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Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

2015
Open to Public Inspection

Fo	or ca	alendar year 2015 or tax year beginning		, and ending			
1	Vam	e of foundation		<u> </u>		A Employer identification	number
		IL EWALD FAMILY FOUNDATION				39-1687505	
		per and street (or P O box number if mail is not delivered to street a	B Telephone number				
_		D BOX 147 or town, state or province, country, and ZIP or foreign po	notal anda	L		262-567-55	
		CONOMOWOC, WI 53066-0147	ostai code			C If exemption application is pe	ending, check here
_		eck all that apply: Initial return	Initial return of a f	ormer public charity		D 1 Foreign organizations	, check here
		Final return	Amended return			2 Foreign eventuations was	oting the 95% test
-		Address change	Name change			Foreign organizations me check here and attach cor	mputation P
H	Ur	eck type of organization: X Section 501(c)(3) ex Section 4947(a)(1) nonexempt charitable trust	empt private foundation Other taxable private found:	ation		E If private foundation state	
_ <u>_</u> _	Faii	market value of all assets at end of year J Accounting		Accrual		under section 507(b)(1)	
			her (specify)	, , , , , , , , , , , , , , , , ,		F If the foundation is in a under section 507(b)(1)	
_	▶:	3 , 644 , 459 . (Part I, colui	mn (d) must be on cash b	pasis)			
[<u>]</u>	Pai	Analysis of Revenue and Expenses (The total of amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investme income	ent	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1 Contributions, gifts, grants, etc., received	550,000.	. 684.45.44	, Villa	N/A	A Str. 2 .
		2 Check If the foundation is not required to attach Sch B Interest on savings and temporary				n di	
	-	3 cash investments	86,069.	86,00	60.		STATEMENT 1
	-	4 Dividends and interest from securities 5a Gross rents	00,009.	80,00	09.		STATEMENT 2
	İ	b Net rental income or (loss)	1443374			Ka aliikik i kaniistoo	**************************************
		62 Net gain or (loss) from sale of assets not on line 10	-107.				14.17
	evenue	b Gross sales price for all assets on line 6a 3,809.	3 (1.7) V. 1.7		* * * * * * * * * * * * * * * * * * *		E1974-
	Reve	7 Capital gain net income (from Part IV, line 2)		. * */88 0.45 0.800*/800*	0.		
2016		Net short-term capital gain Income modifications	· · · · · · · · · · · · · · · · · · ·				, 3
		Gross sales less returns and allowances	* ****			NSWWW	***********
&		b Less Cost of goods sold	****	-21	1		, , , , ,
>_		c Gross profit or (loss)		, 7,1			
MAY	- 1	11 Other income	626 000	06.14	00		
<u> </u>	_	12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees etc	636,022.	86,12	<u>29.</u>		0.
SCANNED -	- 1	Other employee salaries and wages					
Z		15 Pension plans, employee benefits					
ූ	ses	16a Legal fees STMT 3	310.		0.		0.
49	Expense	b Accounting fees STMT 4	1,750.	1,7			0.
		c Other professional fees STMT 5	7,810.	7,83	ΙΟ.		0.
	-	7 Interest	1,378.	5′	78.		0.
	istra	9 Depreciation and depletion ENCED					* :
	ᆵ	20 Occupancy					
	-	20 Occupancy 21 Travel, conferences vand meetings 2016 22 Printing and publications					
	Ø		151 144		0.7		
	ting	Other expenses STMT 7-	151,144.	4.0	87.		0.
	perating	expenses Add lines 13 through 23	162,392.	10,62	25.		0.
	\sim	25 Contributions, gifts, grants paid	127,550.			, ,	127,550.
	:	26 Total expenses and disbursements					
_	+.	Add lines 24 and 25	289,942.	10,63	25.		127,550.
	'	27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements	346,080.				*
		b Net investment income (if negative, enter -0-)	310,0001	75,50	04.		
		C Adjusted net income (if negative enter -0-)	 	· · · · · · · · · · · · · · · · · · ·		N/A	

Fo	rm 99	00-PF (2015) EMIL EWALD FAMILY FOUNDA	ATION, INC.	39-	1687505 Page 2
ſĒ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
<u>:</u>		column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
		Savings and temporary cash investments	239,072.	562,975.	562,975.
	3	Accounts receivable -		· · · · · · · · · · · · · · · · · · ·	
		Less allowance for doubtful accounts	\ \w'		
	4	Pledges receivable			
		Less. allowance for doubtful accounts			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons	***		
	7	Other notes and loans receivable	* * * * * * * * * * * * * * * * * * * *	<u> </u>	* \$ \ \$
		Less: allowance for doubtful accounts			
ssets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖	1	Investments - U.S. and state government obligations	1 406 000	1 512 650	0.006.511
		Investments - corporate stock STMT 8	1,486,083.	1,513,652.	2,996,711.
		Investments - corporate bonds	*: 87 4 %	\$ 20X 45 22 8 48 * C *Y	.0.6
	11	Investments land, buildings, and equipment basis			\$* A*
	١.,	Less accumulated depreciation			
	1	Investments - mortgage loans	<u></u>		
	13	Investments - other	NS / A.A.2001.e. 220c.	** *** ***	
	14	Land, buildings, and equipment basis			
	4.	Less accumulated depreciation Other assets (describe ► STATEMENT 9)	00 165	04 772	04 772
	1		90,165.	84,773.	84,773.
	16	Total assets (to be completed by all filers - see the	1 015 220	2 161 400	2 644 450
_	17	Instructions Also, see page 1, item I)	1,815,320.	2,161,400.	3,644,459.
	17 18	Accounts payable and accrued expenses			
	19	Grants payable Deferred revenue			`
Liabilities	20				ί , <u>i</u>
ij	21	Loans from officers, directors trustees, and other disqualified persons Mortgages and other notes payable			· / /
La	22	Other liabilities (describe)			
		Other madmittes (describe >			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here	•		1
	ĺ	and complete lines 24 through 26 and lines 30 and 31			. ' ,
es	24	Unrestricted			
anc	25	Temporarily restricted			
Bal	26	Permanently restricted			*. , . *.
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ē	1	and complete lines 27 through 31			\$ 22.4
ō	27	Capital stock, trust principal, or current funds	0.	0.	\$ (\$)
sets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	4,201,540.	4,751,540.	1
As	29	Retained earnings, accumulated income, endowment, or other funds	-2,386,220.	-2,590,140.	
et	30	Total net assets or fund balances	1,815,320.	2,161,400.	1 ,,,
_					**************************************
	31	Total liabilities and net assets/fund balances	1,815,320.	2,161,400.	* ,
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		T
'		t agree with end-of-year figure reported on prior year's return)	JU		1,815,320.
2		amount from Part I, line 27a		1	346,080.
		rincreases not included in line 2 (itemize)		3	340,000.
		lines 1, 2, and 3	 ·	4	2,161,400.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,161,400.
					Form 990-PF (2015)

Part IV Gapital Gains (a) List and desc	cribe the kind(s)	of property sold (e.g nmon stock, 200 shs	., real estate,	Income	(b) H	low ac	quired hase	(c) Date (mo., d		(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADE					l D	- Dona	ation	(1110., 0	ay, yı)	(1110., uay, yr.)
b	D DHCOK	LIIID			 				-	
					1				•	_
d										
e										
(e) Gross sales price		lation allowed llowable)	(g) Cos plus e	st or other basis xpense of sale					ain or (loss s (f) minus	(g)
a 3,809.				3,91	6.					-107.
<u>b</u>			_		-					
d										
e			_				-			
Complete only for assets shown	ng gain in columi	n (h) and owned by	the foundation	on 12/31/69	1		(1) Gains (C	ol. (h) gain	minus
	() Adji	usted basis	1	cess of col. (I)				. (k), but ı	not less tha	n -0-) or
(i) F.M.V as of 12/31/69	as of	12/31/69	over	col. (j), if any				Losses	(from col ((n))
<u>a</u>								-		-107 .
<u>b</u>										
<u> </u>										
<u>d</u>										
<u>e</u>	·	<i>C</i> , , , ,	5		-					
2 Capital gain net income or (net ca	anital loss)	If gain, also ente	r in Part I, line I- in Part I, line	7 7	}	2				-107.
3 Net short-term capital gain or (lo	. ,	•		,	7	-		· ·		
If gain, also enter in Part I, line 8		Sections 1222(5) at	iu (o).		1					
If (loss), enter -0- in Part I, line 8	· · · ·				۲	3			N/A	L.
Part V Qualification U							ent Inco	ome		- <u></u>
(For optional use by domestic private	e foundations su	bject to the section 4	1940(a) tax on	net investment in	come.)				
If section 4940(d)(2) applies, leave t	his part blank.									
Mos the foundation liable for the acc		46 4464-61		the bee	10					
Was the foundation liable for the sec If "Yes," the foundation does not qua				•	1007					Yes X No
1 Enter the appropriate amount in					ntries.					
Base period years		(b)			(c)				Distri	(d)
Calendar year (or tax year beginni	ing in) Ad	justed qualifying dis		Net value of no						bution ratio vided by col_(c))
2014			9,966.				4,923			.059104
2013			6,814.				4,323		_	.047957
2012			9,634.				2,017		<u> </u>	.044639
2011			7,001.	•			9,804 9,146			.052715
2010			1,200.			, / 5	9,140	-		.046159
2 Total of line 1, column (d)								2		.250574
3 Average distribution ratio for the	5-year base peru	nd - divide the total	on line 2 by 5	or hy the number	of vea	ars		-		.2303/4
the foundation has been in existe			on mio E by 0,	or by the number	01 700	410		3		.050115
4 Enter the net value of noncharitat	ole-use assets fo	r 2015 from Part X,	line 5					4		3,299,695.
5 Multiply line 4 by line 3								5		165,364.
6 Enter 1% of net investment incon	ne (1% of Part I,	line 27b)						6		755.
7 Adding 5 - 10										166 110
7 Add lines 5 and 6								7		166,119.
8 Enter qualifying distributions from	n Part XII. line 4							8		127,550.
If line 8 is equal to or greater that		e box in Part VI. line	tb, and comp	lete that part usin	ig a 1%	√a tax r	ate.			
See the Part VI instructions.	., =		.,г		J · ·					

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Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee instruc	tions	3)
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)	4		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1,5	10.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		1,5	<u>10.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,5	10.
6	Credits/Payments*		A 18"	
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 1,816.	\$ \$		
b	Exempt foreign organizations - tax withheld at source 6b	[4 :]	;	
C	Tax paid with application for extension of time to file (Form 8868) 6c	· ·	8	
d	Backup withholding erroneously withheld 6d 6d	4,1004	<i>;</i> -	
7	Total credits and payments. Add lines 6a through 6d		1,8	16.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3	06.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax			0.
Pa	rt VIIA Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	n 6 Š .		
	distributed by the foundation in connection with the activities			
C	Did the foundation file Form 1120-POL for this year?	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	`-	X → ¬4,	
	(1) On the foundation. ▶ \$ 0.		14 P	- ez - 28
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		,333.	
	managers. ► \$ 0.		ļ	, , '' , , ''
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_ 2		X
	If "Yes," attach a detailed description of the activities.	l i d'à		,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		ļ	L
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	<u> </u>	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	X
	If "Yes," has it filed a tax return on Form 990-T for this year? $N/$	A 4b	<u> </u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	ļ	X
_	If "Yes," attach the statement required by General Instruction T	1 * #		`;
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	32)		3.2
	By language in the governing instrument, or Product the product of the form of the product	'		*
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		177	*
_	remain in the governing instrument?	6	X	
1	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	X	$\vdash \!$
٥.	Takes the state to which the foundation was also be to the transfer of the tra			
Вa	Enter the states to which the foundation reports or with which it is registered (see instructions)		* \$	
ı	If the angular is "Vee" to line 7, her the foundation furnished a copy of Ferm 000 DF to the Attackey Copyre (or designate)	<u> </u>	,	
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-	X	\vdash
0	of each state as required by General Instruction G? If "No," attach explanation	8b	┢┷	$\vdash \vdash$
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		 	X
10	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	9	 	X
ΙŲ	Dig any persons decome substantial continuators during the tax year? If "Yes " attach a schedule listing their names and addresses	10 Form 99 0	O DE	

orm 990-PF (2015) EMIL EWALD FAMILY FOUNDA	TION, INC.	 	39-16875	05 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be Re	equirea _{(contini}	ued)	
5a During the year did the foundation pay or incur any amount to:				,
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	. ,
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		
any voter registration drive?		Y6	s X No	·
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio			S LIL NO	
	ii described iii section		s X No	8
4945(d)(4)(A)? (see instructions)			S A NO	1 .
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo		ľ	
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations	* .	
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□□	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it maintai	ned		:
expenditure responsibility for the grant?		√A	s No	
•		1/21	.s NU	٠ ١٠ م ١٠
If "Yes," attach the statement required by Regulations section 53 4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y€	es 🗓 No	V 7 2 34
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		- 1	6b X
If "Yes" to 6b, file Form 8870			000	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	☐ Y€	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Truste		nagers Highly	_,,,	
Paid Employees, and Contractors	oo, i oanaation mai	lagers, riigiliy		
List all officers, directors, trustees, foundation managers and their	compensation	<u> </u>		
,		(c) Compensation	(d) Contributions to	(a) Eypongo
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
· · · · · · · · · · · · · · · · · · ·	to position	`enter'-0-)	compensation	allowances
	PRES., TREAS.	, DIRECTOR	₹	
PO BOX 147				
CONOMOWOC, WI 53066-0147	0.10	0.	0.	0.
CRAIG A. EWALD		ECTOR		
PO BOX 147	1 ,		İ	
OCONOMOWOC, WI 53066-0147	0.10	0.	0.	0.
	DIRECTOR	 		
PO BOX 147	DIRECTOR		1	
			_	
OCONOMOWOC, WI 53066-0147	0.10	0.	0.	0.
	DIRECTOR			
PO BOX 147				
CONOMOWOC, WI 53066-0147	0.10	0.	0.	0.
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, e	enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred	account, other allowances
NONE	devoted to position	-	compensation	anowances
NONE	-	+		
				_
	1			
	_			 -
	1			
		<u> </u>		
otal number of other employees paid over \$50,000				0
			Form	990-PF (2015)

11-24-15

Form 990-PF (2015) EMIL EWALD FAMILY FOUNDATION, IN	IC • 39-1	L687505 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ition Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati	stical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Lypenses
1N/A		
		
2		
3		
A		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

b Cash distribution test (attach the required schedule) 3b 127,550. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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				163,475.
2 Undistributed income if any as of the end of 2015	,	· · · · · · · · · · · · · · · · · · ·	·	103,473.
a Enter amount for 2014 only	·	* * *	0.	`
b Total for prior years			·	
b Fold for prior yours		0.	- , ,, ,	
3 Excess distributions carryover, if any, to 2015:	*	** *	7.519.	
a From 2010				
b From 2011 6,232.	•			à
c From 2012				
d From 2013	¥ ,			·\$.
e From 2014 28,388.	***************************************			* * *
f Total of lines 3a through e	34,620.			* / * *
4 Qualifying distributions for 2015 from	·			
Part XII, line 4: ► \$ 127,550.	* **			, ,
a Applied to 2014, but not more than line 2a	į		0 -	· · ·
b Applied to undistributed income of prior		· · · · · · · · · · · · · · · · · · ·	COMMINIMAL AND AND AND AND AND AND AND AND AND AND	3 %
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				1
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				127,550.
e Remaining amount distributed out of corpus	0.	1 8 8 4 5 6 6 A A 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>
5 Excess distributions carryover applied to 2015	34,620.			34,620.
(If an amount appears in column (d), the same amount must be shown in column (a))				21,020.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			* '
b Prior years' undistributed income Subtract				
line 4b from line 2b	*	0.		* * * * * *
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	1 .	0.		C A A A A A A A A A A A A A A A A A A A
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		*
e Undistributed income for 2014. Subtract line		* 2 * *		< >,
4a from line 2a. Taxable amount - see instr.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0.	7 \$** *
f Undistributed income for 2015. Subtract		, a		
lines 4d and 5 from line 1. This amount must				
be distributed in 2016	-			1,305.
7 Amounts treated as distributions out of			,	,
corpus to satisfy requirements imposed by		* [}]	ž, ,, ,	? →
section 170(b)(1)(F) or 4942(g)(3) (Election	0	*		
may be required - see instructions)	0.	· · · · · · · · · · · · · · · · · · ·		<u></u>
8 Excess distributions carryover from 2010	0		, , , , , , , , ,	
not applied on line 5 or line 7	0.		<u>.</u> ,,, <u></u>	<u></u>
9 Excess distributions carryover to 2016	0			
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9				
a Excess from 2011				
b Excess from 2012			*	*
c Excess from 2013				
d Excess from 2014			^	
e Excess from 2015				

Part XIV Private Operating For	Oundations (see ins	structions and Part VIII	A question Q)	N/A	8/505 Page 10
1 a If the foundation has received a ruling of			A, question 9)	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found	•	•	occition P L	4042(1)(2) or [] 40	
2 a Enter the lesser of the adjusted net	Tax year	g roundation described in	Prior 3 years	4942(j)(3) or 49)42(j)(5)
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	(4) 2010	(8) 2014	(6) 2010	(4) 20 12	(6) 10121
investment return from Part X for					
each year listed		<u> </u>	<u> </u>		
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					
e Qualifying distributions made directly	'				
for active conduct of exempt activities.				İ	
Subtract line 2d from line 2c Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,	İ	1			
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Complet	te this part only if	the foundation	had \$5,000 or mo	e in assets
at any time during the				•	
1 Information Regarding Foundation	n Managers:	<u> </u>			
a List any managers of the foundation who		han 2% of the total contr	butions received by the	foundation before the clos	e of any tax
year (but only if they have contributed m	nore than \$5,000) (See so	ection 507(d)(2).)	,		· - · , · ·
EMIL EWALD					
b List any managers of the foundation who			or an equally large portio	n of the ownership of a pa	rtnership or
other entity) of which the foundation has	3 a 10% or greater interes	t			
NONE					
2 Information Regarding Contribution					
Check here 🕨 🔙 if the foundation o					
the foundation makes gifts, grants, etc. (·			_ `	d.
a The name, address, and telephone numb	er or e-mail address of th	ne person to whom applic	ations should be address	sed:	
SEE STATEMENT 10					
b The form in which applications should b	e submitted and informat	ion and materials they sh	ould include:		
A Any authorous and a state of		_			
c Any submission deadlines					
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kınds of ınstitutions, or o	other factors:	-

▶	3b		_	0.
	F	orm	990-PF	(2015)

Total

Part XVI-A	Analysis	of Income-	-Producing	Activities
IGILATIA	Allalysis		1 roddonig	ACCITIC

Enter gross amounts unless otherwise indicated	Unrelated	ousiness income		section 512, 513 or 514	(e)
-	(a) Business	(b) Amount	Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_		<u> </u>		<u>-</u>
b	_		 		
c		-		_	
d	_			<u> </u>	
e	_				
f	_	· · · · · · · · · · · · · · · · · · ·			
g Fees and contracts from government agencies			-		
2 Membership dues and assessments					
3 Interest on savings and temporary cash				60	
investments			14	60.	
4 Dividends and interest from securities	The state of the s	A TRANSPAC WAS BORD F . IN AN AN	14	86,069.	1 \0 % \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5 Net rental income or (loss) from real estate:		94 K (100 K) 47 J	- Crist:		
a Debt-financed property			 		
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					<u> </u>
8 Gain or (loss) from sales of assets other than inventory			18	-107.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	_				
b					
c	_				
d					
e			<u> </u>		
12 Subtotal. Add columns (b), (d), and (e)		0	17公分 × 0	86,022.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	86,022.
(See worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activitie	s to the Accom	plishment of Ex	kempt Pur	poses	
full full ball ball ball ball ball ball ball b		(-) (D			L. barrant of
Line No Explain below how each activity for which the foundation's exempt purposes (other the			A contributed	importantly to the accomp	iisnifient of
the foundation's exempt purposes (other tr	an by providing funds	ioi sacii parposes).		_	
	·				
					
					

	the foundation's exempt purposes (other than by pro				oviding runus for such purposes).					
		-								
									 	
-		<u> </u>								
_	<u> </u>									
+										
-										
						-		-	-	

Form <u> 9</u> 90-PF (2				UNDATION, INC		39-168		Page 13
Part XVII	,,		sfers To a	ind Transactions a	nd Relationsh	ips With Nonchai	ritable	
	Exempt Organ	•					1 17	
				g with any other organization		on 501(c) of	Ye	s No
	. , ,	,		7, relating to political organ	izations?			
	from the reporting founda	ition to a noncharita	able exempt org	janization of:			4-(4)	X
(1) Cash (2) Other	accata						1a(1) 1a(2)	$\frac{x}{x}$
b Other tran							14(2)	 ^ ^
	of assets to a noncharital	hle exemnt organiza	ation				1b(1)	X
	nases of assets from a nor						1b(2)	X
	al of facilities, equipment,	•	3				1b(3)	х
(4) Reim	bursement arrangements						1b(4)	X
(5) Loans	s or loan guarantees						1b(5)	X
(6) Perfo	rmance of services or me	mbership or fundra	ıısıng solicitatio	ns			1b(6)	X
	c Sharing of facilities, equipment, mailing lists, other assets, or paid employees						1c	X
d If the answ	wer to any of the above is	"Yes," complete the	following sche	dule. Column (b) should al	ways show the fair m	narket value of the goods,	other assets,	
				ed less than fair market valu	ie in any transaction	or sharing arrangement,	show in	
	I) the value of the goods,							
(a) Line no	(b) Amount involved	(c) Name (e exempt organization	(d) Description	of transfers transactions, and	sharing arrange	ments
	_ _		N/A				.	
				 .	-			
				 				
								
			- <u> </u>					
				or more tax-exempt organ	izations described			▼
	501(c) of the Code (other		c)(3)) or in sect	ion 52/7			Yes	X No
n il res, co	omplete the following scho (a) Name of org			(b) Type of organization	T	(c) Description of relation	nshin	
	N/A			(b) Typo of organization		(v) Becomption of relation	10111p	
								_
- <u>-</u> -			·					
			2					
	penalties of perjury, I declare t	hat I have examined the	s return, including	accompanying schedules and s taxpayer) is based on all informa	tatements and to the bes		May the IRS discu	ss this
Sign	aller indecorrect, and com) Decraration of pr		taxbayer) is based on an informa		s	eturn with the pre hown below (see	eparer instr)?
Here	(C)/NV	u (n	Dur	2 3/10/14	PRESID	ENT	X Yes	☐ No
Sigr	nature of officer or trustee		-1	Date	Title	<u> </u>		
	Print/Type preparer's na	ime	Preparer's s	illid con	Date	Check if PTIN	I	
Paid	JASON A.	an -	Jana 9		02/22/16	self- employed		
Preparer	SEDERQUIST		UASON	AV SEDERQUI	03/29/16		0022980	
Use Only	Firm's name ► BAK	PK TIPPA	ATKCHO,	W KRAUSE, LL	۲	Firm's ElN ► 39 - 0	10233T(,
y	Firm's address ▶ PO	BOX 7398	 B			 		
		DISON, W		-7398		Phone no 608.2	249.662	22

523622 11-24-15

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2015

Name of the organization

Employer identification number

E	MIL EWALD FAMILY FOUNDATION, INC.	39-1687505
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	
Note. Only a section 501(c	n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule, or (10) organization can check boxes for both the General Rule and a Special Rule. on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling.	
	ny one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount in Complete Parts I and II	, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate formulates to children or animals. Complete Parts I, II, and III	
year, contribution is checked, enter purpose Do not	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, chantable, etc., purposes, but no such contributions totaled in the here the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because to ble, etc., contributions totaling \$5,000 or more during the year	more than \$1,000 If this box us, charitable, etc ,
out it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Name of organization

Employer identification number

EMIL	EWALD	FAMILY	FOUNDATION,	INC.

39-1687505

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMIL EWALD PO BOX 147 OCONOMOWOC, WI 53066	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	EWALD HOLDINGS, INC. 1750 NORTH MAYFAIR ROAD MILWAUKEE, WI 53226	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Onncash Payroll Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

EMIL EWALD FAMILY FOUNDATION, INC.

39-1687505

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of orga	anization		Employer identification number					
EMIL E	WALD FAMILY FOUNDATION,	INC.	39-1687505					
Part III		ibutions to organizations described in columns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or in	n section 501(c)(7), (8), or (10) that total more than \$1,000 for					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift	t					
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.	(h) D							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, an		Relationship of transferor to transferee					
			Troduction of a district of to admissioned					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					

FORM 990-PF INTERE	ST ON SAVIN	IGS AND T	EMPOR	ARY C	ASH IN	VESTMENTS	STATEMENT 1
SOURCE			(A) EVENUE BOOK		NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME
BMO HARRIS - CHECKI	NG ACCOUNT			60.		60.	
TOTAL TO PART I, LI	NE 3			60.		60.	
FORM 990-PF	DIVIDENDS	AND INT	EREST	' FROM	SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	IS	REV	A) ENUE BOOKS	(B) NET INVES MENT INCO	
BMO INVESTMENT ACCOUNT - CGD BMO INVESTMENT ACCOUNT -	13,513.		0.	1	3,513.	13,51	3.
DIVIDENDS BMO INVESTMENT ACCOUNT - OTHER	72,530.		0.	7	2,530.	72,53	0.
INCOME	26.		0.		26.	2	6.
TO PART I, LINE 4	86,069.	0.		86,069.		86,06	9.
FORM 990-PF		LEC	SAL FE	ES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOF		(B) T INV	EST-	(C) ADJUSTED NET INCOM	
FOX O'NEILL & SHANN LEGAL FEES	ON -	31	.0.	· .	0.		0.
TO FM 990-PF, PG 1,	LN 16A	31	.0.	_	0.		0.

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
BAKER TILLY VIRCHOW KRAUSE, LLP - 2014 TAX RETURN PREPARATION FEE	1,750.	1,750.		0.
TO FORM 990-PF, PG 1, LN 16B	1,750.	1,750.		0.
FORM 990-PF (OTHER PROFES	SIONAL FEES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BMO HARRIS - INVESTMENT FEES	7,810.	7,810.		0.
TO FORM 990-PF, PG 1, LN 16C	7,810.	7,810.		0.
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DEPARTMENT OF TREASURY - 2015 FORM 990PF EXCISE TAX ESTIMATED PAYMENT FOREIGN TAXES PAID ON	800.	0.		0.
INVESTMENT INCOME	578.	578.		0.

FORM 990-PF	OTHER E	XPENSES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
JOHN HANCOCK LIFE INSURANCE COMPANY (LIFE INS. PREMIUM) JOHN HANCOCK LIFE INSURANCE COMPANY (DECREASE IN POLICY	145,255.	0.		0.	
CASH VALUE) BMO HARRIS BANK CHECKING	5,392.	0.		0.	
ACCOUNT - SERVICE CHARGES WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS -	487.	487.		0.	
ANNUAL FILING FEE	10.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	151,144.	487.		0.	

FORM 990-PF Co	ORPORATE STOCK	STATEMENT 8	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK		1,513,652.	2,996,711.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	1,513,652.	2,996,711.
			,
FORM 990-PF	OTHER ASSETS		STATEMENT 9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
INVESTMENT IN LIFE INSURANCE - TOTAL PREMIUMS PAID TO DATE LESS: DIFFERENCE BETWEEN	1,743,060.	1,888,315.	1,888,315.
PREMIUMS PAID TO DATE AND ACCOUNT VALUE	-1,652,895.	-1,803,542.	-1,803,542.
TO FORM 990-PF, PART II, LINE 15	90,165.	84,773.	84,773.

FORM. 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

EMIL EWALD PO BOX 147 OCONOMOWOC, WI 53066

FORM AND CONTENT OF APPLICATIONS

APPLICATION SHOULD BE IN WRITING AND SHOULD FULLY IDENTIFY THE CHARITY, ITS PURPOSE, AND THE INTENDED USE OF THE DONATION.

ANY SUBMISSION DEADLINES

NONE.

RESTRICTIONS AND LIMITATIONS ON AWARDS

DONATIONS WILL BE MADE ONLY TO 501(C)(3) TAX-EXEMPT ORGANIZATIONS.

EMIL EWALD FAMILY FOUNDATION, INC 2015 GIFTS

RECIPIENT	Ē	2015 MOUNT	DATE	<u>CK#</u>
AMERICAN LEGION DEPARTMENT OF WISCONSIN P.O BOX 388 PORTAGE, WI 53901-0388	\$	1.000 00	8/11/2015	2146
VISION FORWARD BADGER ASSOCIATION OF THE BLIND 912 N HAWLEY ROAD MILWAUKEE, WI 53213-3292	\$	2,000 00	10/19/2015	2151
THE BLOOD CENTER OF SE WISCONSIN, INC. P O BOX 2178 MILWAUKEE, WI · 53201-2178	\$	1,000.00	10/19/2015	2152
BOY SCOUTS OF AMERICA ATTENTION. BRUCE PRANGE 804 BLUEMOUND ROAD WAUKESHA, WI 53188	\$	3,000 00	10/19/2015	2179
BOYS & GIRLS CLUBS OF GREATER MILW P O BOX 12486 MILWAUKEE, WI 53212-9960	\$	1,000 00	12/12/2015	2188
CENTER FOR DEAF BLIND PERSON,INC ATTN MS RUTH SILVER,EXEC DIR 3195 S SUPERIOR STREET MILWAUKEE, WI 53207	\$	2,000,00	10/19/2015	2153
CIVIL WAR PRESERVATION TRUST 1140 PROFESSIONAL CT HAGERSTOWN, MD 21740-5852	\$	1,000 00	10/19/2015	2154
CONSERVANCY OF SOUTHWEST FLORIDA PO BOX 8988 NAPLES, FL 34101-9978	\$, 500 00	10/26/2015	2180

DISABLED AMERICAN VETERANS P.O BOX 14301 CINCINNATI, OH 45250-0301	\$	1,000 00	1/19/2015	2155
EASTERSEAL OF SE WISCONSIN ATTN ROBERT GLOWACKI 2222 S 114TH STREET WEST ALLIS, WI 53227	\$	1 000 00	12/12/2015	2187
FATHER FLANAGAN'S GIRLS & BOYS TOWN P O BOX 6000 BOYSTOWN, NE 68010-9988	\$	1,000 00	10/19/2015	2156
FIRST BAPTIST CHURCH OF NAPLES 3000 ORANGE BLOSSOM DRIVE NAPLES, FL 34109	\$	40,000 00	3/11/2015	2137
FOUNDATION OF W.A T.D.A. P.O. BOX 5345 MADISON, WI 53705-0345	\$	5,000 00	10/19/2015	2157
FREEDOM MEMORIAL FOUNDATION OF NAPLES	\$	10,000 00	2/12/2015	2134
GRAND ALMONER'S CAMPAIGN P O. BOX 519 LEXINGTON, MA 02420-0519	\$	1 000 00	10/27/2015	2185
HABITAT FOR HUMANITY-COLLIER COUNTY 11145 TAMIAMI TRAIL EAST NAPLES,FL 34113	\$	1,000 00	10/26/2015	2181
HARTFORD BOYS & GIRLS CLUB P O BOX 270352 HARTFORD, WI 53027	\$	1,000 00	10/27/2015	2186
HARTFORD FOOD PANTRY 24 N JOHNSON STREET HARTFORD, WI 53027	\$	1,000 00	10/19/2015	2158
HUMANE SOCIETY OF COLLIER COUNTY 370 AIRPORT PULLING RD NORTH NAPLES, FL 34104	S	1,000 00	7/20/2015	2144

INTERNATIONAL COOPERATING MINISTRIES 1901 N ARMISTEAD AVE HAMPTON, VA 23666-4311	\$ 20,500 00	8/11/2015	2148
LAKE COUNTRY LUTHERAN HIGH SCHOOL 401 CAMPUS DRIVE - HARTLAND, WI 53029	\$ 2,000 00	10/19/2015	2159
LIFESTRIDERS INC S11 W29667 US HWY 18 WAUKESHA, WI 53188	\$ 1,000.00	10/19/2015	2160
LAKE AREA FREE CLINIC 856 B ARMOUR ROAD OCONOMOWOC, WI 53066	\$ 1,000 00	10/19/2015	2161
MPTV FRIENDS INC 1036 N EIGHTH STREET MILWAUKEE, WI 53233	\$ 500.00	6/1/2015	2140
MILWAUKEE RESCUE MISSION 830 NORTH 19TH STREET MILWAUKEE, WI 53233-1616	\$ 1,000 00	10/19/2015	2162
NASHOTAH HOUSE 2777 MISSION ROAD NASHOTAH, WI 53058-9989	\$ 1,000 00	10/19/2015	2163
NATIONAL WILDLLIFE FEDERATION P O. Box 1637 MERRIFIELD, VA 22116-1637	\$ 100 00	6/2/2015	2142
OCONOMOWOC AREA HISTORICAL SOCIETY PO BOX 969 OCONOMOWOC, WI 53066	\$ 1,000 00	10/19/2015	2164
OCONOMOWOC AREA SENIOR CENTER INC 210 S MAIN STREET OCONOMOWOC, WI 53066	\$ 1,000 00	10/19/2015	2165

OCONOMOWOC PUBLIC EDUCATION FOUNDATION W360 N7077 BROWN STREET OCONOMOWOC, WI 53066	\$ 1,500.00	10/14/2015	2150
PROTECTED HARBOR CHRISTIAN CARE HOMES P O. BOX 771441 NAPLES, FL 34107-1441	\$ 500 00	10/26/2015	2182
ROCKY MOUNTAIN ELK FOUNDATION PO BOX 31794 BILLINGS, MT 59107-1794	\$ 300.00	12/12/2015	2190
SHEPHERDS MINISTRY 1805 15TH AVENUE UNION GROVE, WI 53182	\$ 1,000 00	10/19/2015	2166
ST. JOSEPH'S INDIAN SCHOOL P.O. BOX 326 CHAMBERLAIN, SD 57326	\$ 200 00	10/26/2015	2183
ST MATTHEW'S HOUSE 2001 AIRPORT ROAD SOUTH NAPLES, FL 34112	\$ 1,000 00	10/19/2015	2167
THE SALVATION ARMY 11315 W WATERTOWN PLANK ROAD P O. BOX 26019 MILWAUKEE, WI 53226-0019	\$ 3,000.00	10/19/2015	2168
SPECIAL OLYMPICS OF WI P O BOX 7638 MADISON, WI 53707-7638	\$ 500 00	10/19/2015	2169

ST VINCENT DEPAUL CONFERENCE OF ST. JEROME CHUR C/O DAVID TOMSYCK 229 N WALNUT STREET OCONOMOWOC, WI 53066	\$ 250 00	12/12/2015	2189
ST LABRE INDIAN SCHOOL PO BOX 797 ASHLAND, MT 59003	\$ 500 00	10/19/2015	2170
STARS & STRIPES HONOR FLIGHT P O Box 636 PORT WASHINGTON, WI 53074	\$ 2,000 00	10/19/2015	2171
SOCIETY OF ST VINCENT DE PAUL 9601 W SILVER SPRING DR. MILWAUKEE, WI 53225	\$ 1,000 00	10/19/2015	2172
TEEN CHALLENGE WISCONSIN P O BOX 250771 · MILWAUKEE, WI 53225	\$ 500.00	8/11/2015	2147
VALLEY OF OUR LADY MONASTERY E11096 YANKE DRIVE PRAIRIE DU SAC, WI 53578-9737	\$ 500 00	10/19/2015	2173
VETERANS OF FOREIGN WARS OF THE US P O. BOX 8958 TOPEKA, KS 66608-8958	\$ 1,000 00	6/1/2015	2141
WATERTOWN HUMANE SOCIETY 418 WATER TOWER COURT WATERTOWN, WI 53094	\$ 1,000 00	10/19/2015	2174
WAUKESHA HUMANE SOCIETY P O BOX 834 WAUKESHA, WI 53187-0834	\$ 1 000 00	10/19/2015	2175

	WILDLIFE IN NEED CENTER W340 S2383 HWY C OCONOMOWOC, WI 53066	\$	2,000 00	10/19/2015	2176
	WISCONSIN HUMANE SOCIETY 4500 W WISCONSIN AVENUE MILWAUKEE, WI 53208-3156	\$	1,000 00	10/19/2015	2177
•	WISCONSIN HISTORICAL SOCIETY 816 STATE STREET MADISON, WI 53706-1488	\$	1,000 00	10/19/2015	2178
	WI SCOTTISH RITE BENEVOLENT SOCIETY VALLEY OF MILWAUKEE 790 N VAN BUREN ST MILWAUKEE, WI 53202-3809	\$	200 00	6/29/2015	2143
•	WI SCOTTISH RITE FOUNDATION, INC VALLEY OF MILWAUKEE 790 N VAN BUREN ST MILWAUKEE, WI 53202-3809	\$ \$	500 00 1,000.00	3/11/2015 10/27/2015	2135 2184
-	YMCA at PABST FARMS 1750 E VALLEY ROAD OCONOMOWOC, WI 53066	\$	2,500 00	2/12/2015	2132
	TOTAL	\$ 1	27,550.00	· :	

EWALD EMIL FAMILY FOUNDATION

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" Details of assets in your account	ınt				Į.	
DESCRIPTION OF ASSET		QUANTITY	CURRENT X UNIT VALUE	CURRENT TOTAL MARKET VALUE	FEDERAL TAX	UNREALIZED
CASH & SHORT-TERM			1			
EMO PRIME MMKT PREMIER TOTAL CASH & SHORT-TERM		126,698 980	1.0000	126,698 98	126,698.98	000
EQUITY/HIGH VOLATILITY						9
U.S. equity						
ALCOA INC COM Materials	AA	2 000 000	9 8700	19,740 00	23,579 80	-3,839 80
A,STRAZENECA PLC AMERICAN DEPOSITORY RECEIPI Health care	AZN	1,000 000	33.9500	33,950 00	22,714 50	11,235 50
AT & T INC felecommunication services	⊢	1,200 000	34 4100	41,292 00	34,035 00	7,257 00
COMCAST CORP-CL A CL A COMMON STOCK Consumer discretionary	CMCSA	1,000 000	56 4300	56,430 00	17,619 00	38.811 00
DAVE & BUSTER'S ENTERTAINMEN! Consumer discretionary	PLAY	1,000 000	41 7400	41,740 00	31,490 00	10,250 00
DOMINION RESOURCES INC VA	Q	200 000	67 6400	33 820 00	19,279 50	14 540.50
EMERSON ELEC CO industrials	EMR	300 000	47.8300	14,349 00	14,513.97	164.97
FIDELITY NATL INFORMATION SVCS information technology	FIS	899.000	60 6000	54,479.40	9,908 68	44,570 72
FORD MOTOR CO DEL 'NEW' COMMON PAR S 01 Consumer discretionary	s.La	2,000.000	14 0900	28,180 00	4,860 00	23,320.00
JC PENNEY CO Consumer discretionary	JCP	8.000 000	0099 9	53,280 00	49,563.60	3,716 40

EWALD EMIL FAMILY FOUNDATION

	A Company of the second	9	44	2 16 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	:	ن م
• Details of assets in your account (continued)	unt (continue	(p;				
DESCRIPTION OF ASSET		QUANTITY	CURRENT X UNIT VALUE	CURRENT TOTAL = MARKET VALUE	FEDERAL TAX - COST	UNREALIZED = GAIN/LOSS
JOHNSON CTLS INC Consumer discretionary	JOI	200 000	39.4900	19,745 00	14,162.70	5,582,30
KRALT HEINZ CO Consumer staples	KHC	819,000	72 7600	59,590 44	7,694 34	51,896 10
MONDELEZ INTERNATIONAL INC Consumer staples	MDLZ	2,458.000	44,8400	110,216 72	14,245 63	95,971 09
NEXTERA ENERGY INC Utilities	NEE	500 000	103 8900	51,945.00	26,400 00	25,545 00
PHILIP MORRIS IN FERNATIONAL Consumer staples	M	4,000 000	87 9100	351,640.00	86,813 85	264,826 15
SMITH A O CORP Industrials	AOS	1,000 000	76 6100	76,610 00	34,829 95	41 780 05
VENTAS INC Financials	VTR	200 000	56 4300	28,215 00	27,074.68	1,140.32
Total U.S. equity				\$1,075,222 56	\$438,785.20	\$636,437 36
U S equity funds						
ISHARES CORE S&P MID CAP ETF Sinall cap diversified equity	HO	3,093 000	139 3200	430,916 76	190,307 41	240,609 35
ISHARES CORE S&P SMALL CAP ETF Small cap diversified equity	IJR	2,156 000	110 1100	237,397.16	100,024.49	137,372 67
ISHARES CORE S&P 500 E1F Large cap diversified equity	>>	4,695.000	204.8700	961,864.65	531,333.11	430,531 54
iotal U.S. equity funds International						
ISHARES MSC' EAFE ETF	EFA	4,961 000	58.7200	291,309 92	253,202 08	38,107 84
Ocception large cap. Total International				\$291,309 92	\$253,202 08	\$38,107.84

• Details of assets in your account (continued)

C UNREALIZED T = GAIN/LOSS	\$1,483,058.76	£1 483 058 76
FEDERAL TAX	\$1,513,652.29	S1 640 351 27
CURRENT CURRENT TOTAL OUANTITY X UNIT VALUE = MARKET VALUE	\$2,996,711.05	S3.123.410.03
CURRENT X UNIT VALUE		
OUANTITY	mental the state of the state o	
DESCRIPTION OF ASSET	TOTAL EQUITY/HIGH VOLATILITY	TOTAL ASSETS IN YOUR ACCOUNT