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Form **990-PF**

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

OMB No 1545-0052

2015

Department of the Treasury Internal Revenue Service

SCANNED JUN 0 2 2016

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

	lendar year 2015, or tax year beginning	, 2015	, and ending			
Name of t	nber					
	COPS FOUNDATION OF KIMBERLY and street (or PO box number if mail is not delivered to street a		Room/suite	39-1633247 Telephone number (see instructions)		
104	WULGAERT WAY	,		(920) 766-0296		
-	own, state or province, country and ZIP or foreign postal code		5.41.10	C If exemption application is	nending check here	
	SINED LOCKS	WI	54113	i exemplion application is	pending, check here.	
G Chi	eck all that apply Initial return Final return	Initial return of a forme Amended return	er public charity	D 1 Foreign organizations, che	ck here ▶ 📗	
	Address change	Name change		2 Foreign organizations mee	ting the 85% test, check	
H Che		(c)(3) exempt private fou		here and attach computation	on ▶ 📋	
., 0,	Section 4947(a)(1) nonexempt charitable trus	—	rivate foundation	E If private foundation status	was terminated	
I Fair		ounting method X C		under section 507(b)(1)(A)		
(froi	om Part II, column (c), line 16)	Other (specify)		F If the foundation is in a 60-	month termination	
► \$	2/210/333.	column (d) must be on c	ash basis)	under section 507(b)(1)(B)	, check here 🟲 🔝	
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	income	ıncome	for charitable purposes	
	sarily equal the amounts in column (a)				(cash basis only)	
	(see instructions)) 1 Contributions, gifts, grants, etc, received (attach schedule)	27,595.		< r		
	2 Ck I if the foundation is not required to attach Sch B	2,,030.				
	3 Interest on savings and temporary cash investments	28,670.	20 67	0 20 670		
	5a Gross rents	28,670.	28,67	0. 28,670.	A Track to the	
	b Net rental income or (loss)	~ · · · · · · · · · · · · · · · · · · ·	- '0,	. , &	28-121	
R	6 a Net gain or (loss) from sale of assets not on line 10	39,949.	L-6a Stmt			
E V	b Gross sales price for all assets on line 6a				·	
Ě	7 Capital gain net income (from Part IV line 2)		39,94	9.	1980.3879.3.	
N U	Net short-term capital gain			-		
Ē	10 a Gross sales less	- J. RECE	IVED			
	returns and allowances · · ·					
	b Less Cost of goods sold	3 MAY 20	2016		14 50 70 1 78	
	C Gross profit or (loss) (attach schedule)	19	6)			
	11 Other income (attach schedule)	0005			,	
	40	96,214.	N, UT 68, 61	9. 28,670.		
	12 Total. Add lines 1 through 11	90,214.		20,670.		
	14 Other employee salaries and wages					
	15 Pension plans, employee benefits					
Α	16a Legal fees (attach schedule)					
D M	b Accounting fees (attach sch)	1,200.				
N	c Other prof fees (attach sch)	16,682.	16,68	2.		
O I P S E T	17 Interest	016	21			
RR	19 Depreciation (attach	816.	31	0.	4.5	
A A	schedule) and depletion					
N V G E	20 Occupancy					
_	21 Travel, conferences, and meetings					
A E N X D P	23 Other expenses (attach schedule)		•			
E N	ANNUAL FILING FEE TO STATE OF WI	10.				
SE	24 Total operating and administrative					
S	expenses Add lines 13 through 23	18,708.	16,99	8.	125 027	
	25 Contributions, gifts, grants paid	135,827.	****		135,827.	
	Add lines 24 and 25 · · · · · · · · · · ·	154,535.	16,99	8.	135,827.	
	27 Subtract line 26 from line 12			,	80, 7K	
	a Excess of revenue over expenses and disbursements	-58,321.	P.			
	b Net investment income (if negative, enter -0-).		51,62	1.	* * * * * * * * * * * * * * * * * * * *	
	C Adjusted net income (if negative, enter -0-)	*	31,02	28,670.	469 52.5	
					<u> </u>	

Page 2

Par	t#II.4	Balance Sheets column should be for end-of-year amounts only (See instructions)	Beginning of year	End	or year
2015-225		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	7,411.	6,670	6,670.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			The state of the s
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)		· ^ \$\$\$	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A		Less allowance for doubtful accounts		`	tomato in a suite totalisme al
S	8	Inventories for sale or use	,		
A S S E T	9	Prepaid expenses and deferred charges			
S	10:	a Investments – U.S. and state government obligations (attach schedule)			
	1	b Investments — corporate stock (attach schedule)			<u> </u>
	1	c Investments — corporate bonds (attach schedule)	-		
	1	Investments - land, buildings, and			
		equipment. basis	· · · · · · · · · · · · · · · · · · ·		
	ĺ	(attach schedule)			
	12	Investments – mortgage loans			
	13	Investments — other (attach schedule)	1,839,052.	1,781,472.	2,212,269.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	ļ	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	1,846,463.	1,788,142.	2,218,939.
Ļ	17	Accounts payable and accrued expenses			
À	18	Grants payable			
В	19	Deferred revenue			
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons			
l T	21	Mortgages and other notes payable (attach schedule)			
Į E	22	Other liabilities (describe			
<u>s</u>	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24				
ΤN	25	Temporarily restricted			
A D	26	Permanently restricted			
SBSA		Foundations that do not follow SFAS 117, check here x and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds	1,846,463.	1,788,142.	
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds		.	1, .
ŔŚ	30	Total net assets or fund balances (see instructions)	1,846,463.	1,788,142.	l tubliania
	31	Total liabilities and net assets/fund balances (see instructions)	1,846,463.	1,788,142.	
Par	EIII [Analysis of Changes in Net Assets or Fund Balance	es		
1	Total end-c	net assets or fund balances at beginning of year — Part II, column (a prior year figure reported on prior year's return)	a), line 30 (must agree w	nth	1,846,463.
2	Enter	r amount from Part I, line 27a		2	-58,321.
3	Other	Increases not included in line 2 (itemize)		3	1
4	Add I	ines 1, 2, and 3	·	4	1,788,142.
		ases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Pa	art II, column (b), line 30	6	1,788,142.

Part IV Capital Gains and Losses for Tax on Investment Income (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) (t)				(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			•		
b `					
c		-			
d					
е					_
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) mi	
a					
b				. =	
С					
d					
е					
Complete only for assets sh	owing gain in column (h) and owned by th	e foundation on 12/31/69		(I) Gains (Col	i. (h)
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		gain minus col (k), bi nan -0-) or Losses (fr	ut not less
а					
b					
С					
d					
е		•••		•	
		enter in Part I, line 7			•
2 Capital gain net income or (net capital loss) If (loss), ente	enter in Part I, line 7 er -0- in Part I, line 7	2		
	or (loss) as defined in sections 1222(5) and	 1			
	ne 8, column (c) (see instructions) If (loss		3		
	der Section 4940(e) for Reduce	****	ent Income	<u>'</u>	
	ate foundations subject to the section 494			,	
'Yes,' the foundation does not qu	e trils part braink. section 4942 tax on the distributable amou ualify under section 4940(e). Do not comp nt in each column for each year, see the in	lete this part		· · · · Tyes	No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use ass	ets (col	(d) Distribution (b) divided by co	
2014					
2013			ı		
2012		<u> </u>			
			-	<u></u>	
2011					
2011 2010			2		
2011 2010 2 Total of line 1, column (d) 3 Average distribution ratio for	the 5-year base period — divide the total	on line 2 by 5, or by the			
2011 2010 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundate		on line 2 by 5, or by the ears	3		
2011 2010 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundal 4 Enter the net value of nonch	the 5-year base period — divide the total tion has been in existence if less than 5 years table-use assets for 2015 from Part X,	on line 2 by 5, or by the ears	3		
2011 2010 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundat 4 Enter the net value of nonch 5 Multiply line 4 by line 3	the 5-year base period — divide the total tion has been in existence if less than 5 yearitable-use assets for 2015 from Part X,	on line 2 by 5, or by the ears	3		
2011 2010 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundat 4 Enter the net value of nonch 5 Multiply line 4 by line 3 6 Enter 1% of net investment	the 5-year base period — divide the total from has been in existence if less than 5 yearitable-use assets for 2015 from Part X,	on line 2 by 5, or by the ears	3 4 5		
2011 2010 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundat 4 Enter the net value of nonch 5 Multiply line 4 by line 3 6 Enter 1% of net investment in Add lines 5 and 6	the 5-year base period — divide the total tion has been in existence if less than 5 yearitable-use assets for 2015 from Part X,	on line 2 by 5, or by the ears	3 5 6 7		
2011 2010 2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundat 4 Enter the net value of nonch 5 Multiply line 4 by line 3 6 Enter 1% of net investment in 7 Add lines 5 and 6 8 Enter qualifying distributions	the 5-year base period — divide the total from has been in existence if less than 5 yearitable-use assets for 2015 from Part X,	on line 2 by 5, or by the ears	3 5 6 7		

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	instr	uction	ns)		
	a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	. 3		, ,		Trib
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)					
i	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			1,0	032.
	check here . A and enter 1% of Part I, line 27b			* /	, ;	¥4 . *
•	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			٠		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3			1,0	032.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5			1,0	32.
6	Credits/Payments		- N			2,7
ē	a 2015 estimated tax pmts and 2014 overpayment credited to 2015		. ' \$			- 1. - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
ŧ	Exempt foreign organizations — tax withheld at source		1 .	. 19 36 	#. #.	
C	Tax paid with application for extension of time to file (Form 8868) 6 c	100				
•	Backup withholding erroneously withheld					
7	Total credits and payments Add lines 6a through 6d	7		***************************************		500.
8	Enter any penalty for underpayment of estimated tax. Check here	8	İ			15.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			5	547.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				0.
11	Enter the amount of line 10 to be Credited to 2016 estimated tax	11				
Pai	tVII-A Statements Regarding Activities	·				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?				Yes	No
Ł	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes		• • •	1 a		X
	(see Instructions for the definition) 5		•••	1 b		X
C	EDID the foundation file Form 1120-POL for this year?	• • •		1 c		X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If 'Yes,' attach a detailed description of the activities			5%	75	* **
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes			3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a		Х
t	off 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	If "Yes," attach the statement required by General Instruction T					Balling A
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			4		
	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	X	<u> </u>
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	Х	
	Enter the states to which the foundation reports or with which it is registered (see instructions)		_	* r. x.		75/47 194/43 195/43
t	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Altorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		- - 	8 b	X) P
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part X)(5) (/V .		9		<u>.</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	<u></u>		10		X
BAA			Fo	rm 990)-PF (2	2015)

Forn	990-PF (2015) THE COPS FOUNDATION OF KIMBERLY INC.	39-163324	7	P	age 5
	Tt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified peadvisory privileges? If 'Yes,' attach statement (see instructions)	rson had	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption appli			Х	
	Website address · · · · · · · · · · · · · · · N/A				
14	The books are in care of ASSOCIATED TRUST, N.A. Located at PO BOX 12800 GREEN BAY WI ZIP + 4	e no ► <u>(920)</u> 54307	_327	- <u>561</u>	0
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			·	\Box
	and enter the amount of tax-exempt interest received or accrued during the year	🟲 15			ш
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority bank, securities, or other financial account in a foreign country?	y over a	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			. , , ,	3 25
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		20 2020		
1	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 a	During the year did the foundation (either directly or indirectly):		~ š;		7,5
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No	,,	,	,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No	\$\tag{\psi_{\text{sig}} \text{*}}		
	(5) Transfer any income or assets to a disqualified person (or make any of either available		àá	ì î	\$91.475s
	for the benefit or use of a disqualified person)?	Yes X No		,	-
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes X No		,	
t	olf any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1 b		
	Organizations relying on a current notice regarding disaster assistance check here	► □	10	**** *********************************	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	Yes X No		68	
	If 'Yes,' list the years 20 , 20 , 20			. (4)	Ĺ
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions)		2 b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20, 20, 20, 20		^	, **ě{	San Alle
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business		îrî		
	enterprise at any time during the year?	Yes X No	, ",	\$,,,,
t	o 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)				3 45 75
Λa	Did the foundation invest during the year any amount in a manner that would repeatdize its		3.0	-	
-7 0	charitable purposes?		4 a		X ***
t	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?		4 b		X
BAA			rm 990)-PF (2	
		. •			/

•							
Form 990-PF (2015) THE COPS FOUNDATION	ON OF KIMBERLY	INC.	39-16	33247	Page		
Part VII-B Statements Regarding Activit							
5 a During the year did the foundation pay or incur a	iny amount to.		· · · · · · · · · · · · · · · · · · ·	* ,			
(1) Carry on propaganda, or otherwise attempt	to influence legislation (s	ection 4945(e))?	· · · · · Yes X]No			
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registratio	n drive?`		1 1 1	No E.			
(3) Provide a grant to an individual for travel, study, or other similar purposes?							
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).	n a charitable, etc, organi	zation described	Yes X]No			
(5) Provide for any purpose other than religious educational purposes, or for the prevention	, charitable, scientific, lite of cruelty to children or a	erary, or nımals?	Yes X	No 🕌			
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance		5b			
Organizations relying on a current notice regardi	ng disaster assistance cl	heck here			7.6 Kg		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	foundation claim exemp	tion from the	· · · · · · · · · · · · · · · · · · ·	No .			
If 'Yes,' attach the statement required by Regula	tions section 53 4945-5(d	d).	<u> </u>				
6 a Did the foundation, during the year, receive any on a personal benefit contract?	funds, directly or indirect	ly, to pay premiums	· · · · Yes X	No No			
b Did the foundation, during the year, pay premium	ns, directly or indirectly, o	on a personal benefit con	tract?	6ь	X		
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the foundati	on a party to a prohibitor	tay shaltar transaction?	· · · · · · · Yes · · · ·]No			
b If 'Yes,' did the foundation receive any proceeds			1 1 1-7	1 1 1			
Part VIII Information About Officers, D					 S.		
and Contractors			3 , · · · 3 · · · , · · · · · · ·		-,		
1 List all officers, directors, trustees, foundation	n managers and their o	ompensation (see inst	ructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other al	account, lowances		
JAMES COPS			'				
N801 VAN COPS DRIVE	PRESIDENT						
KAUKAUNA WI 54130	1.00	0.	0.		0.		
THOMAS COPS							
W2592_OAK_MEADOW_COURTAPPLETON WI 54915	VICE PRESIDENT	0			0		
APPLETON WI 54915 HENRY COPS	1.00	0.	0.		0.		
104 WULGAERT WAY	SECRETARY & TREASURER						
COMBINED LOCKS WI 54113	1.00	0.	0.		0.		
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 — see it	setructions) If none of	ntor 'NONE '	·		
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to	(e) Expense	account		
paid more than \$50,000	hours per week devoted to position	(b) compensation	employee benefit plans and deferred compensation		owances		
NONE			·				
			,				
	-						

Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	imployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE '	(o) compensation
NONE	
	<u> </u>
Total number of others receiving over \$50,000 for professional services	None
District Name of District Observation Association	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
	L
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	
BAA	Form 990-PF (2015)

r,a	see instructions.)	gii iou	nuations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes	. 3	
	A Average monthly fair market value of securities	1 a	1,438,800.
	Average of monthly cash balances	\rightarrow	41,800.
	Total (add lines 1a, b, and c)	1 c	1 100 100
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	1 d	1,480,600.
•	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1 400 600
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3		1,480,600.
	(for greater amount, see instructions)	4	22,209.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,458,391.
6_	Minimum investment return. Enter 5% of line 5	6	72,920.
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ☐ and do not complete this part.)	found	lations
1	Mınımum ınvestment return from Part X, line 6	1	72,920.
2 a	Tax on investment income for 2015 from Part VI, line 5 2a 1,032.		
t	Tax on investment income for 2015 from Part VI, line 5		
C	Add lines 2a and 2b	2 c	1,032.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	71,888.
4	Recoveries of amounts treated as qualifying distributions	4	*****
5	Add lines 3 and 4	5	71,888.
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	71,888.
Par	Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	135,827.
t	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	3.	
а	Suitability test (prior IRS approval required)	3 a	
t	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	135,827.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	135,827.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years.	undatior	
BAA			Form 990-PF (2015)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				71 000
2 Undistributed income, if any, as of the end of 2015			3 70 .	71,888.
a Enter amount for 2014 only			0.	
b Total for prior years 20 , 20 , 20	**			
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011				
c From 2012 398, 987.				
d From 2013				
e From 2014	·			
f Total of lines 3a through e4 Qualifying distributions for 2015 from Part	490,678.		15/4 15/ N 1086 1	
XII, line 4 > \$ 135, 827.				
a Applied to 2014, but not more than line 2a			, 73 .	
		* * * * * * * * * * * * * * * * * * * *	70,	\$ *** *** *** **** **** **** **** ****
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus	***	4 3, 2 4		2.4
(Election required – see instructions)				
d Applied to 2015 distributable amount		\$\$ **\		71,888.
e Remaining amount distributed out of corpus	63,939.	\$\$ //s	274 (18 ₀₂ - 19	
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the	Xb.			
same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:		, A.A.		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	554,617.			
·	334,017.	* 4/ X	/ 480 sekiri	27 484
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	3 %			
d Subtract line 6c from line 6b Taxable			Š	
amount – see instructions	***	0.		
e Undistributed income for 2014 Subtract line 4a from			_	
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2015. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2016				0
7 Amounts treated as distributions out of	© % , ' →			0.
corpus to satisfy requirements imposed by	i			
section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2010 not				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	39,995.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	514,622.			a in the state of
10 Analysis of line 9		The second se		
a Excess from 2011			. 200 m	
b Excess from 2012	A. S. J	ta i tak		
© Excess from 2013				
d Excess from 2014				
e Excess from 2015 63, 939.	, % ¹ 4 ~ %	to A to Act		log way

	990-PF (2015) THE COPS FOUNDATI				39-1633247	Page 10
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)						N/A
1 a	If the foundation has received a ruling or dete is effective for 2015, enter the date of the rulin	rmination letter that ng	it is a private opera	ting foundation, and	the ruling	
	Check box to indicate whether the foundation		ng foundation descri	bed in section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
	investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
b	85% of line 2a					
C	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	'Assets' alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
D	'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	'Support' alternative test — enter.					_
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Par	t*XV* Supplementary Information (Complete this	part only if the	foundation had	d \$5,000 or more	in
	assets at any time during the		structions.)			
	Information Regarding Foundation Manage List any managers of the foundation who have		han 2% of the total	contributions receive	ad by the foundation be	fore the
4	close of any tax year (but only if they have co	ntributed more than	\$5,000). (See section	on 507(d)(2))	ed by the loundation be	nore the
	71. 7	100/		· 		
þ	List any managers of the foundation who own a partnership or other entity) of which the four	10% or more of the Idation has a 10% o	estock of a corporati or greater interest	ion (or an equally lar	ge portion of the owne	rship of
2	Information Regarding Contribution, Grant		• • •			
	Check here if the foundation only maker equests for funds. If the foundation makes gift complete items 2a, b, c, and d.					
а	The name, address, and telephone number or	e-mail address of	he person to whom	applications should	be addressed:	
	ASSOCIATED TRUST CO, C/O CC	PS FOUNDATI	ON			
	PO BOX 12800					
	GREEN BAY	WI 5430	7-2800 (92	0) 327-5610		
Ь	The form in which applications should be subr	nitted and informati	on and materials the	y should include	-	
	WRITTEN REQUEST INCLUDING C	ORGANIZATIO	NS NAME AND	ADDRESS		
С	Any submission deadlines:					
	NONE					
d	Any restrictions or limitations on awards, such	as by geographica	areas, charitable fie	elds, kinds of institut	ions, or other factors	
	NONE					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Ye		ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	100,510111		
a Paid during the year	NONE		ļ	
OUR LADY ROSARY MAKERS PO BOX 37080	NONE			
LOUISVILLE KY 40233		PC	PROGRAM SUPPORT	4,363.
FRANCISCAN FATHERS	NONE			
5202 W LISBON AVE APARTATO P.L. BOX MILWAUKEE TON CONTIN, HOW DURAS WI 53210				00.464
ST PAUL CONG		PC	PROGRAM SUPPORT	23,464.
410 WALLANCE ST				
COMBINED LOCKS WI 54113	NONE	PC	PROGRAM SUPPORT	3,250.
HUMAN LIFE INTERNATIONAL	110112		TROOLERY BOLLOKI	5,250.
4 FAMILY LIFE LANE				
FRONT ROYAL VA 22630	NONE	PC	PROGRAM SUPPORT	5,000.
HERMANAS FRANCISCANAS				•
ATRER DE LA IGLESIA MERCED				
COMAYAGUA HONDURAS	NONE	PC	PROGRAM SUPPORT	6,000.
DIOCESE OF COMAYAGUA				
BISHOP ROBERTO				
COMAYAGUA HONDURAS	NONE	PC	PROGRAM SUPPORT	10,000.
MOTHER & UNBORN BABY CARE				
526 W WISCONSIN AVE	NONE	D.C.	DDOGDAM GUDDODE	1 500
APPLETON WI 54911 AID TO CHURCH IN NEED (ACN)	INONE	PC	PROGRAM SUPPORT	1,500.
725 LEONARD STREET PO BOX 220384				
BROOKLYN NY 11222	NONE	PC	PROGRAM SUPPORT	30,000.
SALESIAN MISSIONS Ro. Box 96567	NONE		TROOMER BOTTON	30,000.
100 W MAIN STREET WASHINGTON DIE.				
LITTLE CHUTE 200 90- 6567 54140	NONE	PC	PROGRAM SUPPORT	10,000.
See Line 3a statement				
				42,250.
Total			3a	135,827.
b Approved for future payment			54	133,027.
Total				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(a)	
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)	
a			code	-		
b ,						
c						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments			ļ			
•			ļ	-		
3 Interest on savings and temporary cash investments4 Dividends and interest from securities			7.4	00.650		
			14	28,670.	38 78550484 6 727 2.7	
• •		\$.` , Q `	<u> </u>	`% & [%]		
a Debt-financed property				-		
b Not debt-financed property				· · · · · · · · · · · · · · · · · · ·	<u></u>	
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	39,949.	· · · · · · · · · · · · · · · · · · ·	
9 Net income or (loss) from special events	_					
10 Gross profit or (loss) from sales of inventory	Materia i.				A	
11 Other revenue	200 L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_ * 3,	1121	
a						
b						
C						
d						
e			Y 20			
Subtotal Add columns (b), (d), and (e)Total. Add line 12, columns (b), (d), and (e)			1 8			
See worksheet in line 13 instructions to verify calculations				13	68,619.	
				.		
Part XVI-B Relationship of Activities to the	Accomp	lishment of Exemp	t Purp	oses		
Line No. Explain below how each activity for which inco	me is reporti	ed in column (e) of Part)	XVI-A co	ntributed importantly to t	he	
▼ accomplishment of the foundation's exempt po	urposes (other	er than by providing fund:	s for suc	h purposes) (See instru	ctions)	
		 				
						
			-			

				··· - · ··		
	 -					
						
						
				_		
						
				·-		

Part XVII Information Regarding Transfers To and T	Fransactions and Relationships With Noncharitable
Exempt Organizations	•

	_							· 提供/ 6.7%	Yes	No
1 Did	the organization directly o cribed in section 501(c) of	or indirectly engag	ge in any of the fo	ollowing with a	any other	organization			9.3	W 457
relat	ing to political organization	ons?	than section 501	(C)(S) Organiz	ations) or	in section 527,				M /M
	sfers from the reporting f							13847		
(1)	Cash							. 1 a (1)	hii t	X
(2)	Other assets							. 1 a (2)		X
b Othe	er transactions.							1844	* 7	4
(1)	Sales of assets to a nonc	haritable exempt	organization					. 1 b (1)		ند X
	Purchases of assets from		-					<u> </u>		X
	Rental of facilities, equipr									X
	Reimbursement arranger							`		
	Loans or loan guarantees									X
	Performance of services									X
	ring of facilities, equipmen		_							X
o Silai	ing or lacilities, equipmen	int, maining lists, o	iller assets, or pr	aid employees				1 c		X
d If the	answer to any of the ab	ove is 'Yes.' comi	olete the followin	a schedule. C	olumn (b)	should always	show the fair market	value of		
the o	goods, other assets, or se	ervices aiven by th	he reportina foun	dation If the f	oundation	received less t	han fair market value	in		
	transaction or sharing arr									
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exemp	ot organization	(c	Description of tra	insfers, transactions, and	sharing arrang	gements	<u> </u>
		<u> </u>								
	<u> </u>									
·										
•										
		1								
				•						
			·		<u> </u>					
	1									
	1		·	· · ·	_,1	•				
2 a Is the	e foundation directly or in- ribed in section 501(c) of	directly affiliated to	with, or related to	o, one or more	tax-exen	npt organization:	S	□vas	X	No
	es,' complete the following	="	man section so r	(0)(0)) 01 111 30	CIION 327			· · ∐Yes	Δ)	NO
D II 16	(a) Name of organizatio		(h) Type s	f arganization		1 ,	a) Decomption of role	hanabia		
	(a) Name of organizatio		(b) Type C	of organization	<u> </u>	 	c) Description of rela	lionship		
						 				
						-				
Γ.,						<u></u>				
cor	der penalties of perjury, I declare rect, and complete Declaration o	that I have examined the preparer option to the control of the con	his return, including ac axpayer) is based on a	companying sched all information of w	fules and sta hich prepare	itements, and to the t r has any knowledge	est of my knowledge and b	elief, it is true,		
Sign)		, .			May the IF		
Here	-Honn	1 1 (%	bs 1	5-13-1	6 P	SECRETARY		this return preparer s	hown be	
1 -	Signature of efficer or trustee	, 3		ate		itle		(see instr		- 1
	Print/Type/preparer s nam	r ne	Preparer's sign			Date		PTIN	ıes	No
			111.08	Ψ,	ملاء	i	Check X if	!	-	
Paid	William Luec		www	an ju	we	<u> 05/12/16</u>		P01274	735	
Prepare		<u>illıam Lue</u>					Firm's EIN			
Use Onl	y Firm's address ► <u>N</u>	6839 Loon	<u>Lake Drive</u>	<u> </u>		<u> </u>	_			
	l s	hawano			WI 54	166	Phone no			
BAA								Form 990	-PF (2	015)

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

2015

Employer identification number

OMB No 1545-0047

THE COPS FOUNDATION OF KIMBER	LY INC.	39-1633247	
Organization type (check one)			
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private	foundation	
	501(c)(3) taxable private foundation		
Check if your organization is covered by the Gene	ral Rule or a Special Rule.		
Note. Only a section 501(c)(7), (8), or (10) organiz	cation can check boxes for both the General Rule and a Special	Rule See instructions.	
General Rule X For an organization filing Form 990, 990-EZ, or property) from any one contributor. Complete to	or 990-PF that received, during the year, contributions totaling \$5 Parts I and II See instructions for determining a contributor's tot	5,000 or more (in money or al contributions	
Special Rules			
under sections 509(a)(1) and 170(b)(1)(A)(vi),	c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support tes that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, year, total contributions of the greater of (1) \$5,000 or (2) 2% of Z, line 1 Complete Parts I and II.	16a, or 16b, and that	
For an organization described in section 501(c during the year, total contributions of more tha purposes, or for the prevention of cruelty to ch	e)(7), (8), or (10) filing Form 990 or 990-EZ that received from an \$1,000 exclusively for religious, charitable, scientific, literary, colleren or animals. Complete Parts I, II, and III	y one contributor, or educational	
during the year, contributions exclusively for re \$1,000 If this box is checked, enter here the to charitable, etc., purpose Do not complete any	c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an eligious, charitable, etc., purposes, but no such contributions total contributions that were received during the year for an exclusion of the parts unless the General Rule applies to this organization etc., contributions totaling \$5,000 or more during the year	aled more than sively religious,	
990-PF), but it must answer 'No' on Part IV, line 2	e General Rule and/or the Special Rules does not file Schedule , of its Form 990, or check the box on line H of its Form 990-EZ ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or or on its Form 990-PF,	

•			
Schedule	B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1 of 1 of Part
_	PS FOUNDATION OF KIMBERLY INC.	' '	er identification number 633247
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HENRY COPS 104 WULGAERT WAY COMBINED LOCKS WI 54113	\$ <u>22,</u> 50 <u>0</u> .	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Person Payroli Noncash

(Complete Part II for noncash contributions)

Employer Identification Number THE COPS FOUNDATION OF KIMBERLY INC. 39-1633247 Asset Information: Description of Property: ISHARE CORE S&P TOTAL US EFT Date Acquired: . <u>0</u>9/25/13 How Acquired ... Purchased Date Sold . . . 05/15/15 Name of Buyer . . . 46,039. Cost or other basis (do not reduce by depreciation) . . . 36,981. Sales Price. . . Sales Expense . . Valuation Method: Total Gain (Loss) . . 9,058. Accumulation Depreciation . . . Description of Property: VANGUARD INDEX TR 500 ADMIRAL SHARES Date Acquired: 10/20/08 How Acquired . . . Date Sold . . . 08/10/15 Name of Buyer: . . . Sales Price . . 17,000. Cost or other basis (do not reduce by depreciation) . . . 7,940. Valuation Method.... Sales Expense . . Total Gain (Loss) . . 9,060. Accumulation Depreciation . . . Description of Property: VANGUARD INDEX TR 500 ADMIRAL SHARES Date Acquired: . 10/20/08 How Acquired . . . Date Sold . . . 12/28/15 Name of Buyer . . . Sales Price: . . 45,000. Cost or other basis (do not reduce by depreciation) . . . 21,565. Valuation Method Sales Expense: . . Total Gain (Loss) . . 23,435. Accumulation Depreciation . . . Description of Property: ASSOCIATED SHROT TERM BOND FUND How Acquired: . . . Date Acquired . 06/13/08 Date Sold . . . 12/24/15 Name of Buyer . . . Sales Price . . 99, 997. Cost or other basis (do not reduce by depreciation) . . . Sales Expense... 100,899. Valuation Method: . . . Total Gain (Loss): . . —902. Accumulation Depreciation: . . . Description of Property: ASSOCIATED SHORT TERM BOND FUND Date Acquired . 06/13/08 How Acquired . . . Date Sold . . . 12/31/15 Name of Buyer . . . Sales Price. . . _______75,000. Cost or other basis (do not reduce by depreciation) . . . _____ Sales Expense . . 75,702. Valuation Method: Total Gain (Loss) . . -702. Accumulation Depreciation. . . . Description of Property Date Acquired. . How Acquired . . . Date Sold . . . Name of Buyer . . . Cost or other basis (do not reduce by depreciation) . . . Sales Price . . . Valuation Method: . . . Sales Expense . . Total Gain (Loss). . . Accumulation Depreciation . . . Description of Property: Date Acquired . How Acquired . . . Date Sold . . . Name of Buyer . . . Sales Price . . Cost or other basis (do not reduce by depreciation) . . . Sales Expense . . Valuation Method: . . . Accumulation Depreciation . . . Total Gain (Loss). . . Description of Property How Acquired . . . Date Acquired: . Date Sold: . . . Name of Buyer . . . Sales Price: . . Cost or other basis (do not reduce by depreciation) . . . Sales Expense. . . Valuation Method: . . . Total Gain (Loss): . . Accumulation Depreciation . . .

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
FED ESTIMATED TAXES PAID	500.			
FOREIGN TAXES PAID	316.	316.		
			<u></u>	
Total	816.	316.		

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient	If recipient is	Foun-	Purpose of grant or contribution	Person or Business
Name and address	show any	status of re-	grant or continuation	Checkbox
(home or business)	relationship to any foundation manager or substantial contributor	cipient		Amount
a Paid during the year				
SAVE A FAMILY PLAN				Person or
PO BOX 640157				Business
PORT HURON MI 48061	NONE	PC	PROGRAM SUPPORT	3,000.
SALVATORIAN MISSIONS				Person or
1303 MILWAUKEE DR				Business
NEW HOLSTEIN WI 53061	NONE	PC	PROGRAM SUPPORT	10,000.
MILE JESUS POPULATION RESEARCH INSTITUTE				Person or
109 E MAIN STREET				Business
FRONT ROYAL VA 22630	NONE	PC	PROGRAM SUPPORT	5,000.
BISHOP OF ARUA, UGANDA				Person or
ARUA		PC	DDOCDAM CUDDODT	Business
ARUA UGANDA	NONE	PC	PROGRAM SUPPORT	5,000. Person or
BISHOP OF BOAC, PHILLIPPINES	 			Business
BOAC MARINDUQUE PHILLIPPINES	NONE	PC PC	PROGRAM SUPPORT	5,000.
40 DAYS 4 LIFE	NONE		TROOMET BOTTORT	Person or
200 DIVISION STREET				Business
STEVENS POINT WI 54481	NONE	PC	PROGRAM SUPPORT	2,000.
MULTIPLE SCLEROSIS	NONE	1	2.1.001221	Person or
1120 JAMES DR				Business
HARTLAND WI 53029	NONE	PC	PROGRAM SUPPORT	250.
U.P. FRIENDS OF HONDURAS			-	Person or
N18336 WENICK LN				Business
BARK RIVER MI 49807	NONE	PC	PROGRAM SUPPORT	1,000.
HERMANAS DE BELEN				Person or
FR ABEL LA PAZ				Business
LA PAZ HOUNDURAS	NONE	PC	PROGRAM SUPPORT	1,000.
A VERY SPECIAL PLACE				Person or
W_MAIN_ST				Business
LITTLE CHUTE WI 54140	NONE	PC	PROGRAM SUPPORT	1,000.
FOCUS ON THE FAMILY				Person or
PO_BOX_2816				Business
OMAHA NE 68103	NONE	PC	PROGRAM SUPPORT	1,000.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
	Continuotor	-		
a Paid during the year KNIGHTS OF COLUMBUS CHARITIES 4297 W BELTLINE HWY	<u> </u>			Person or Business
MADISON WI 5371		PC	PROGRAM SUPPORT	
AMERICA NEEDS FTIMA PO BOX 341	- 			Person or Business
HANOVER PA 1733		PC	PROGRAM SUPPORT	1,000.
AMERICAN LEGION POST #60				Person or Business
KIMBERLY WI 54136		PC	PROGRAM SUPPORT	1,000.
MARIANHILL FATHERS PO BOX 87				Person or Business
DEARBORN MI 4812		PC	PROGRAM SUPPORT	1,000.
CAPUCHIN SOUP KITCHEN 1820 MT ELLIOT ST	- 			Business
DETROIT MI 4820	NONE	PC	PROGRAM SUPPORT	1,000.
CARMELITE SRS 920 E ALHAMBRA ROAD	- 			Person or Business
ALHAMBRA CA 9180	NONE	PC	PROGRAM SUPPORT	1,000.
POPULATION RESEARCH INS 109 E MAIN ST				Person or Business
FRONT ROYAL VA 22630	NONE	PC	PROGRAM SUPPORT	1,000.
EWTN 5817 OLD LEEDS ROAD				Person or Business
BIRMINGHAM AL 35210	NONE	PC	PROGRAM SUPPORT	1,000.

Total

42,250.