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Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of. Open to Public Inspection

For calendar year 2015 or tax year beginning			, 2015, and ending					, 20
Name of foundation						r identific	ation numb	
	Sch	noen family Charitable T	rust		206	フフ	1 96	3
-	Number and	d street (or P.O. box number if mail is not delivered to street address)		n/surte	B Telephon	e number	(see instruct	
							4-74	
-	City or town	a DeKalb Lane n, state or province, country, and ZIP or foreign postal code						
		nah, WI 54956			Cirexempt	ion applic	ation is pend	ling, check here ▶ 🌅
_			of a farmar publi	o oboritu				
G	Check		n of a former public	Charity	D 1. Foreigr	n organiza	ations, check	here ▶ 🗍
								g the 85% test,
-		Address change Name change						utation · · ▶ □ terminated under
Н		type of organization: Section 501(c)(3) exempt p), check here	
Ļ		n 4947(a)(1) nonexempt charitable trust						
- 1		arket value of all assets at J Accounting method	: Lac Cash L. A	ccruai				th termination
· O		year (from Part II, col. (c), Other (specify)			under sec	tion 507(b)(1)(B), chec	khere ▶ [_
Ē.	line 16		on cash basis.)	T	L			,
_	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	investment	(c) Ad	justed net	(d) Disbursements for charitable
N		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books		ncome		come	purposes
≥ ₹				_				(cash basis only)
₩	1	Contributions, gifts, grants, etc., received (attach schedule)	45,420					
≥	2	Check ► ☐ if the foundation is not required to attach Sch. B		ļ				
6	3	Interest on savings and temporary cash investments		 			<u>/A</u>	
N. W.	4	Dividends and interest from securities	41,854	141	,854			
3	5a	Gross rents	ļ. '				<u> </u>	
\mathbb{Z}	b	Net rental income or (loss)						
	ម្ន 6a	Net gain or (loss) from sale of assets not on line 10	13,954					
	E b	Gross sales price for all assets on line 6a						
98	5 7	Capital gain net income (from Part IV, line 2)		13	1954			
0	Ē 8	Net short-term capital gain				· N/,	A	
	9	Income modifications				J		
	10a	Gross sales less returns and allowances		1				
	b	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)				~	1A	
	11	Other income (attach schedule)					\	
_	12	Total. Add lines 1 through 11	101,228	155	21808		1	
,	13	Compensation of officers, directors, trustees, etc.		<u>i</u> i				
	14	Other employee salaries and wages		1				A CONTRACT OF THE PARTY OF THE
1	14 15 16a	Pension plans, employee benefits						,
	16a	Legal fees (attach schedule)					7	
_	- I B	Accounting fees (attach schedule)					,	AR CE COIS
•	≧ c	Other professional fees (attach schedule)	750	<u> </u>	750		$I = \overline{}$	1, 6
-	<u> </u>	Interest	·					
	18	Taxes (attach schedule) (see instructions)	872	5	272			
•	E 19	Depreciation (attach schedule) and depletion			-		,	
+	5 20	Occupancy						
•	21	Travel, conferences, and meetings						
	E 22	Printing and publications						
	23	Other expenses (attach schedule)						
;	E 24	Total operating and administrative expenses.			,			
	<u> </u>	Add lines 13 through 23	764		764		<u> </u>	<u> </u>
	o c 177 18 19 20 21 22 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25	Contributions, gifts, grants paid	90,149	<u> </u>				90,149
_	26	Total expenses and disbursements. Add lines 24 and 25	92,535	_ 6	1386	N	10	90,149
_	27	Subtract line 26 from line 12:	,					
	а	Excess of revenue over expenses and disbursements	8,693					
	b	Net investment income (if negative, enter -0-)		5.	3,422	_		
	С	Adjusted net income (if negative, enter -0-)				N	A	
_								

Da		Attached schedules and amounts in the description column	Beginning of year		d of year
Part II		Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\neg	1	Cash—non-interest-bearing	45,760	47,451	47,45
	2	Savings and temporary cash investments	3		
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶	-	-	
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶		1	-
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
	_	Less: allowance for doubtful accounts ▶	~		
တ္က	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
AS	10a	Investments—U.S. and state government obligations (attach schedule)	766,923	777,355	1,543301
•	b	Investments—corporate stock (attach schedule)	100,100	1	110 . 3001
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
	•••	Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14			<u> </u>	
	17	Land, buildings, and equipment: basis ► Less: accumulated depreciation (attach schedule) ►	-		1
	15	Other assets (describe >			-
	16	Total assets (to be completed by all filers—see the			
	'0	instructions. Also, see page 1, item I)	812,659	824,806	1,590,750
\dashv	17	Accounts payable and accrued expenses	010.70 7	180 11 200	113401135
	18	Grants payable		 	
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	<u> </u>	 	-
ᅙ	21	Mortgages and other notes payable (attach schedule)			
ت	22			-	
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)		-	 '
_	20	Foundations that follow SFAS 117, check here		 	┥ ,
es S		and complete lines 24 through 26 and lines 30 and 31.			1
ĕ	24	Unrestricted			
Balances	25	Temporarily restricted			
ä	26	Permanently restricted			
P	20	Foundations that do not follow SFAS 117, check here ▶			\dashv
Net Assets or Fund		and complete lines 27 through 31.			
ò	27	Capital stock, trust principal, or current funds	1		
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			-
Se	29	Retained earnings, accumulated income, endowment, or other funds			
As	30	Total net assets or fund balances (see instructions)		<u> </u>	\dashv
e	31	Total liabilities and net assets/fund balances (see		<u> </u>	
Z	-	instructions)			
Pa	rt III		<u> </u>	1	
		al net assets or fund balances at beginning of year—Part II, colu		st agree with	
		-of-year figure reported on prior year's return)			1 812.659
2		er amount from Part I, line 27a		 	2 8,693
3	. Oth	er increases not included in line 2 (itemize) > 3454 5+xV hv/	is of Coma	nillias F	3 3, 4,54
4	L Add	er increases not included in line 2 (itemize) > 3454 5 tock bus I lines 1, 2, and 3	30.14		4 824,806
5		creases not included in line 2 (itemize)			5
	Tota	al net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b). I		6 824, 806
_			<u> </u>		Form 990-PF (2015)

Part	V Capital Gains and	Losses for Tax on Investme	ent Income					
I D_Durchage I					(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a	Capital Gain Di							
b	91 shs 15hares	9/10/10	7/28/15					
C			LSBOX)	6	1/11/07	7/28/15		
d		ids Group XXXMANDA	1E	Р	Various	7/06/15		
е				<u></u>				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
а	6,687				6,0	689		
b	9,937		9 ,79	16		141		
	20,000		19,8	16	/	84		
d	6,946		Ø	•	6,0	946		
е								
	Complete only for assets sho	wing gain in column (h) and owned b	y the foundation	on 12/31/69		Col (h) gain mınus		
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) (j), if any		not less than -0-) or s (from col. (h))		
а								
<u>b</u>								
c								
<u>d</u>								
e								
2	Capital gain net income or	r (net canital loss)	also enter in Pa enter -0- in Pa		2 13	,054		
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c) (see instructions in the column (c) (see ins	tions). If (loss)		3	_		
Part		er Section 4940(e) for Redu		lot Investment				
						· · · · · · · · · · · · · · · · · ·		
(FOI O	puonai use by domestic pri	vate foundations subject to the s	ection 4940(a)	tax on net invest	iment income.)			
If sect	ion 4940(d)(2) applies, leave	e this part blank.						
		section 4942 tax on the distribut qualify under section 4940(e). Do			base period?	☐ Yes 💢 No		
1		ount in each column for each yea			aking any entrie	S.		
	(a)	(b)		(c)	<u> </u>	(d)		
Cale	Base period years ndar year (or tax year beginning in)	A divisional according a disassification	Net value o	f noncharitable-use a		Distribution ratio b) divided by col. (c))		
	2014	15,229	1,43	5 1353	305 a4/			
	2013	55,280	lia	13,749	. 04	1444		
	2012	51,930	1,05	9,371		902		
	2011	44,374.	90	7,944	, 04	887		
	2010	<u>a</u> a.764	560	9,248	·04	044		
2	Total of line 1, column (d)					23.518		
3		for the 5-year base period—dividation has been in existence if le			the 3	04704		
4	Enter the net value of non-	charitable-use assets for 2015 fr	om Part X, line	5	. 4 1,	533,168		
5	Multiply line 4 by line 3				. 572	130		
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	534		
7	Add lines 5 and 6				. 7 7	2,654		
8	Enter qualifying distribution	ons from Part XII, line 4				10,149		
		ater than line 7, check the box in						

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see it	nstru	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	~~		l_
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	53	7	
_	here All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
С	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
2 3		5 34		_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>	<i></i>	_
5		534	7	-
6	Credits/Payments:			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	├──┼ ──	534		_
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11			<u> </u>
1a	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
10	participate or intervene in any political campaign?	1a	163	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	<u>""</u>		_
	Instructions for the definition)?	1b		\
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			1
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$	<u> </u>		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		Ì	1
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	VIA	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		У
	If "Yes," attach the statement required by General Instruction T.	İ		′ ′
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1	
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6	NIA	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Y	1—
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			V
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9	-	
.0	names and addresses	10	1	
			0-PF	(2015)

Part	VII-A Statements Regarding Activities (continued)			
44	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
11	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	10		У
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12	MA	
	Website address ▶			
14	The books are in care of ► Jeff Mootz Located at ► 3550 Dekalb Lune Nechah, WI ZIP+4 ► 549		<u> </u>	018
15	Located at ► 355∂ DeKalb Lune Necnah, W7 ZIP+4 ► 549 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	26	:7 -	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authorit over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
Dovt	the foreign country			<u> </u>
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly): (1) Energy in the gale or even and or expense of property with a diagonalified person?			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	NI	
	Organizations relying on a current notice regarding disaster assistance check here ▶□			_
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years ▶ 20, 20, 20,	j		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	MI	-
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. • 20, 20, 20, 20			••
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3	!	
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	3b	\ \/\	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	AL.	-	Y
		4b orm 9 9	O-PF	(2015)

D	c
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Part	VII-B	Statements Regar	rding Activities	for W	hich Form	4720 I	May Be R	equire	d (contir	nued)			
5a	_	he year did the foundati		-						r-/.		i İ	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . (2) Influence the outcome of any specific public election (see section 4955); or to carry on,												
	directly or indirectly, any voter registration drive?												
		ride a grant to an individ			other similar	ourpose	es?		Yes	∑(No		,	
		vide a grant to an organi				-		ribed in	_	/ ·		, }	
		ion 4945(d)(4)(A)? (see ir ride for any purpose oth	•		 Obla scientifi				∐ Yes	[XNo		.	
									∐Yes	⊠ No		,	
b	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in												
	•	ons section 53.4945 or ir		_	-		•	uctions)	?		5b	N	4_
_	•	ations relying on a curre nswer is "Yes" to quest	•	•				 the tay			1 1	1	
C		e it maintained expendit							☐ Yes	ΜNo		.	
		attach the statement re			-					Д		,	
6a		foundation, during the y	ear, receive any	funds,	directly or inc	directly,	to pay pre	emiums	_	~		.	
L	•	rsonal benefit contract? foundation, during the y							∐ Yes	No		; -	
b		to 6b, file Form 8870.	ear, pay premiun	is, uire	cuy or maired	ony, on	a personai	beneili	Contract	<i>.</i>	6b		
7a		me during the tax year, wa	as the foundation a	a party t	to a prohibited	tax she	elter transac	tion?	☐ Yes	ΣίΝο		,	
		did the foundation rece									7b	NIA	<u> </u>
Par	VIII	Information About (and Contractors	Officers, Direc	tors, 1	rustees, F	ounda	tion Mana	agers,	Highly F	aid En	nploy	ees,	
1	List all	officers, directors, trus	tees, foundation	n mana	igers and th	eir con	pensation	ı (see iı	nstruction	ns).			
		(a) Name and address			e, and average rs per week		npensation ot paid,		Contributions		(e) Expe	nse acc	ount,
		(a) Name and address	15	devot	ed to position		ter -0-)		erred compe		other a	allowand	ces
- -	CAY S	x hoen 18251	tiquatha	Trus	rs/week	ح	2	\	8	Ī	X	1	
	4571	Jougue - IC	6100	() (10/ WEEK			<u> </u>	<u> </u>				
		WOOLS 3220	Dekalpro	1 / I 🔨		٥٤×	2	,	K)	İ	>	N	
Ne	enah	W1 54956		5.0	hrs/wk				<u> </u>	-+		<u>ح</u>	
										Ì			
2	_	nsation of five highes	t-paid employed	s (oth	er than thos	se inclu	uded on li	ne 1—:	see instr	uctions). If no	one, e	enter
	"NONE	<u></u>			1				(-0.0		<u> </u>		
	(a) Name a	nd address of each employee p	oald more than \$50,00	10	(b) Title, and a hours per v	veek	(c) Comper	nsation	(d) Contribution employee plans and contribution contribu	benefit	(e) Expe	nse acc	
					devoted to p	osition			compens		Other	IIIO W ZIII	
		(1 -0											
		or vaue											
													
Total	number (of other employees paid	over \$50,000 .	· ·	· · · · ·		<u> </u>			. ▶		~ ==	
										F	orm 99	リーアト	(2015)

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	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3 Five hi	phest-paid independent contractors for professional services (see instructions). If none, enter "NON	IE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	- ane	
	(-) (-) (-) (-) (-) (-) (-) (-) (-) (-)	ļ
Ant number	of others receiving over \$50,000 for professional convince	
	of others receiving over \$50,000 for professional services	<u> </u>
art IX-A	Summary of Direct Charitable Activities	
List the found organizations	ation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2	·	
3		
·		
		e e
4		
aut IV D	Cummany of Program Balated Investments (see instructions)	
art IX-B	Summary of Program-Related Investments (see instructions) wo largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
	. 17 ^	
	NIA	
2		
Ail other proce	am-related investments. See instructions.	
3	an rouge arrounding goo not determ.	
tal. Add lin	es 1 through 3	
		Form 990-PF (201

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1512478
b	Average of monthly cash balances	1b	44,038
C	Fair market value of all other assets (see instructions)	1c	-
d	Total (add lines 1a, b, and c)	1d	1,556,516
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	4	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,556,516
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		0.000
	instructions)	4	23,348
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,533,168
6	Minimum investment return. Enter 5% of line 5	6	76,658
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	ound	ations
	and certain foreign organizations check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	76,658
2a	Tax on investment income for 2015 from Part VI, line 5	4	
b	Income tax for 2015. (This does not include the tax from Part VI.)	1	
С	Add lines 2a and 2b	2c	843
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	75,815
4	Recoveries of amounts treated as qualifying distributions	4	_
5	Add lines 3 and 4	5	75,815
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	75,815
Part	XII Qualifying Distributions (see instructions)		
- are			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	ļ	65 110
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	90,149
þ	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		ì
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	90,149
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		/
	Enter 1% of Part I, line 27b (see instructions)	5	534
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	89,615
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	g whe	ther the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

⊃art	XIII Undistributed Income (see instruction	ns)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
•	line 7				75,815
2	Undistributed income, if any, as of the end of 2015:				
а	Enter amount for 2014 only			14,654	
ь	Total for prior years: 20 ,20 ,20		0		
3	Excess distributions carryover, if any, to 2015:				
а	From 2010				
b	From 2011				
C	From 2012				1
d	From 2013				
е	From 2014	_			
f	Total of lines 3a through e			·	<u> </u>
4	Qualifying distributions for 2015 from Part XII,				Į
	line 4: ▶ \$ 90,149			14 / -11	
a	Applied to 2014, but not more than line 2a .			14.654	
b	Applied to undistributed income of prior years (Election required—see instructions)				
С					
U	required—see instructions)	0			
d	Applied to 2015 distributable amount				75,495
e	Remaining amount distributed out of corpus	O			'3, ', '3
5	Excess distributions carryover applied to 2015	ð		 	0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	т. О			
b	Prior years' undistributed income. Subtract line 4b from line 2b	· · · · · · · · · · · · · · · · · · ·	0	-, -	
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
đ	Subtract line 6c from line 6b. Taxable amount—see instructions		3		
е	Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions	, , , , , ,			
f	Undistributed income for 2015. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2016				320
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	0			
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2016.	9			
	Subtract lines 7 and 8 from line 6a	Ô			
10	Analysis of line 9:				
a					
b	Excess from 2012				
C	Excess from 2013				
d e	Excess from 2014 Excess from 2015				

	VIVI District Occupation Formula	Mara /	attana and Dad I	//I A	<u>,</u>	rage 10		
Part)			
1a	If the foundation has received a ruling							
	foundation, and the ruling is effective for		_					
b	Check box to indicate whether the four	ndation is a private	operating foundat	ion described in se	ection 🔲 4942(j)	(3) or 4942(j)(5)		
2a								
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total		
	investment return from Part X for each year listed	, ri A						
ь	85% of line 2a	NIA	K/I A	1// 1/	X/ / A	 		
_	Qualifying distributions from Part XII,		101/7	/* L/T-	/V / /			
С		/						
	line 4 for each year listed		\					
đ	Amounts included in line 2c not used directly	/	\	\				
	for active conduct of exempt activities		\					
e	Qualifying distributions made directly		1	\	1			
	for active conduct of exempt activities.	 	l l			1		
	Subtract line 2d from line 2c	\			, }			
3	Complete 3a, b, or c for the	1			1			
	alternative test relied upon:	\						
_	"Assets" alternative test—enter:	\]]					
а								
	(1) Value of all assets	 			 			
	(2) Value of assets qualifying under							
	section 4942(j)(3)(B)(i)							
D	of minimum investment return shown in	1	1		1			
	Part X, line 6 for each year listed							
C	"Support" alternative test—enter:	1 1		Ì				
	(1) Total support other than gross			l l				
	investment income (interest,				1			
	dividends, rents, payments on			1				
	securities loans (section 512(a)(5)), or royalties)	\		1	\			
	(2) Support from general public	 			- 			
	and 5 or more exempt	\		1	[
	organizations as provided in	\ /		١, ١	١,,			
	section 4942(j)(3)(B)(iii)	├	 	· · · · · · · · · · · · · · · · · · ·				
	(3) Largest amount of support from	l Y	\/	l V	<i>Y</i>			
	an exempt organization	<i></i>	<u> </u>					
	(4) Gross investment income	<u>'</u>		<u> </u>		<u> </u>		
Part				ne foundation h	ad \$5,000 or m	ore in assets at		
	any time during the year-	-see instruction	ns.)					
1	Information Regarding Foundation							
а	List any managers of the foundation	who have contribu	uted more than 2%	6 of the total conti	ributions received	by the foundation		
	before the close of any tax year (but o	only if they have co	ontributed more th	an \$5,000). (See s	ection 507(d)(2).)			
	John School	PA						
b	List any managers of the foundation	who own 10% o	r more of the stoo	k of a corporation	or an equally la	arge portion of the		
	ownership of a partnership or other en							
	(DODE			3				
2	Information Regarding Contribution		n Scholarchin o	to Programs:	····			
~	<u> </u>				organizations s	l door not		
	Check here ▶ ☐ if the foundation							
	unsolicited requests for funds. If the f		gins, grams, etc.	(see instructions) i	o individuals or o	rganizations under		
	other conditions, complete items 2a,					· · · · · · · · · · · · · · · · · · ·		
а	The name, address, and telephone nu	ımber or e-mail ac	dress of the perso	on to whom applic	ations should be a	addressed:		
	1 a . M + 2 2 ~	-\ h 1/ //	1	1				
	Laura Mootz 359					450		
b	The form in which applications should	be submitted an	d information and	materials they sho	uld include:			
	4			•		_		
(a lo	illor request, including	namedada	dress, our po	BC of rear	est tax ex	emot form		
C	Any submission deadlines:			0				
•	June 15, 2015							
d	Any restrictions or limitations on av	vards such as h	v geographical ar	reas charitable fie	elds kinds of ins	stitutions or other		
u	factors:		, goograpilioa ai	out, triainable in	owo, Kinus VI IIIS	and done, or other		
	The second secon	-						
	none in 2015	 	 			000.05		
						Form 990-PF (2015)		

Part	XV Supplementary Information (conti	nued)			
3	Grants and Contributions Paid During to		ed for Fut	ure Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
a	Paid during the year See Attachment				
	Total			▶ 3a	
D	Approved for future payment NA				
	Total		·		

ricel	gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1	Program service revenue:	Busiliess code	Amount	Exclusion code	Amount	(See instructions.)
	a					
	b					
	С					
	d					
	е					
	f					
	g Fees and contracts from government agencies					
	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities	<u></u>				
5	Net rental income or (loss) from real estate:				 	
	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	С					
	d					
	e					
12	Subtotal. Add columns (b), (d), and (e)			!		
						<u></u>
	Total. Add line 12, columns (b), (d), and (e)				13	
See	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	 s.)	· · · · · ·		13	
See Par	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
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See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
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See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
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See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations to XVI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		

Part	XVII		n Regarding Tra	anst	fers To	and Tra	nsactio	ns and R	elationshi	ips W	ith No	oncha	ıritabl	e	<u> </u>
1	in sec	e organization d	directly or indirectle e Code (other that											Yes	No
а	Transf	ers from the rep	oorting foundation	to a	a noncha	aritable ex	empt org	anization o	of:						
	(1) Ca	ısh											1a(1)		X
	(2) Ot	her assets .		•									1a(2)		X
b	Other	transactions:													
	(1) Sa	les of assets to	a noncharitable e	xem	pt organ	nization							1b(1)		X
	(2) Pu	rchases of asse	ets from a noncha	ritab	le exem	pt organiz	ation .						1b(2)		X
	(3) Re	ental of facilities,	, equipment, or ot	her a	assets								1b(3)		y
	(4) Re	eimbursement ar	rrangements										1b(4)		X
		_	rantees										1b(5)		×
			ervices or member	-		-							1b(6)		×
C			quipment, mailing										1c		7
d	value value	of the goods, of in any transaction	of the above is "\ ther assets, or se on or sharing arra	rvice ngen	es given nent, sh	by the repower in colu	oorting fo ımn (d) ti	undation. ne value of	If the found the goods,	lation other	receiv assets	ed less	s than ervices	fair m	arket ved.
(a) Line	no. (c) Amount involved	(c) Name of no	ncnar	TEADIO EXE	mpt organiza	uion	(a) Descri	ption of transfe	rs, trans	sactions	, and sna	aring arr	angeme	ents
										_					
	-														
									$\overline{}$						
									$\overline{}$						
	_		<u> </u>							$\overline{}$					
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			1 ,								$\overline{}$				
											$\overline{}$				
			4121								<u>`</u>				
			7 \ 1										_,		
2a b	descr	bed in section 5	ectly or indirectly 501(c) of the Code e following schedu	e (oth	ner than] Yes	; 🗆	No
		(a) Name of organ				(b) Type of o	rganization			(c) Des	cription	of relation	nship		
				1											
								<u>_</u>							
<u> </u>			I declare that I have exami laration of preparer (other								est of m	y knowle	dge and	belief, it	is true
Sign Here		Zaula	MAD		t l	2011	Title	Trust	LL	wieuge	١.	vith the	IRS discu preparer uctions)?	shown	below
De:4	1	Print/Type preparer	r's name		Preparer's	s signature			Date	J	Chook		PTIN		
Paid				\vee	Y					İ	Check self-em				
Prep Use		Firm's name								Firm's	EIN ▶				
USE !		Firm's address ▶								Phone					
		•												A DE	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organiz	Schoen Family Charitable Trust 20677 1963
Organization type	(check one):
Filers of:	Section:
Form 990 or 990-E	Z
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
or more (ii	panization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a r's total contributions.
Special Rules	
regulation 13, 16a, o	panization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the s under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line r 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contribute	panization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one or, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contribute contributi during the General I	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one or, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such ons totaled more than \$1,000. If this box is checked, enter here the total contributions that were received be year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 5,000 or more during the year

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

Name of c	Schoen Family Charitable True	4	Employer identification number 2007190
Part I	Contributors (see instructions). Use duplicate copies of		3001111001
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	John Schoen 1225 Hiawatha East Dubugue, ILG1025-1025	\$ 25,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	John Stiven 1225 Hiawatha East Dubugue, IL 61025-1025	s 49,956	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Dan Scholen 3065 Castlewoods Lane Dubugue, 1A 52001	\$ 998	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Laura Mootz 3552 DeKalb Lane Neerah, WI 54956	\$ 500	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Sue Coblentz 27 W 153West St. Naperville, IL 60565	\$ 500	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>(</u> Q	Pete Schoen 1952 Wedgewood Dr. Ashim 74 52002	\$ 500	Person

Name of organization **Employer identification number** Family Charituble Trust Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c)
Total contributions (b) (d) (a) Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (d) (c) (a) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c)
Total contributions (d) (a) (b) No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (d) (c) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Employer identification number 206 77/963 Name of organization Family Charltable Trust Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) **(b)** (d) **FMV** (or estimate) from Description of noncash property given **Date received** (see instructions) Part I 12/28/15 \$ 49,956 (c) FMV (or estimate) (a) No. from Date received Description of noncash property given (see instructions) Part I <u>3</u> 12/17/15 DOMAR RUSIS (a) No. **(b)** FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions)

Schedule of Operating and Administrative Expenses Part 1

Line 16A		e L	Legal Fees			
	# *		<u>Date</u>	Vendor	Amount	Comments
Line 16C		Oth	ther Professional Fees			•
	# #	269	<u>Vendor</u> 2/25/15 Exponenent Philantrophy		Amount 750.00	Amount Comments \$ 750.00 Membership Fee
Line 18		Тахс	Xes		-	
	N/A		<u>Date</u> Ver N/A Foreign Tax Pard	ndor	Amount \$ 319 28	Comments On 1099 Form for Schoen Charitable Trust
		272	7/13/15 United States Treasury		\$ 552.53	from Charles Schwab for 2014 2014 Taxes
Line 23	# 	Oth	ther Expenses <u>Date</u>	Vendor	Amount	Comments
		270 271 Debit Debit Debit	3/19/15 US Post Office 3/31/15 Best Buy 7/24/15 Verizon 10/28/15 Win Host 11/21/15 Win Host		\$ 52.85 \$ 199.63 \$ 405.36 \$ 25.90 \$ 79.85	Postage Office Supplies Office Supplies Office Supplies Phone Expense

Part 2 Schedule of Line 10a	Part 2 Schedule of Investments (1 of 2) Line 10a U.S. and State Government Obligations	none
Line 10b	Investments Corporate Stock	12/31/15 ₁ Cost
Symbol	Investment	Basis
MO	Altria Group Inc	\$47,631
KFT	Kraft Foods Inc	\$4,695
MDLZ	Mondelez Inti Deitis Macric Intil Inc	689 88 000 004
	National OilVell Varco	
CTL	Century Tell	\$754
PFF	ISHARES S&P US PFD FUND	\$19,980
EFA	ISHARES TR MSCI EAFE FD	\$47,871
IWO	ISHARES TR RUSSELL 2000 Growth	\$24,804
IWM	ISHARES TR RUSSELL 2000 Index Fund	\$64,171
N.	ISHARES TR RUSSELL 2000 Value Index	\$43,568
IJR	ISHARES TR SCAP ETF	\$34,585
SDY	SPDR S&P Dividend ETF	\$15,213
DWX	SPDR Intl Dividend	\$25,073
DIM	Wisdomtree Intl MDCP Div	\$12,805
VWO	Vanguard Emerging Market	\$25,038
INTC	Intel Corp	\$40,880
USB.	US Bancorp Del New	\$20,517
JMCVX	Perkins Mid Cap Value Fund	\$20,872
SWOIX	Laudus International Mar	\$13,518
SWDSX	Schwab Dividend Equity Fund	\$13,926
HPE	Hewlett-Packard Enterprises	\$8,999
AGG	ISHARES TR Barclays Fund	\$10,119
LQD	ISHARES Iboxx Investopp	\$25,938
J.K	ISHARES S&P Mid-Cap 400	\$23,948
SCHC	Schwab Intl SCAP ETR	\$25,115

\$21,367 \$45,214 \$55,712 \$132,554

\$21,229 \$68,900

\$65,978 \$82,583 \$22,717 \$16,280 \$12,935

\$94,907 \$15,638 \$14,725 \$13,591 \$9,152

\$30,632 \$56,678

Market Value 12/31/15

\$167,644 \$4,856 \$403 ļ

\$10,153 \$26,678 \$46,356 \$29,003.

Part 2 Schedule of Investments (2 of 2)
Line 10b Investments Corporate Stock (continued)

-	12/31/15	Market Value	\$67,448	\$23,643	\$11,206	\$12,793	\$14,408	\$42,046	\$18,547	\$18,720	\$11,750	\$381	\$49,778	\$3,745	\$28,556	\$1,543,301
12/31/15	Cost	Basis	\$15,116	\$14,246	\$3,454	\$11,621	\$15,022	\$14,860	\$14,919	\$7,811	\$10,087	\$763	\$17,817	\$2,823	\$31,465	\$777,355
-	-	Investment	Tode Deport	Dupont El DE Nemour &Co	Phillips 66	Conoco Phillips	Catepillar	Cardinal Health	AT & T NEW	Abbvie INC	HP Inc	Chemours Company	Powershare QQQ Trust	Atlantic Trust Disc Equity	Loomis Sayles Bond Fund	Total
		Symbol	Ē	200	PSX	COP	CAT	CAH	_	ABBV	HPQ	8	000	AWEIX	LSBRX	

Part XV Supplementary 3. (1 of 4) Grants and Conf	entary Information nd Contributions Paid During the Year or Approved for Future Payment	the Year	or Approved for Futul	e Payment	
Name and Address	Relationship	Foundation	g G	Amount	
Two by Two Character Development 470 W. 4th Street Dubuque, IA 52001	N/A	501 (c) 3	Classroom table & chairs	1	2,638.00
Autism Society Northeast Wisconsin 209 S Huron DePere, WI 54115	N/A	501 (c) 3	Autism Program in NE Wisconsin		3,000.00
Hills & Dales 1011 Davis Street Dubuque, IA 52001	NA	501 (c) 3	safe & reliable transportation	₩	1,000.00
American Diabetes Assoc 425 South Woods Mill Rd Suite 110 Town and Country, MO 63017	A/N.	501 (c) 3	Camp EDI and Family Link Programs	₩	8,000.00
Bear Necessitites Pediatric Cancer Founc N/A 55 W Wacker Drive Ste 1100 Chicago, IL 60601	oc N/A	501 (c) 3	Bear Hugs/Discoveries /Empower		2,000.00
Community Clothes Closet 1465B Opportunity Way Menasha, WI 54952	NA	501 (c) 3	Provide clothing to those in need.	ω	2,000.00
Dubuque Symphony Orchestra 2728 Asbury Road Suite 900 Dubuque, IA 52001	ΝΆ	501 (c) 3	Adopt a Musician	₩	2,000.00
Camp Albrecht Acres PO Bos 50 Sherrill. IA 52073-0050	ΝΑ	501 (c) 3	Camp Bee a Friend	·Θ	3,500.00
Boys & Girls Club of Oshkosh P.O. Box 411 Oshkosh, WI 54903	N/A	501 (c) 3	Computer Lab Upgrade	₩	2,000.00

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Part XV Supplementary in 3. (2 OF 4) Grants and Contri	Supplementary Information (continued) Grants and Contributions Paid During t	ued) ing the Year	formation (continued) butions Paid During the Year or Approved for Future Payment	Payment
Name and Address	Relationship	Foundation Status	Purpose	Amount
DBQ Mercy Health Foundation 250 Mercy Dr. Dubuque, IA 52001	N/A	501 (c) 3	Smart Board treat prog. \$	5,432.00
Feeding America 1700 West Fond Du Lac Ave Milwaukee, WI 53205	N/A	501 (c) 3	Meals for Hungry \$	2,500.00
Hospice of Dubuque 1670 JFK Road Dubuque, IA 52002	N/A	501 (c) 3	4 boxes PleurX Drain kits \$ & implement isolation prcaution kits	5,556.00
Make A Wish Foundation of Iowa 3024 104th St Urbandale, Iowa 50322-3220	N/A	501 (c) 3	Help fund a wishes \$	8,825.00
St Mark Youth Enrichment 1201 Locust St Dubuque, IA 52001	N/A	·501 (c) 3	academic out of school \$ learning & enrichment programs	2,500.00
Clarity Care 424 Washington Ave Oshkosh, WI 54901	N/A	501 (c) 3	Help at Home Program \$	2,500.00
University of Wisconsin Foundation 1848 University Avenue Madison, WI 53726	N/A	501 (c) 3	Carbone Cancer Center \$ Fund	2,000.00
National Mississippi River Museum 350 East 3rd Street Dubuque, IA 52001	N/A	501 (c) 3	Mississippi Plaza \$ Project	5,000 00
DBQ Comminity School Dist Foundation 700 Locust St Sluite 195 Dubuque, IA 52001	N/A	501 (c) 3	Sensory Rooms for \$ DBQ public schools	2,493.00

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Part XV Suppler		!		•
	Supplementary Information (continued) Grants and Contributions Paid During t	nued) ing the Year	Information (continued) tributions Paid During the Year or Approved for Future Payment	, /ment
south Address	Relatiionship	Foundation	Purpose	Amount
IFOPA	N/A	501 (c) 3	help launch global FOP \$	1,000.00
101 Sunnytown Rd. Suite 208 Casselberry, FL 32707			patient registry	-
DuRide	N/A	501 (c) 3	Surviving without driving \$	2,000.00
2728 Asbury Road Suite 330 Dubuque, IA 52001				
Wonder Work	N/A	501 (c) 3	Fund Eye Sugery for \$	1,000.00
420 Fifth Avenue			Blind	
New York, NY 10018	-	_		
Creekside Cares	N/A	501 (c) 3	Weekly student backpack \$	2,350.00
182 Cherrywood Ct Romeoville IL 60446		_ - -	rood program	
Fox Valley Warming Shelter 1928 West College Ave	N/A	501 (c) 3	help providde basic need: \$ of food & shelter to people	2,000.00
Appleton, WI 54912-1261			who are homeless	
Lourdes Academy of Oshkosh 250 N. Sawyer St. Oshkosh, Wi 54902	N/A	501 (c) 3	purchase 2 3D printers \$ for middle school	3,348 00
Holy Family Catholic Schools 2005 Kane St	N/A	501 (c) 3	Holy Family capital \$ campaign	1,000.00

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Part XV 3. (4 OF 4)	Supplementary Informati Grants and Contributions	nformation (continued) ributions Paid During the Year	Information (continued) tributions Paid During the Year or Approved for Future Payment	ment
Mercy Health Foundation 500 S. Oakwood Rd Oshkosh, WI 54904	N/A	501 (c) 3	Enhancement of services \$ to newborns w Neonatal Abstinence Syndrome	2,500.00
St Stephens Food Bank 3145 Cedar Crest Ridge Dubuque, IA 52003	N/A	501 (c) 3	Scaling to save backs \$	6,227.00
Professional Fire Fighters of WI Foundatic N/A 7N Pinckney St. Suite 200 Madison, WI 53703	of WI Foundatic N/A	501 @ 3	Summer Camp for \$ burned and injured Youth	1,000.00
Sisters of the Presentation 2360 Carter Rd. Dubuque, IA 52001-2997	N/A	501 (c) 3	enables sister to continue \$ to help those most in need	1,000.00
St Patrick's Catholic Church 1425 Iowa St Uubuque, IA 52001	N/A	501 (c) 3	Wednesday night \$ Meal Program	700.00
MACC Fund 10000 W Innovation Dr. Suite 135 Milwaukee, WI 53226	N/A ite 135	501 (c) 3	support research for \$ pediatric cancers and blood disorders	1,000.00
Mayo Clinic 200 First St. SW Rochester, MN 55905	A/N	501 (c) 3	help transform medicine \$ for people everywhere	1,000.00
Unbond P.O. Box 410036 Kansas City, MO 64179-9879	N/A 379	501 (c) 3	sponsor 3 kids in DR \$	1,080.00
TOTAL			₩.	90,149.00

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