1452956
5/20/14 Solutions Center	2,000.00 General Support	39-1452956
9/16/14 Solutions Center	5,000 00 General Support	39-1452956
10/8/14 Solutions Center	399.00 General Support	39-1452956
12/11/14 Solutions Center	75 00 General Support	39-1452956
9/12/14 Sons of Zebedee SS James & John	5,500 00 Tuition Assistance	39-1999829
12/29/14 Sophia Foundation, Inc	1,640.00 General Support	72-1526171
12/11/14 Soroptimist International Fund	500 00 General Support	39-6126171
5/20/14 South Shore Chorale	300.00 General Support	20-5421290
8/20/14 South Shore Chorale	298 00 Scholarship	school/govt
9/19/14 South Shore Chorale	3,000.00 2014 Concert Series	20-5421290
5/16/14 SPARC	1,000 00 General Support	37-0717761
9/24/14 Special Olympics	50 00 General Support	52-0889518
0/2/14 54 4		
9/3/14 St. Agnes Hospital Foundation/Hospice Hope	623 00 General Support	39-1684956
5/27/14 St. Jude's Research Hospital	250.00 General Support	62-0646012
10/16/14 St. Lawrence Seminary	1,100 00 General Support	39-0807050
8/1/14 St. Louis University and Kendra Patton	2,000 00 scholarship	43-0654872
3/11/14 St. Mary's Springs Academy	1,860 00 General Support	39-1130623
4/11/14 St. Mary's Springs Academy	1,350 00 General Support	39-1130623
7/16/14 St Mary's Springs Academy 9/23/14 St Mary's Springs Academy	500 00 Building/Scholarships	39-1130623
	1,819 00 General Support	39-1130623
9/23/14 St Mary's Springs Academy	1,101 00 General Support	39-1130623
9/24/14 St. Mary's Springs Academy	544 00 General Support	39-1130623
9/24/14 St Mary's Springs Academy	502 00 General Support	39-1130623
9/25/14 St Mary's Springs Academy	10,523 00 Second Century Campaign	39-1130623
9/25/14 St. Mary's Springs Academy	750 00 Tuition Assistance	39-1130623
9/25/14 St Mary's Springs Academy	900 00 Tuition Assistance	39-1130623
10/2/14 St. Mary's Springs Academy	7,002 00 Music Enhancements	39-1130623
12/10/14 St. Mary's Springs Academy	3,353 00 General Support	39-1130623
6/24/14 St. Norbert College and Alex Gruber	1,000 00 Scholarship	39-1399196
8/20/14 St. Norbert College and Jordana Butler 8/20/14 St. Norbert College and Jordana Butler	1,000 00 scholarship	39-1399196
	1,000.00 scholarship	39-1399196
9/3/14 St. Paul's Evangelical Eutheran Church	2,864 00 General Support	church
4/8/14 St. Vincent de Paul Society	500 00 General Support	39-0824875
9/3/14 St. Vincent de Paul Society 12/22/14 St. Vincent de Paul Society	778 00 General Support	39-0824875
•	400 00 General Support	39-0824875
3/19/14 Student Center Foundation	100 00 General Support	39-6057046
8/18/14 Symphonic Band/Buttermilk Festival	500 00 Summer Music Festival	39-1400395
9/24/14 The ALS Association	50 00 General Support	13-3271855
2/26/14 The Arc of FDL 5/1/14 The Arc of FDL	200 00 General Support	39-1034161
5/16/14 The Arc of FDL	50 00 General Support	39-1034161
6/16/14 The Arc of FDL	1,000 00 General Support	51-0163796
The Christian Science Asso /Anetta G	687 00 scholarship	39-1034161
3/19/14 Schneider	100.00 Canada Sugarant	A7 7754747
. Ly L. Semerae.	100 00 General Support	42-2254742

3/19/14	The First Church of Christ Scientist Boston	300 00	General Support	42-2254742
3/19/14	The First Church of Christ Scientist Boston	300 00	General Support	42-2254742
8/20/14	The Hope of WI	500 00	Climbing for Hospice	39-1510970
3/19/14	The Institute for Global Ethics	100 00	General Support	22-3061144
12/8/14	The Salvation Army	75 00	General Support	36-2167910
3/18/14	Thelma Sadoff Center for the Arts	2,820 10	General Support	39-1816401
3/18/14	Thelma Sadoff Center for the Arts	5,908 50	General Support	39-1816401
5/20/14	Thelma Sadoff Center for the Arts	1,000 00	General Support	39-1816401
6/3/14	Thelma Sadoff center for the Arts		General Support	39-1816401
	Thelma Sadoff center for the Arts		General Support	39-1816401
	Thelma Sadoff center for the Arts		General Support	39-1816401
	Thelma Sadoff Center for the Arts		Impact Support	39-1816401
	Three Lakes Public Library Foundation		General Support	20-0263973
3/13/14	Three Lakes School/Community Arts	100 00	аспеты зарротт	20 0203373
2/10/14	•	100.00	Conneral Cupport	39-1894797
	Association Trially Booket Church		General Support	church
	Trinity Baptist Church		General Support	school
	Trinity Baptist Church		Scholarships	
	Trinity Baptist School	•	Scholarship	Church
	Ultimate Peace, Inc		General Support	27-2840618
	United for Diversity		Community Event	39-2037289
	United for Diversity		General Support	39-2037289
	United for Diversity	250 00	General Support	39-2037289
8/20/14	United Way of FDL	1,000 00	General Support	39-0806194
6/24/14	Univ of Illinois and Ann Wenzel	1,000 00	Scholarship	school/govt
5/14/14	Univ of Pennsylvania & Joshus Gutzmann	500 00	Scholarship	school/govt
9/9/14	University of Chicago & Hannah Holzmann	1,000 00	Scholarship	36-2177139
6/24/14	University of Illinois and Ann Wenzel	1,000 00	scholarship	school/govt
7/3/14	University of Minnesota and Erica Daniels	1,000 00	Scholarship	school/govt
	University of Minnesota-Twin Citites and		•	
7/23/14	Taryn Bednarek	750 00	scholarship	school/govt
	University of Pennsylvania and Joshua		•	
7/1/14	Gutzmann	1,000,00	scholarship	school/govt
., _,	University of Pennsylvania and Joshua	2,000 00		
7/1/14	Gutzmann	500.00	scholarship	school/govt
7,1,14	University of Pennsylvania and Joshua	300 00	Scholar Shirp	30.100,780.10
7/1/14	Gutzmann	1 000 00	scholarship	school/govt
		· ·		school/govt
	University of Phoenix & Sara Buechel		scholarship	39-0743975
	University of WI Foundation		General Support	
	University of WI Foundation		General Support	39-0743975
//16/14	UW Fond du Lac & Andrea Dawson	750 00	scholarship	school/govt
	UW School of Medicine and Public Health and			
6/16/14	Ashley Nault	2,000 00	scholarship	school/govt
	UW School of Medicine and Public Health and			
6/18/14	Ashley Nault	700 00	scholarship	school/govt
	UW School of Medicine and Public Health and			
8/18/14	Ashley Nault	500 00	Scholarship	school/govt
5/14/14	UW-FDL & Hunter Chapin	500 00	Scholarship	school/govt
7/3/14	UW-FDL and Courtney Williams	1,000 00	Scholarship	school/govt
7/3/14	UW-FDL and Jaden Hambrick	850 00	Scholarship	school/govt
3/14/14	UW-FDL Foundation	1,000 00	Scholarships	23-7349000
3/19/14	UW-FDL Foundation	100 00	General Support	23-7349000
6/2/14	UW-FDL Foundation	500 00	Scholarship	23-7349000
7/23/14	UW-FDL Foundation	1,700 00	Scholarship	23-7349000
10/16/14	UW-FDL Foundation		Scholarships	23-7349000
	UW-LaCrosse & Dana Swanson		scholarship	school/govt
	UW-LaCrosse and Ashley Rossman		scholarship	school/govt
	UW-LaCrosse and Cami Hoerth) scholarship	school/govt
	UW-LaCrosse and Cami Hoerth		scholarship	school/govt
	UW-LaCrosse and Elizabeth Gamache		Scholarship	school/govt
			•	school/govt
	UW-LaCrosse and Relate Schultz) scholarship	school/govt
	UW-LaCrosse and Paul Jewson) Scholarship	school/govt
	UW-LaCrosse and Zachary Zander) scholarship	_
	UW-Madison & Anthony Schmitz) Scholarship	school/govt
	UW-Madison & Benjamin Bukowiec) Scholarship	school/govt
	UW-Madison & Courtney McCourt) Scholarship	school/govt
	UW-Madison & Rachel Baldwin) scholarship	school/govt
	UW-Madison and Amanda Rose) Scholarship	school/govt
	UW-Madison and Amanda Rose) Scholarship	school/govt
	UW-Madison and Brad Morgan		O General Support	school/govt
	UW-Madison and Bridget Stollfus) scholarship	school/govt
	UW-Madison and Courtney McCourt		O scholarship	school/govt
6/18/14	UW-Madison and Diana Zimdars	1,000 00	O Scholarship	school/govt

8/26/14	UW-Madison and Jacob Bertram	750 00 scholarship	school/govt
8/11/14	UW-Madison and Jaryd Schmitz	1,500 00 scholarship	school/govt
8/11/14	UW-Madison and Jordan Peschek	2,500 00 scholarship	school/govt
8/11/14	UW-Madison and Joshua Peschek	2,000 00 scholarship	school/govt
8/14/14	UW-Madison and Kayla Sperbeck	1,000 00 scholarship	school/govt
	UW-Madison and Laura Block	1,000 00 Scholarship	school/govt
	UW-Madison and Leah Goebel	1,000 00 scholarship	school/govt
	UW-Madison and Maddi Spletter	1,500 00 scholarship	school/govt
	UW-Madison and Pa Vang	1,000 00 Scholarship	school/govt
	UW-Madison and Parker Grimes	1,000 00 Scholarship	school/govt
	UW-Madison and Sarah Jacobsen	1,000 00 Scholarship	39-1625460
		-	school/govt
	UW-Madison and Shelby Sabel	1,500 00 Scholarship	
	UW-Madison and Shyanne Vande Berg	500 00 scholarship	school/govt
	UW-Milwaukee & Haley Nowland	750 00 scholarship	school/govt
	UW-Milwaukee & Jaylah Pennau	1,000 00 Scholarship	school/govt
	UW-Milwaukee and Christina Wirtz	750 00 scholarship	school/govt
	UW-Milwaukee and Jaylah Pennau	500 00 Scholarship	school/govi
7/3/14	UW-Milwaukee and Jaylah Pennau	500 00 Scholarship	school/gavt
8/14/14	UW-Milwaukee and Joseph Metzinger	400 00 scholarship	school/govt
2/20/14	UW-Oshkosh	2,000 00 Scholarship	39-6076856
6/16/14	UW-Oshkosh & Kelly Wagner	1,000 00 scholarship	school/govt
7/11/14	UW-Oshkosh & Kimberly Schaub	1,000 00 scholarship	school/govt
8/7/14	UW-Oshkosh & Kyrstin Kohnke	750 00 Scholarship	school/govt
7/3/14	UW-Oshkosh & Sydney Blaine	1,000 00 Scholarship	school/govt
	UW-Oshkosh & Sydney Blaine	1,000 00 Scholarship	school/govt
	UW-Oshkosh and Ashlee Keller	750 00 scholarship	school/govt
	UW-Oshkosh and Diana Enciso	1,000 00 scholarship	school/govt
	UW-Oshkosh and Emily Heidl	750 00 scholarship	school/govt
	UW-Oshkosh and Jennifer Schmitz	1,000 00 scholarship	school/govt
	UW-Oshkosh and Jennifer Schmitz	750 00 scholarship	school/govt
			school/govt
	UW-Oshkosh and Jessie McCarty	750 00 scholarship	-
	UW-Oshkosh and Marissa Hopp	500 00 scholarship	school/govt
	UW-Oshkosh and Rhiannon Grams	500 00 scholarship	school/govt
	UW-Oshkosh and Taylor Jones	1,000 00 scholarship	school/govt
	UW-Oshkosh and Taylor Jones	500 00 scholarship	school/govt
8/28/14	UW-Platteville and Paige Petersen	1,000 00 Scholarship	school/govt
9/9/14	UW-River Falls and Nathan O'Leary	1,500 00 Scholarship	school/govt
6/18/14	UW-River Falls and Valerie Kramer	1,500 00 Scholarship	school/govt
7/11/14	UW-Stevens Point & Sadie Rick	750 00 scholarship	school/govt
8/18/14	UW-Stevens Point and Jason Fischer	1,000 00 Scholarship	school/govt
8/18/14	UW-Stevens Point and Jason Fischer	1,000 00 Scholarship	school/govt
8/18/14	UW-Stevens Point and Rebekah Clark	1,000 00 Scholarship	school/govt
3/19/14	UW-Stevens Point Foundation	100 00 General Support	39-6098038
7/3/14	Viterbo University and April Weber	2,000 00 Scholarship	39-0978445
	Volunteer Center	1,000 00 General Support	39-1956262
	Volunteer center of FDL	500 00 Cheers Sponsor	39-1956262
	Waupun Area Animal Shelter	100 00 scholarship	20-2478910
	Waupun Area Food Pantry	6,385 00 STS Food Program	30-0219941
	Wellesley college and Loren Lock	1,000 00 Scholarship	04-2103637
	Wellesley College and Loren Lock		04-2103637
7/23/14		750 00 scholarship	04-2103037
10/12/124	Western WI Chapter-Juvenile Diabetes	1 000 00 0 10	22 1002720
	Research Fdn	1,000 00 General Support	23-1907729
	Wi Regional Artists Association	4,583 00 Contour Notes Publication	39-6287533
	William Woods University & Lynn Flucke	1,000 00 Scholarship	school/govt
	Winnebago Lutheran Academy	461 81 General Support	39-0910385
10/16/14	Winnebago Lutheran Academy	1,100 00 General Support	39-0910385
5/1/14	Wisconsin Badger Camp	500 00 General Support	39-1097398
	Wisconsin Lutheran College and Amanda		
8/8/14	Baneck	2,000 00 scholarship	23-7179639
	Wisconsin Lutheran College and Michael		
8/11/14	Anderson	1,500 00 scholarship	23-7179639
7/3/14	Wisconsin Lutheran Seminary and Jacob Haag	2,000 00 Scholarship	23-7179639
	Wisconsin Public Television	50 00 scholarship	23-7300462
	Wisconsin Restaurant Association Education Fc	750 00 Scholarship	school/govt
	Women's Fund's of Fond du Lac	100 00 Memorial grant	46-3045282
	WRA Education Foundation	750 00 Scholarship	39-1557486
	WXPR Public Radio	100 00 General Support	39-1337480
-, 13/ 14	TANK THE GOILE ROOTS	100 00 GCIICIBI Jupport	22 2271010