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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**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2015 or tax year beginning , and ending

Name of foundation <b>REGAL BELOIT CHARITABLE FOUNDATION</b>			A Employer identification number <b>39-1814812</b>	
Number and street (or P O box number if mail is not delivered to street address) <b>200 STATE STREET</b>		Room/suite	B Telephone number (see instructions) <b>(608) 364-8800</b>	
City or town <b>BELOIT</b>	State <b>WI</b>	ZIP code <b>53511</b>		
Foreign country name	Foreign province/state/county	Foreign postal code	C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change			D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <b>2,119,484</b> (Part I, column (d) must be on cash basis)		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	600,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	7,501	7,501		
	4 Dividends and interest from securities	72,112	72,112		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	679,613	79,613	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	4,828	4,828		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	716	716		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	5,544	5,544	0	0
	25 Contributions, gifts, grants paid	547,429			547,429
26 Total expenses and disbursements. Add lines 24 and 25	552,973	5,544	0	547,429	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	126,640				
b Net investment income (if negative, enter -0-)		74,069			
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

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<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	5,671	8,008	8,008
	<b>2</b> Savings and temporary cash investments	1,004,401	1,134,990	1,134,990
	<b>3</b> Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	<b>4</b> Pledges receivable ▶ Less allowance for doubtful accounts ▶			
	<b>5</b> Grants receivable			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶			
	<b>8</b> Inventories for sale or use			
	<b>9</b> Prepaid expenses and deferred charges			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule)			
	<b>c</b> Investments—corporate bonds (attach schedule)	74,924	25,000	25,143
	<b>11</b> Investments—land, buildings, and equipment, basis ▶ Less accumulated depreciation (attach schedule) ▶			
	<b>12</b> Investments—mortgage loans			
	<b>13</b> Investments—other (attach schedule)	852,903	896,541	951,343
	<b>14</b> Land, buildings, and equipment, basis ▶ Less accumulated depreciation (attach schedule) ▶			
<b>15</b> Other assets (describe ▶ )				
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,937,899	2,064,539	2,119,484	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses			
	<b>18</b> Grants payable			
	<b>19</b> Deferred revenue			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule)			
	<b>22</b> Other liabilities (describe ▶ )			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22)	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted	1,937,899	2,064,539	
	<b>25</b> Temporarily restricted			
	<b>26</b> Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds			
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b> <b>Total net assets or fund balances</b> (see instructions)	1,937,899	2,064,539	
<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions)	1,937,899	2,064,539		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	1,937,899
<b>2</b> Enter amount from Part I, line 27a	<b>2</b>	126,640
<b>3</b> Other increases not included in line 2 (itemize) ▶	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3	<b>4</b>	2,064,539
<b>5</b> Decreases not included in line 2 (itemize) ▶	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	<b>6</b>	2,064,539

**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 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

<b>2</b>	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	0
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }	<b>3</b>	0

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

<b>1</b> Enter the appropriate amount in each column for each year, see the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	266,578	2,080,644	0.128123
2013	269,939	2,036,073	0.132578
2012	340,538	2,088,799	0.163031
2011	313,823	2,289,719	0.137057
2010	122,576	1,683,654	0.072804

  

<b>2</b>	Total of line 1, column (d)	<b>2</b>	0.633593
<b>3</b>	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.126719
<b>4</b>	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	<b>4</b>	1,994,289
<b>5</b>	Multiply line 4 by line 3	<b>5</b>	252,714
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	741
<b>7</b>	Add lines 5 and 6	<b>7</b>	253,455
<b>8</b>	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions	<b>8</b>	547,429

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	741	
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0	
<b>3</b>	Add lines 1 and 2	3	741	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	741	
<b>6</b>	<b>Credits/Payments</b>			
<b>a</b>	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		
<b>b</b>	Exempt foreign organizations—tax withheld at source	6b		
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	6c		
<b>d</b>	Backup withholding erroneously withheld	6d		
<b>7</b>	Total credits and payments. Add lines 6a through 6d	7	0	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	741	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	0	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2016 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	0	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		X
<b>3</b> 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? <i>If "Yes," attach a conformed copy of the changes</i>		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • 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?	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>		
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

**Part 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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	13	X	
14	The books are in care of ▶ Telephone no ▶ Located at ▶ ZIP+4 ▶			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here ▶ and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16	Yes	No
				X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	N/A
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?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b 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?	4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<p><b>5a</b> During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes?</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?</p> <p><b>b</b> If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?</p> <p>Organizations relying on a current notice regarding disaster assistance check here <span style="float: right;">▶ <input type="checkbox"/></span></p> <p><b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?</p> <p>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</p> <p><b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> <p><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> <p>If "Yes" to 6b, file Form 8870</p> <p><b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?</p> <p><b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>5b</b></p> <p><b>6b</b></p> <p><b>7b</b></p>	<p>N/A</p> <p>X</p> <p>N/A</p>
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**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(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 account, other allowances
MARK GLIEBE	TRUSTEE/CHAIR	0		
CHARLES HINRICHS	TRUSTEE	0		
RAKESH SACHDEV	CHAIR - CORP GOV	0		

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)***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		
Total number of others receiving over \$50,000 for professional services		▶

**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 PROVIDED CONTRIBUTIONS TO THE GROUPS LISTED ON PART XV****2****3****4****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 NONE****2**

All other program-related investments See instructions

**3**

Total. Add lines 1 through 3

0



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	1,049,223
<b>b</b>	Average of monthly cash balances	<b>1b</b>	975,436
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	2,024,659
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	2,024,659
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	<b>4</b>	30,370
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,994,289
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	99,714

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	99,714
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5	<b>2a</b>	741
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	741
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	98,973
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	98,973
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	98,973

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	<b>1a</b>	547,429
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	547,429
<b>5</b>	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)	<b>5</b>	741
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	546,688

**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
<b>1</b> Distributable amount for 2015 from Part XI, line 7				98,973
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only			0	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010	38,915			
<b>b</b> From 2011	199,691			
<b>c</b> From 2012	239,134			
<b>d</b> From 2013	168,659			
<b>e</b> From 2014	163,978			
<b>f</b> Total of lines 3a through e	810,377			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 $\blacktriangleright$ \$ 547,429				
<b>a</b> Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions)				
<b>d</b> Applied to 2015 distributable amount				98,973
<b>e</b> Remaining amount distributed out of corpus	448,456			
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,258,833			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0		
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions				
<b>e</b> Undistributed income for 2014. Subtract line 4a from line 2a Taxable amount—see instructions			0	
<b>f</b> Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	38,915			
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	1,219,918			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011	199,691			
<b>b</b> Excess from 2012	239,134			
<b>c</b> Excess from 2013	168,659			
<b>d</b> Excess from 2014	163,978			
<b>e</b> Excess from 2015	448,456			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)**N/A****1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling**b** Check box to indicate whether the foundation is a private operating foundation described in section☐ 4942(j)(3) or ☐ 4942(j)(5)**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
				0
<b>b</b> 85% of line 2a				0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed				0
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities				0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c				0
<b>3</b> Complete 3a, b, or c for the alternative test relied upon				
<b>a</b> "Assets" alternative test—enter				
<b>(1)</b> Value of all assets				0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)				0
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				0
<b>c</b> "Support" alternative test—enter				
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				0
<b>(3)</b> Largest amount of support from an exempt organization				0
<b>(4)</b> Gross investment income				0

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:****a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2) )**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed**b** The form in which applications should be submitted and information and materials they should include**c** Any submission deadlines**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient 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	Amount
<b>a Paid during the year</b>				
FORWARD FOUNDATION (ROCK COUNTY 5.0)		POF	ECONOMIC DEVELOPMENT INITIATIVE	16,667
ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA		PC	MEMORIAL - PROVIDES SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS	10,000
BELOIT HEALTH SYSTEM FOUNDATION INC		POF	BUILDING FUND	40,000
BELOIT SNAPPERS		POF	11TH ANNUAL HOT STOVE BANQUET SPONSORSHIP	500
OUR LADY OF THE ASSUMPTION CATHOLIC CHURCH		POF	PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY	100
WOMEN TOGETHER (MUJERES UNIDAS)		PC	PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS	500
AMERICAN CANCER SOCIETY		PC	PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS	500
VOLUNTARY ACTION CENTER		PC	PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS	500
SMILE TRAIN		PC	MEMORIAL - PROVIDES SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS	100
UNITED WAY OF NORTHEASTERN SOUTH DAKOTA		PC	PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS	5,500
UNITED WAY BLACKHAWK REGION		PC	PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS	40,000
<b>Total</b> See Attached Statement			<b>3a</b>	<b>547,429</b>
<b>b Approved for future payment</b>				
BELOIT 2020 DEVELOPMENT CORPORATION		POF	BUILDING FUND	33,334
BELOIT HEALTH SYSTEM CANCER CENTER		POF	BUILDING FUND	160,000
FORWARD FOUNDATION (ROCK COUNTY 5.0)		POF	ECONOMIC DEVELOPMENT INITIATIVE	33,333
YMCA		PC	BUILDING FUND	400,000
BELOIT HEALTH SYSTEM HEART CENTER		POF	BUILDING FUND	200,000
JUNIOR ACHIEVEMENT OF WISCONSIN		PC	INSPIRE AND PREPARE STUDENTS TO SUCCEED IN A GLOBAL ECONOMY	10,000
<b>Total</b>			<b>3b</b>	<b>836,667</b>

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					7,501
4	Dividends and interest from securities					72,112
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
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						
12	Subtotal. Add columns (b), (d), and (e)		0		0	79,613
13	Total. Add line 12, columns (b), (d), and (e)				13	79,613

(See worksheet in line 13 instructions to verify calculations )

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]



**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Name of the organization

REGAL BELOIT CHARITABLE FOUNDATION

Employer identification number

39-1814812

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

☒ 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 **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ .....

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

<b>Name of organization</b> REGAL BELOIT CHARITABLE FOUNDATION	<b>Employer identification number</b> 39-1814812
---	---

**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	REGAL BELOIT CORPORATION 200 STATE STREET BELOIT WI 53511 Foreign State or Province _____ Foreign Country _____	\$ 600,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)



Name of organization  
REGAL BELOIT CHARITABLE FOUNDATION

Employer identification number  
39-1814812

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

Name of organization REGAL BELOIT CHARITABLE FOUNDATION	Employer identification number 39-1814812
--	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ 0

Use duplicate copies of Part III if additional space is needed

(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, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
	For	Prov	Country
(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, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
	For	Prov	Country
(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, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
	For	Prov	Country
(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, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
	For	Prov	Country

**Continuation of Part XV, Line 2 (990-PF) - Information Regarding Contribution, Grant, etc.****Recipient(s)**

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

Name

Street

City

State

Zip Code

Foreign Country

Telephone

Form in which applications should be submitted and information and materials they should include

Any submission deadlines

Any restrictions or limitations on awards

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

UNITED WAY OF GREATER TOLEDO

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 11,000

Name

GREAT RIVERS UNITED WAY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

Name

UNITED WAY OF THE OZARKS

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 750

Name

UNITED WAY OF UNICOI COUNTY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 6,000

Name

UNITED WAY OF ALLEN COUNTY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 7,000

Name

UNITED WAY OF RACINE COUNTY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 9,825

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

UNITED WAY OF GREATER MILWAUKEE

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 14,000

Name

UNITED WAY OF CENTRAL INDIANA

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 6,500

Name

UNITED WAY SEDALIA

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

Name

UNITED WAY OF MIDLAND

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,200

Name

TIPP CITY AREA UNTIED WAY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 3,880

Name

UNITED WAY OF MARATHON COUNTY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 32,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

HEART OF THE OZARKS UNITED WAY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 3,000

Name

BELOIT INTERNATIONAL FILM FESTIVAL

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution ENCOURAGES AND SUPPORTS ARTS IN THE COMMUNITY			Amount 1,000

Name

DOWNTOWN BELOIT ASSOCIATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution SPONSORSHIP OF DOWNTOWN BELOIT ANNUAL AWARDS DINNER			Amount 150

Name

FAMILY SERVICES OF SOUTHERN WI AND NORTHERN IL

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

Name

FRIENDS OF RIVERFRONT

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution ENCOURAGES AND SUPPORTS ARTS IN THE COMMUNITY			Amount 8,000

Name

GREATER BELOIT CHAMBER OF COMMERCE

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution SPONSOR OF 88TH ANNUAL CHAMBER OF COMMERCE DINNER			Amount 2,500

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

STATELINE COMMUNITY FOUNDATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

Name

JUNIOR ACHIEVEMENT OF WISCONSIN

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution INSPIRE AND PREPARE STUDENTS TO SUCCEED IN A GLOBAL ECONOMY			Amount 5,000

Name

BELOIT 2020 DEVELOPMENT CORPORATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution BUILDING FUND			Amount 33,333

Name

STATELINE FAMILY YMCA

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 500

Name

SCHOOL DISTRICT OF JANESVILLE

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY			Amount 1,000

Name

STATELINE BOYS AND GIRLS CLUBS

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

STATELINE COMMUNITY FOUNDATION - SNAPPERS

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution SPONSORSHIP OF COMMUNITY ATHLETIC TEAM			Amount 2,700

Name

ROCK VALLEY GOLF CLASSIC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution SPONSOR EVENT FOR RONALD MCDONALD HOUSE CHARITIES			Amount 500

Name

SAMFORD UNIVERSITY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY			Amount 2,500

Name

NATIONAL FIRE SAFETY COUNCIL INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution PROVIDES FIRE SAFETY EDUCATION FOR THE COMMUNITY			Amount 60

Name

NATIONAL FIRE SAFETY COUNCIL INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution PROVIDES FIRE SAFETY EDUCATION FOR THE COMMUNITY			Amount 60

Name

NATIONAL FIRE SAFETY COUNCIL INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution PROVIDES FIRE SAFETY EDUCATION FOR THE COMMUNITY			Amount 60



**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

JUDI BOGENSCHUTZ

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
	POF		
Purpose of grant/contribution	Amount		
MEMORIAL	100		

Name

BIRMINGHAM HEART WALK

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
	PC		
Purpose of grant/contribution	Amount		
SPONSOR EVENT	2,500		

Name

JDRF

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
	PC		
Purpose of grant/contribution	Amount		
PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS	500		

Name

BLACKHAWK TECHNICAL COLLEGE

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
	PC		
Purpose of grant/contribution	Amount		
PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY	10,000		

Name

BELOIT HEALTH SYSTEM FOUNDATION INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
	POF		
Purpose of grant/contribution	Amount		
SPONSOR EVENT	7,500		

Name

HOUSING OPPORTUNITIES INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
	PC		
Purpose of grant/contribution	Amount		
PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS	3,000		

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

WHITE COUNTY UNITED WAY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 13,000

Name

JUNIOR ACHIEVEMENT OF NORTHERN INDIANA

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution INSPIRE AND PREPARE STUDENTS TO SUCCEED IN A GLOBAL ECONOMY			Amount 1,000

Name

HAPPY TAILS ANIMAL CARE CENTER

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

Name

CDC RESOURCES

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,000

Name

CINCINNATI ASSOCIATION FOR THE PERFORMING ARTS

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution SPONSORSHIP ALLOWING FOR THE SUPPORT OF ARTS IN THE COMMUNITY			Amount 10,000

Name

AMERICAN RED CROSS - CINCINNATI

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES RELIEF SUPPORT AND COMMUNITY SERVICES			Amount 5,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

BIG BROTHERS AND BIG SISTERS OF GREATER CINCINNATI

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,500

Name

HOSPICE OF THE BLUEGRASS

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES HOSPICE CARE AND SUPPORT			Amount 2,500

Name

CASA OF KENTON COUNTY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

Name

CINCINNATI HABITAT FOR HUMANITY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,500

Name

THE POINT ARC OF NORTHERN KENTUCKY INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,500

Name

WOMEN'S CRISIS CENTER

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,500

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

NORTHERN KENTUCKY LEADERSHIP FOUNDATION INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY			Amount 3,000

Name

CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE FOUNDATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY			Amount 2,500

Name

CINCINNATI MUSEUM CENTER

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution COMMUNITY PARTNER TO SUPPORT EDUCATION OF THE COMMUNITY OUTSIDE OF THE CLASSROOM			Amount 2,500

Name

MOOREHEAD STATE UNIVERSITY FOUNDATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution PROVIDES SUPPORT FOR EDUCATION OF THE COMMUNITY			Amount 3,000

Name

ROWAN COUNTY FISCAL COURT

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

Name

LIMESTONE FAMILY YMCA

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,500

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

BLUE GRASS COUNCIL #204 BOY SCOUTS OF AMERICA

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

Name

CANCER SERVICES OF NORTHEAST INDIANA

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution MEMORIAL - PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 100

Name

BOYS AND GIRLS CLUBS OF PORTER COUNTY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 4,000

Name

OPPORTUNITY ENTERPRISES, INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 5,000

Name

LUTHERN UNIVERSITY ASSOCIATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY			Amount 2,000

Name

PORTER COUNTY COMMUNITY FOUNDATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 6,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

SPECIAL OLYMPICS KENTUCKY INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,500

Name

MOREHEAD STATE UNIVERSITY FOUNDATION INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY			Amount 5,000

Name

CAREGIVERS SOS INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,750

Name

US FOUNDATION FOR THE INSPIRATION AND RECOGNITION SCIENCE AND TECHNOLOGY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY			Amount 1,750

Name

KENNEDY KRIEGER FOUNDATION, INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,750

Name

MARYLAND FOOD BANK INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 3,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

JDRF INTERNATIONAL

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 3,000

Name

LEUKEMIA AND LYMPHOMA SOCIETY INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,750

Name

SUSAN G KOMEN BREAST CANCER FOUNDATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,000

Name

UNITED WAY OF PORTER COUNTY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 25,000

Name

ROWAN COUNTY EXTENSION DISTRICT BOARD

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,000

Name

AMERICAN CANCER SOCIETY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

LIMESTONE ECONOMIC DEVELOPMENT

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,000

Name

DOWNTOWN BELOIT ASSOCIATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution SUPPORT FRIDAY'S IN THE PARK SERIES			Amount 750

Name

BELOIT REGIONAL HOSPICE

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES HOSPICE CARE AND SUPPORT			Amount 1,000

Name

ELECTRICAL SAFETY FOUNDATION INTERNATIONAL

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROMOTES ELECTRICAL SAFETY EDUCATION FOR THE COMMUNITY			Amount 1,000

Name

GREATER BELOIT CHAMBER OF COMMERCE

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution EVENT SPONSOR - 31ST ANNUAL CHAMBER GOLF CLASSIC			Amount 2,500

Name

MILWAUKEE WOMEN INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution ENCOURAGES AND SUPPORTS PROFESSIONAL WOMEN IN LEADERSHIP ROLES			Amount 1,000



**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

BELOIT SNAPPERS - STATELINE COMMUNITY FOUNDATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution SUPPORT FOR ANNUAL GOLF OUTING			Amount 125

Name

CARRIER/UNITED WAY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 10,000

Name

HOOSIER BURN CAMP INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

Name

WHITE COUNTY COUNCIL ON AGING

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,000

Name

TOM BROWNING BOYS AND GIRLS CLUB

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,500

Name

MASON COUNTY RED CROSS

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

MOREHEAD HABITAT FOR HUMANITY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES RELIEF SUPPORT AND COMMUNITY SERVICES			Amount 3,000

Name

ROWAN COUNTY BOARD OF EDUCATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY			Amount 5,000

Name

LICKING VALLEY COLLEGE DEVELOPMENT CORPORATION INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY			Amount 3,000

Name

FLEMING MASON AIRPORT

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution COMMUNITY SUPPORTED AIRPORT - ASSISTS WITH OPERATIONAL COSTS			Amount 1,500

Name

MAYSVILLE PLAYERS

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution ENCOURAGES AND SUPPORTS ARTS IN THE COMMUNITY			Amount 1,000

Name

MAYSVILLE/MASON COUNTY LIBRARY HISTORICAL AND SCIENTIFIC ASSOCIATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY			Amount 1,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

MAYSVILLE COMMUNITY AND TECHNICAL COLLEGE

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution PROVIDES SUPPORT FOR THE EDUCATION OF THE COMMUNITY			Amount 2,000

Name

HOSPICE OF HOPE

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES HOSPICE CARE AND SUPPORT			Amount 20,000

Name

JUNIOR ACHIEVEMENT OF NORTHERN INDIANA

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution INSPIRE AND PREPARE STUDENTS TO SUCCEED IN A GLOBAL ECONOMY			Amount 3,000

Name

WHITE COUNTY FOOD PANTRY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 4,000

Name

WHITE COUNTY COMMUNITY FOUNDATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 2,000

Name

AMERICAN CANCER SOCIETY

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 3,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

GIRL SCOUTS OF KY WILDERNESS ROAD COUNCIL, INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

Name

UNITED WAY BLACKHAWK REGION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 500

Name

JUNIOR ACHIEVEMENT OF WISCONSIN

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution INSPIRE AND PREPARE STUDENTS TO SUCCEED IN A GLOBAL ECONOMY			Amount 500

Name

TIPP CITY CHAMBER OF COMMERCE

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 300

Name

AMERICAN HEART ASSOCIATION

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution MEMORIAL - PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 100

Name

COCOON SHELTER

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES COMMUNITY SERVICES FOR INDIGENT FAMILIES/INDIVIDUALS			Amount 1,000

**Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**

Recipient(s) paid during the year

Name

TIPPECANOE STEAM BOOSTERS

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROMOTES STUDENT INTERST IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH			Amount 1,569

Name

BELOIT MEALS ON WHEELS

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status PC		
Purpose of grant/contribution PROVIDES MEALS FOR THOSE IN NEED IN THE COMMUNITY			Amount 5,000

Name

BELOIT HEALTH SYSTEM FOUNDATION INC

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status POF		
Purpose of grant/contribution BUILDING FUND			Amount 40,000

Name

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
Purpose of grant/contribution			Amount

Name

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
Purpose of grant/contribution			Amount

Name

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
Purpose of grant/contribution			Amount

**Continuation of Part XV, Line 3b (990-PF) - Grants and Contributions Approved for Future Payment**  
Recipient(s) approved for future payments

Name

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
Purpose of grant/contribution			Amount

Name

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
Purpose of grant/contribution			Amount

Name

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
Purpose of grant/contribution			Amount

Name

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
Purpose of grant/contribution			Amount

Name

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
Purpose of grant/contribution			Amount

Name

Street

City	State	Zip Code	Foreign Country
Relationship	Foundation Status		
Purpose of grant/contribution			Amount