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### **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Inter	Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection									
For	r calen	dar year 20	15 or tax year be	ginning		2015	, and e	ending		, 20
Na	me of fou	undation						A Employe	r identification numb	er
			iss Family Foundat						39-1928659	
Nu	mber and	d street (or P C	box number if mail is r	not delivered to street addres	s)	Room/s	suite	<b>B</b> Telephon	e number (see instruct	ions)
		viera Ct					]		262-242-4049	
Cit	y or towr	n, state or prov	ince, country, and ZIP of	or foreign postal code				C If exempt	ion application is pend	ling, check here ▶
Me	quin, W	/1 53092-520	9							
G	Check	all that app	oly: 🔲 Initial retu	urn 🔲 Initial ret	urn of a former p	ublic	charity	D 1. Foreigi	n organizations, check	here ►
			Final retu		d return			2 Foreign	n organizations meetin	n the 85% test
			☐ Address	change 🔲 Name cl	nange			check	here and attach comp	utation ►
Н	Check	type of org	anization: 🗸 Se	ection 501(c)(3) exemp	private founda	tion			foundation status was	
	Sectio	n 4947(a)(1	nonexempt charit	able trust 🔲 Other	axable private	ound	ation	section 5	07(b)(1)(A), check here	<b>-</b> L
ı	Fair m	arket value	of all assets at	J Accounting meth	od 🗹 Cash [	☐ Ac	crual	F If the four	ndation is in a 60-mon	h termination
	end of	fyear (fron	n Part II, col. (c),	Other (specify				under se	ction 507(b)(1)(B), chec	k here ▶
_	line 16	)▶\$	87,335	(Part I, column (d) must	be on cash basıs	)				
Р	art I	Analysis o	f Revenue and Ex	cpenses (The total of	(a) Revenue a	ind	4.4.4.			(d) Disbursements
	-			may not necessarily equal	expenses p books			investment come	(c) Adjusted net income	for charitable purposes
		the amounts	ın column (a) (see ınstr	ructions) )	DOOKS					(cash basis only)
	1	Contribution	ns, gifts, grants, etc.,	received (attach schedule)		,655		٧,	* * * * * * * * * * * * * * * * * * *	95 . 43. De
	2	Check ►[	If the foundation is n	ot required to attach Sch B		12.5 8.5	\}\	· (\$\$)	\$1.14gg 水源	WAY 18 18
	3	Interest on	savings and temp	orary cash investments	3	-0-		-0-	-0-	
	4	Dividends	and interest from s	securities		2,397		2,397	2,397	
	5a	Gross rent	s. <i></i> .			-0-		-0-	-0-	
	ь	Net rental	income or (loss)		0- 🥻 🙏 😘	52.20	49\$	4		45
Revenue	6a	Net gain o	r (loss) from sale o	f assets not on line 10		-0-	(1,19)	1.282		
	Ь	-	price for all assets on		O- 🦎	, " <sup>#</sup> 4,	3	\$ / · ·	**. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Š	7	Capital ga	in net income (fron	n Part IV, line 2)	3	Š4}.		-0-	. · · · · · · · · · · · · · · · · · · ·	*97% / Car to
æ	8	Net short-	term capital gain .		\$ . si	» ·		4,	-0-	
	9	Income m	odifications			43.	`.`\Z*	. 118	-0-	Marina Marina
	10a	Gross sales	less returns and allo	wances	<b>0-</b> <u> </u>	<b>**</b>	(, ^}%		\$\$ . 1,522. \$\$	经数据证据
	ь	Less: Cos	of goods sold .		0-		۶ ۱ - ١	ž. ,	144	
	С	Gross pro	fit or (loss) (attach :	schedule)		-0-		۲·	-0-	140 L4 180 L
	11	Other inco	me (attach schedu	ıle)		-0-		-0-	-0-	
	12	Total. Add	lines 1 through 11	<u>1</u>	123	3,052		2,397	2,397	[CASK 32]
	13	Compensa	ation of officers, di	rectors, trustees, etc.		-0-		-0-	<b>-</b> 0-	-0-
xpenses	14	Other emp	loyee salaries and	wages R	ECEIVE	<b>\ -</b> 0-		-0-	-0-	-0-
e	15	Pension p	lans, employee bei	nefits	L VLIVL	رن-0		-0-	-0-	-0-
	16a	Legal fees	(attach schedule)	<u></u>		112		112	112	112
E E	b		g fees (attach sche		<u> 2 2 201 کالـ</u>			-0-	-0-	-0-
Ě	С	Other prof	essional fees (attac	ch schedule)		-0	۲	-0-	-0-	-0-
ā	17				SOEN	<del>-</del> 0-		-0-	-0-	-0-
ist	18	•	ch schedule) (see ins		<u> GDEN, U</u>	1-0-		-0-	-0-	
Ē	19			e) and depletion		-0-		-0-	-0-	
ē	20					-0-		-0-	-0-	-0-
ΨÞ	21			etings		3,550		8,550	8,550	8,550
Operating and Administrative	22					-0-		-0-	0.	-0-
<u> </u>	23		enses (attach sche			-0-		-0-	-0-	
ŧ	24			ninistrative expenses	5.	Į				
9			=			8,962		8,962	8,962	
ğ	25		ons, gifts, grants p			9,600	1	. **/		109,600
	26			ents. Add lines 24 and 25		8,262		8,962	8,962	8,962
	27		ne 26 from line 12		À		` ;			
	а			nses and disbursement		9,790	·	7.35	1 1 1 2 2 2 2	
	b		•	negative, enter -0-) .	N			-0-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	С	Adjusted	net income (if neg	jative, enter -0-)		34		, ,	-0-	

Pa	rt II	Ralance Sheets Attached schedules and amounts in the description column			f year
		Balance Sheets should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	2,491	9,884	9,884
	2	Savings and temporary cash investments			
	3	Accounts receivable >			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	1		
	7	Other notes and loans receivable (attach schedule) ▶		- NY & 5.8%	
		Less: allowance for doubtful accounts ▶		Promo de alle de diver anno i se che sellitaria communicativa di discolori del de d	Barrananina dhiri Matria (2004) haardkaan jaayayayiiniiiiika (220)
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
,	b	Investments—corporate stock (attach schedule)		, , , , , , , , , , , , , , , , , , ,	
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			1.625 (No.24), Sen. N
	''	Less. accumulated depreciation (attach schedule) ▶		<u> </u>	
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	86,487	77 454	77 454
	14			77,451	77,451
	1-4	Land, buildings, and equipment, basis		Alekate Ale in million	
	45	Less: accumulated depreciation (attach schedule)			
	15 16	Other assets (describe > )  Total assets (to be completed by all filers—see the	<u> </u>		<del></del>
	10	instructions. Also, see page 1, item I)			
	4 5	<u> </u>	88,978	87,335	87,335
	17	Accounts payable and accrued expenses	<u> </u>		
S	18	Grants payable		<del></del>	
Ě	19	Deferred revenue		<del></del>	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )		<del></del>	
	23	Total liabilities (add lines 17 through 22)	-0-	0-	
S		Foundations that follow SFAS 117, check here ▶ □			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
a	24	Unrestricted			
3ai	25	Temporarily restricted			
-	26	Permanently restricted			
Fun		Foundations that do not follow SFAS 117, check here ▶ □			
Ŀ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	88,978	87,335	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds			
4	30	Total net assets or fund balances (see instructions)	88,978	87,335	
ē	31	Total liabilities and net assets/fund balances (see			
-	<u> </u>	instructions)	88,978	87,335	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		al net assets or fund balances at beginning of year-Part II, colu			
	end	-of-year figure reported on prior year's return)		· · · · <u>1</u>	88,978
2	. Ente	er amount from Part I, line 27a		2	9,790
3	Oth	er increases not included in line 2 (itemize) ▶		3	-0-
4		I lines 1, 2, and 3		4	98,768
5		reases not included in line 2 (itemize) Vinrealized loss on investi		5	11,433
6		al net assets or fund balances at end of year (line 4 minus line 5) -		ne 30 <b>6</b>	87,335
					000 DE

Part	V Capital Gains and	d Losses for Tax on Investn	<u>nent Incon</u>	ne			
		ne kind(s) of property sold (e.g., real estatuse, or common stock, 200 shs. MLC Co		(b) How acquired P—Purchase D—Donation	1 ''	ate acquired o day, yr)	(d) Date sold (mo , day, yr )
1a							
b			·····		ļ		
С	<del></del>				<u> </u>		
<u>d</u>							
<u>е</u>					<del></del>		L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		ost or other basis expense of sale			n or (loss) f) minus (g)
<u>a</u>					<u> </u>		·
b					<u> </u>		
<u>C</u>			<del></del>		<del></del>		
d					ļ		
<u>е</u>	Complete only for appets on	aura ann in achima (b) and auraid	butha farrad	nt.an an 10/01/60	<b>_</b>		
	Complete only for assets sho	owing gain in column (h) and owned	T	······· · · · · · · · · · · · · · · ·	-		(h) gain minus
	(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		Excess of col (i) er col (j), if any		col (k), but not less than -0-) or Losses (from col. (h))	
a							···
b				······································			
<u>C</u>					<u> </u>		
d			<u> </u>				
<u>e</u>			L		ļ		
2	Capital gain net income o			n Part I, line 7 n Part I, line 7	2		-0-
3	Net short-term capital gar	in or (loss) as defined in sections	1222(5) an	d (6) <sup>.</sup>			······································
	If gain, also enter in Part	I, line 8, column (c) (see instru	ctions). If (I	oss), enter -0- in )			
	Part I, line 8	<u></u>			3		-0-
Part	V Qualification Und	der Section 4940(e) for Red	ced Tax c	n Net Investmen	t Inco	me	
Was t		section 4942 tax on the distribution and the distribution and the section 4940(e). I			base p	period?	☐ Yes ☑ No
1		ount in each column for each ye	<u> </u>		nakıng	any entries.	
Calc	(a) Base period years endar year (or tax year beginning ir	(b) Adjusted qualifying distribution		(c)		Dist	(d) tribution ratio divided by col. (c))
Cale	2014	······································	3,267		00,045	(60) (6) (	1.532
	2013		4,359	<del> </del>	99,605		.947
	2012		2,560	···	95,184		.972
-	2011		8,891		95,715		1.033
	2010		6,401		87,140		.877
2	Total of line 1, column (d	)				2	5.361
3		for the 5-year base period—div dation has been in existence if le				3	1.072
4	Enter the net value of nor	nchantable-use assets for 2015 f	rom Part X,	line 5		4	89,863
5	Multiply line 4 by line 3					5	96,333
6	Enter 1% of net investme	ent income (1% of Part I, line 27t	)			6	
7	Add lines 5 and 6 .					7	96,333
8		ons from Part XII, line 4 ater than line 7, check the box i				8 art using a 1	118,262 % tax rate. See the

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstruc	tions)						
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)								
b	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check	.51:181	-0-						
	here ► 🗹 and enter 1% of Part I, line 27b	``.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	725 11						
	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	<del></del>	-0-						
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		-0-						
6	Credits/Payments:								
а	2015 estimated tax payments and 2014 overpayment credited to 2015   6a   -0-								
b	2015 estimated tax payments and 2014 overpayment credited to 2015  Exempt foreign organizations—tax withheld at source								
c	Tax paid with application for extension of time to file (Form 8868) . 6c -0-								
d	Backup withholding erroneously withheld 6d -0-								
7	Total credits and payments. Add lines 6a through 6d	en estadilladi m	-0-						
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached 8		-0-						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		-0-						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		-0-						
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11		-0-						
	/II-A 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 any political campaign?	1a	'es No ✓						
b	Did it spend more than \$100 during the year (either directly) for political purposes (see	Id							
	Instructions for the definition)?								
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities								
C	Did the foundation file Form 1120-POL for this year?								
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$(2) On foundation managers. ▶ \$								
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<b>✓</b>						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3							
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	1						
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b							
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<b>✓</b>						
	If "Yes," attach the statement required by General Instruction T								
6	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?		iğ Alik						
7	Did the foundation have at least \$5.000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	6 7	<del>-</del>						
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	02 % 2.3	<b>V</b>						
Ju	Lines the states to which the foundation reports of with which it is registered (see instructions)	18: 44							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General								
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	<b>/</b>						
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or								
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	] "							
	complete Part XIV	9	<b>✓</b>						
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1 7							
	names and addresses	10	✓						

Part	VII-A Sta	atements Regarding Activities (continued)				
4.4	A1	the same and the foundation of the same and			Yes	No
11	meaning of se	during the year, did the foundation, directly or indirectly, own a contriction 512(b)(13)? If "Yes," attach schedule (see instructions)		11		1
12		ation make a distribution to a donor advised fund over which the found dissory privileges? If "Yes," attach statement (see instructions)		10		,
13	-	tion comply with the public inspection requirements for its annual returns and		12		<b>-</b>
	Website addre		exemption application.			L
14			ephone no. ► 2	62-242	4049	
		3412 W Riviera Ct, Mequon, W		53092-		
15		a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041				▶ 🗆
		amount of tax-exempt interest received or accrued during the year				
16		uring calendar year 2015, did the foundation have an interest in or a sign		`	Yes	No
		ecurities, or other financial account in a foreign country?		f 16		<b>✓</b>
	the foreign cou		res, enter the name o	3		
Part		atements Regarding Activities for Which Form 4720 May Be Re	equired		<u>* 3</u>	
		20 if any item is checked in the "Yes" column, unless an exception ap		T	Yes	No
1a		ar did the foundation (either directly or indirectly):		3, 27	. XX.	33
	(1) Engage in	the sale or exchange, or leasing of property with a disqualified person?	🗌 Yes 🗸 No	18,000		
		oney from, lend money to, or otherwise extend credit to (or accept it for	•	1	3.0	,
	·	d person?				
	· · · <del>-</del>	ods, services, or facilities to (or accept them from) a disqualified person?		1	1.7.1	{ ·
		ensation to, or pay or reimburse the expenses of, a disqualified person? ny income or assets to a disqualified person (or make any of either availa	Yes Vo	(3.5		
	• •	tor use of a disqualified person)?	∐Yes [∕]No	1.		8
		pay money or property to a government official? (Exception. Check "No		-	, "	<b>(</b> )
	foundation	agreed to make a grant to or to employ the official for a period	d after		3.5	~
		n of government service, if terminating within 90 days.)			,	33
b		s "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions d		******		
		11(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b		,
С		relying on a current notice regarding disaster assistance check here . ation engage in a prior year in any of the acts described in 1a, other the		1 .	5 A	<b>,</b>
U			· · · · · · · ·	1c	<u></u> 2	~ <b>~</b>
2		are to distribute income (section 4942) (does not apply for years the foundation defined in section 4942()(3) or 4942()(5))	indation was a private	13KX / 1	;	11.
а		ndation defined in section 4942(j)(3) or 4942(j)(5)) tax year 2015, did the foundation have any undistributed income (lines 6	Sd and			`. "]
a		or tax year(s) beginning before 2015?		1.3	* \(\frac{1}{2}\)	
	If "Yes," list th			1 %		
b		years listed in 2a for which the foundation is not applying the provision		10%		
		correct valuation of assets) to the year's undistributed income? (If applying	g section 4942(a)(2) to			ك
	*	d, answer "No" and attach statement—see instructions.)		2b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>✓</b>
С		ns of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a,	list the years here.			1
За	▶ 20 , 20	0, 20, 20 ation hold more than a 2% direct or indirect interest in any business ente	Provice			
О <i>a</i>		uring the year?	· · Yes No	J		
h	•	t have excess business holdings in 2015 as a result of (1) any purchase				35 38
U		ersons after May 26, 1969; (2) the lapse of the 5-year period (or longer p		1.0		, Š
	Commissionei	r under section 4943(c)(7)) to dispose of holdings acquired by gift or bequ	uest, or (3) the lapse of			
		or 20-year first phase holding period? (Use Schedule C, Form 4720	0, to determine if the	3, ,	1-3, 3	**
_		d excess business holdings in 2015.)		3b		<u> </u>
4a		ation invest during the year any amount in a manner that would jeopardize it		4a	18	<b>✓</b>
b		ation make any investment in a prior year (but after December 31, 1969) the topose that had not been removed from jeopardy before the first day of the tax		4b	<u> </u>	لئيدا
			, <u> g</u> g <del> 10 .</del>	1 -70	L i	ı ▼

Part	VII-B Statements Regarding Activities	for W	/hich Form	4720	May Be R	equire	ed (conti	nued)	
5a	During the year did the foundation pay or incur a	ny amo	ount to.					<u>/</u>	Tree (25) 757
	<ul><li>(1) Carry on propaganda, or otherwise attempt to</li><li>(2) Influence the outcome of any specific public</li></ul>		_				☐ Yes	<b>☑</b> No	
	directly or indirectly, any voter registration dri						☐Yes	✓ No	
	(3) Provide a grant to an individual for travel, stud	dy, or o					☐ Yes	☑ No	
	(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions)	a cha	rıtable, etc.,	organız	ation desci	ribed in	_ ∏ Yes	— ☑ No	
	(5) Provide for any purpose other than religious,	charit	able, scientif	ic, litera	ry, or educ	ational		<u>.</u> 140	
	purposes, or for the prevention of cruelty to c						☐Yes	☐ No	
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the Regulations section 53.4945 or in a current notice in							ribed in	5b
	Organizations relying on a current notice regarding disaster assistance check here								28 S 3 G S
С	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?								
	If "Yes," attach the statement required by Regula								
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums								
b	Did the foundation, during the year, pay premium					benefi	<b>∐Yes</b> t contract	_ <b>⊻ No</b> ? .	6b
	If "Yes" to 6b, file Form 8870.								
	7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?								7b
	VIII Information About Officers, Direct								
	and Contractors						_		
1	List all officers, directors, trustees, foundation					<u></u>		<del></del>	
	(a) Name and address	hou	e, and average rs per week ed to position	(If r	mpensation not paid, iter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expense account, other allowances
Paul F	Heiss								
3412 V	/ Riviera Ct, Mequon, WI 53092	Presid	ent, 4	-0-				-0-	-0-
Lois K	. Heiss								
	/ Riviera Ct, Mequon, WI 53092	Directo	or, 2		-0-			-0-	-0-
Norma	n Stolpe								
3154 F	lowerdale, Dallas, TX	Directo	or, 1		-0-			-0-	-0-
2	Compensation of five highest-paid employee "NONE."	s (oth	er than tho	se incl	uded on li	ne 1 –	see instr	uction	s). If none, enter
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek	(c) Comper	nsation	(d) Contribi employee plans and compen	benefit deferred	(e) Expense account, other allowances
NONE									
				-					
							ļ		
Total	number of other employees paid over \$50,000 .				<u> </u>	<u>.</u>	• • •	. ▶	-0-
-									Form 990-PF (2015)

and Contractors (continued)	:mployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NC	NE."
(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	NONE
Part IX-A Summary of Direct Charitable Activities	<u> </u>
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Grants to Christian missions agencies	
	109,600
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	
^	
2	
All other program-related investments. See instructions	
3	
	·-
Total. Add lines 1 through 3	
	Form <b>990-PF</b> (2015)

Part	see instructions.)	ign tounda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	82,341
b	Average of monthly cash balances	1b	8,890
С	Fair market value of all other assets (see instructions)	1c	-0-
d	Total (add lines 1a, b, and c)	1d	91,231
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1995-2 W	
2	Acquisition indebtedness applicable to line 1 assets	2	-0-
3	Subtract line 2 from line 1d	3	91,231
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		0.,20.
	instructions)	4	1,368
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	89,863
6	Minimum investment return. Enter 5% of line 5	6	4,493
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	.1 =	
	and certain foreign organizations check here ▶ ☐ and do not complete this part.)  Minimum investment return from Part X, line 6	<u> </u>	
1		1	4,493
2a			
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,493
4	Recoveries of amounts treated as qualifying distributions	4	-0-
5	Add lines 3 and 4	5	4,493
6	Deduction from distributable amount (see instructions)	6	0-
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,	_	
	line 1	7	4,493
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	118,262
b	Program-related investments—total from Part IX-B	1b	-0-
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	-0-
3	Amounts set aside for specific charitable projects that satisfy the.	<b>100</b>	
а	Suitability test (prior IRS approval required)	3a	-0-
b	Cash distribution test (attach the required schedule)	3b	-0-
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	118,262
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	-0-
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	118,262
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	

	90-PF (2015)				Page <b>9</b>
Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2015 from Part XI, line 7	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
2		3.	<u> </u>		4,493
2 a	Undistributed income, if any, as of the end of 2015. Enter amount for 2014 only	\$ %*:			
b	Total for prior years. 20 11 ,20 12 ,20 13	* *** *** *** *** *** *** *** *** ***	*	-0-	32'6'
3	Excess distributions carryover, if any, to 2015:	7, 2, 3, 3	-0-	<u> </u>	
а	From 2010	), Y " '   } \]	* · · · · · · · · · · · · · · · · · · ·		
b	From 2011			કું ફેર્યા પ્યક્રિત ેં	
c	From 2012				
ď	From 20130-	* ,	ζ,		
e	From 20140-				
f	Total of lines 3a through e	-0-			
4	Qualifying distributions for 2015 from Part XII,	· · · · · ·		* / <u>/ / / / / / / / / / / / / / / / / /</u>	****
	line 4: ▶ \$	4 4		1 1	
а	Applied to 2014, but not more than line 2a .	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		-0-	
b	Applied to undistributed income of prior years	· · · · · · · · · · · · · · · · · · ·		-0-	× × × × × × × × × × × × × × - ×
	(Election required—see instructions)	}	-0-	, <u>,</u>	
С	Treated as distributions out of corpus (Election		\$ 23	v v	
	required—see instructions)	-0-	· ·	× ×	>
d	Applied to 2015 distributable amount	, ,			-0-
e	Remaining amount distributed out of corpus	-0-	¥		×
5	Excess distributions carryover applied to 2015	-0-	3"	*	-0-
	(If an amount appears in column (d), the same			>	,
6	amount must be shown in column (a).)  Enter the net total of each column as indicated below:				
_		Named a construction of the design of the construction of the cons	`		1.94 1/3 1.90 "
a b	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract	-0-		<u> </u>	24
V	line 4b from line 2b	11	_ [		
С	Enter the amount of prior years' undistributed	<u> </u>	-0-		* * * * * * * * * * * * * * * * * * *
·	income for which a notice of deficiency has	Say Si			
	been issued, or on which the section 4942(a)	£ "+; .			
	tax has been previously assessed	Í	-0-		
d	Subtract line 6c from line 6b. Taxable	*	-0-		
	amount - see instructions	N. 13	-0-		
e	Undistributed income for 2014. Subtract line	,	₹		. *
	4a from line 2a. Taxable amount-see				( )
	instructions	<u> 180 - 180 - 18</u>		<b>-</b> 0-	
f	Undistributed income for 2015. Subtract lines		, , ,	\$ '\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 2
	4d and 5 from line 1. This amount must be		` ′ .	, ,	
_	distributed in 2016	¥2\$	ì	ί ₹	4,493
7	Amounts treated as distributions out of corpus			· `´ ´,` ` `	
	to satisfy requirements imposed by section		, ()	, ,	
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8		-0-	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
0	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2016.	-0-	<del> </del>		
•	Subtract lines 7 and 8 from line 6a	_			
10	Analysis of line 9:	-0-	<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
а	Excess from 2011			*,	· ***
b	Excess from 20120-		k . *	; ; ·. 1	
c	Excess from 20130-	> * \"	*	* *	, , , , , , , , , , , ,
ď	Excess from 20140-	٠	,	,	
e	Excess from 2015	(	<u>, , , , , , , , , , , , , , , , , , , </u>		

Part 2	XIV Private Operating Founda	tions (see instru	ctions and Part \	VII-A, question 9	)	
	If the foundation has received a ruling foundation, and the ruling is effective fo					
	Check box to indicate whether the four		•	l l	ection  4942(j)(	3) or 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year	operating loandar	Prior 3 years	70420/(	
	income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each year listed	-0-	-0-	-0-	-0-	
h	85% of line 2a	-0-	-0-	-0-		-0-
	Qualifying distributions from Part XII,	-0-	-U-	-0-	-0-	0-
	line 4 for each year listed	118,262	153,267	94,359	92,560	458,448
	Amounts included in line 2c not used directly for active conduct of exempt activities	-0-	-0-	-0-	-0-	-0-
е	Qualifying distributions made directly for active conduct of exempt activities.					
	Subtract line 2d from line 2c	118,262	153,267	94,359	92,560	458,448
3	Complete 3a, b. or c for the alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)			1		
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed	2,995	3,335	3,320	3,173	12,823
c	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part		on (Complete th	is part only if th	ne foundation h	ad \$5,000 or mo	ore in assets at
1	any time during the year-				•	
1	Information Regarding Foundation	Managers:	· · · · · · · · · · · · · · · · · · ·		······································	
а	List any managers of the foundation before the close of any tax year (but of	who have contribu				by the foundation
S		siny ir aley have ec		απ φο,ουσ <b>,</b> : (ουυ ο	CC((C) (C)((E).)	
Paul F.	List any managers of the foundation	who own 10% or	r more of the stoo	ck of a corporation	or an equally la	rae portion of the
-	ownership of a partnership or other e					. g
None		• /		J		
2	Information Regarding Contribution	n. Grant. Gift. Loa	n. Scholarship, e	tc Programs:		
_	Check here ▶ ☐ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the					
	other conditions, complete items 2a,		J -, J	(,,,,,,,,,		g
a	The name, address, and telephone no		dress of the perso	on to whom applic	ations should be a	ddressed:
_	The hame, address, and tolephone he		and or the peroc	on to milom applie	attorio ortodia de a	44.00004
David E	Hoice 2412 M Divioer Ct Meguen WI 6	2002 5200 262 242	4040			
b	Heiss, 3412 W Riviear Ct, Mequon, WI 5 The form in which applications should			materials they sho	uld include:	
	.,			•		
Amour	nt requested, proposed use of funds, exp	ected results				
C	Any submission deadlines.				<u> </u>	
None	-					
d	Any restrictions or limitations on av factors:	wards, such as b	y geographical ar	eas, charitable fie	elds, kinds of ins	titutions, or other
Christi	an overseas missions organizations onl	y with U.S. 501(c)(3	) registration. Prior	rity will be given to		PG's. Form <b>990-PF</b> (2015)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to Recipient oundation Purpose of grant or status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor Paid during the year Acton Institute 501c3 Evangelism 100 Ambassadors For Christ 501c3 Evangelism 1,000 American Bible Society 501c3 Evangelism 1,000 Asia Harvest 501c3 Evangelism 1.000 Boy Scouts of America 501c3 Evangelism 500 Bridges International 501c3 Evangelism 3.000 Campus Crusade for Christ 501c3 Evangelism 12,000 ChinaSource 501c3 Evangelism 10.000 English Language Institute China 501c3 Evangelism 1,000 Equip India 501c3 Evangelism 2,000 Evangelism Explosion 501c3 Evangelism 1,000 **Next Door Foundation** 501c3 Evangelism 2,000 Opportunity International 501c3 Evangelism 50.000 **Pioneers** 501c3 Evangelism 1,000 Salvation Army 501c3 Evangelism 1.000 The Jesus Film Project 501c3 Evangelism 2,000 Trans World Radio 501c3 Evangelism 1,000 visionSynergy 501c3 Evangelism 20,000 Зa 109,600 Approved for future payment -0-Total

Ente	r gross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 51	⊣ (e)
		(a)	(b)	(c)	(d)	Related or exemption
1	Program service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions.)
٠	a					
	<b>b</b>					
	c					
	d					<del>                                     </del>
	е			<del> </del>		<del> </del>
	f					
	g Fees and contracts from government agencies				,	
2	Membership dues and assessments					<del></del>
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			77
	a Debt-financed property					
	<b>b</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)					_l
13			· · · · · ·		13	
13 (See	worksheet in line 13 instructions to verify calculation	ns.)			13	
13 See Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		
13 See Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		importantly to the
13 See Pa	rt XVI-B Relationship of Activities to the Activities to the Activities to the Activity for which	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		importantly to the
13 See Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		importantly to the actions)
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13 See Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		importantly to the
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13 See Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		importantly to the
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13 See Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		importantly to the
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13 See Pa	worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the	ns.) <b>Accomplishm</b>	ent of Exemp	t Purposes		importantly to the actions)

Part	AVII		ganizations	isters to and transa	cuons and r	reiauonsnips	i with Noncha	ritable	
1	Did the			engage in any of the follo	owing with any	other organiza	ation described	Yes	s No
				section 501(c)(3) organiz					1 7 7 7
	organiz	zations?							
а	Transfe	ers from the rep	porting foundation to	a noncharitable exemp	t organization	of:			
	(1) Ca:	sh						1a(1)	<b>/</b>
	(2) Oth	ner assets .						1a(2)	1
b	Other t	ransactions:							
	(1) Sal	es of assets to	a noncharitable exe	mpt organization .				1b(1)	1
	(2) Pu	chases of asse	ets from a noncharita	able exempt organizatioi	n			1b(2)	1
	(3) Re	ntal of facilities,	, equipment, or othe	rassets				1b(3)	1
								1b(4)	1
								1b(5)	1
				np or fundraising solicita				1b(6)	1
С	Sharin	g of facilities, e	quipment, mailing lis	sts, other assets, or paid	l employees			1c	1
d	If the a	answer to any	of the above is "Yes	s," complete the followi	ng schedule. (	Column (b) sho	ould always sho	w the fair	marke
				ces given by the reporti					
	value i	n any transaction		ement, show in column	(d) the value of	f the goods, ot	her assets, or se	rvices rec	eived.
(a) Line	e no. <b>(b</b> )	Amount involved	(c) Name of nonch	naritable exempt organization	(d) Descri	ption of transfers,	transactions, and sha	arıng arrangei	ments
				······································					
				<u> </u>					
								····	
				·····		<del></del>			
		-				<del></del>			
								<del></del>	
		,					······································		
				· · · · · · · · · · · · · · · · · · ·					
				······································			····		
2a				filiated with, or related					
				other than section 501(c)	(3)) or in section	on 527?	[	] Yes [	No
b			e following schedule						
		(a) Name of organ	nization	(b) Type of organiz	ation	(c)	Description of relatio	nship	
				· · · · · · · · · · · · · · · · · · ·					
	T 11-3-	nonelline of	I doelare that I have ave	od this return, includes sees	nung nobodulas sad	statements ========	the heat of my transite	dan and hali-f	, p. 4
Sign		penaities of perjury, I ; end complete Decl	declare that I have examine laration of preparer (other the	ed this return, including accompa an taxpayer) is based on all inforn	nation of which prep	statements, and to arer has any knowle	dge		
	' L N	P. 1.	71.	17-9-16		·	May the I	RS discuss the preparer show	
Here		1 and	otoo	Date	President Title			uctions)? TYe	
		ture of officer or true Print/Type preparer		Preparer's signature	11118	Date		PTIN	
Paid		rmitriype preparer	a name	, Tehater a signature		Daie	Check if	1 11 1	
Prep						<del></del>	self-employed		
Use	Only 📙	Firm's name				Fi	rm's EIN ►		

Phone no

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

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

OMB No 1545-0047

**Employer identification number** 

	nd Lois K. Heiss Fami	39-1928659					
Organization type (check one):							
Filers o	f:	Section:					
Form 990 or 990-EZ		☐ 501(c)(	) (enter number) organization				
		4947(a)(1) no	nexempt charitable trust not treated as a private for	undation			
		527 political	organization				
Form 990-PF		☐ 501(c)(3) exe	301(c)(3) exempt private foundation				
		4947(a)(1) no	nexempt charitable trust treated as a private founda	ation			
		√ 501(c)(3) taxa	able private foundation				
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note.</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.							
	01101						
Genera	l Rule						
<b>7</b>	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 33½% 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.						
	contributor, during t contributions totaled during the year for a General Rule applie	the year, contributi d more than \$1,000 an <i>exclusively</i> religi es to this organizat	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ons <i>exclusively</i> for religious, charitable, etc., purpos 0. If this box is checked, enter here the total contributions, charitable, etc., purpose. Do not complete any tion because it received <i>nonexclusively</i> religious, charitable.	es, but no such utions that were received of the parts unless the aritable, etc., contributions			
Caution	n. An organization tha	at is not covered by	y the General Rule and/or the Special Rules does no	ot 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number Paul F. and Lois K. Heiss Family Foundation, Inc. 39-1928659 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution \_\_\_1\_\_ Person  $\square$ IBCC Industries, Inc. **Payroll** П Noncash 95,655 (Complete Part II for noncash contributions.) Milwaukee, WI 53207-1633 (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person 1 Paul F Heiss Payroli 3412 W Rıviera Ct 30,000 Noncash (Complete Part II for noncash contributions) Mequon, WI 53092-5209 (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.

Person

**Payroll** Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization **Employer identification number** Paul F. and Lois K. Heiss Family Foundation, Inc. 39-1928659 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given **Date received** Part I (see instructions) (c) FMV (or estimate) (a) No. (d) from Description of noncash property given **Date received** (see instructions) Part I

Name of organization Employer identification number Paul F. and Lois K. Heiss Family Foundation, Inc. 39-1928659 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (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.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (a) No. (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## Form 990-PF Paul F. and Lois K. Heiss Family Foundation, Inc. 39-1928659

### Part I

Schedule of Gifts Received	IBCC Industries, Inc.		\$95,655	
Schedule of Gifts Received	Paul F. Heiss	\$3	0,000	
Schedule of Taxes	U.S. Treasury	\$	0	
Schedule of Taxes	Foreign taxes	\$	0	
Schedule of Legal Fees	van Briesen & Roper s.c.	\$	112	

### Part II

Schedule of Other Investments	<u>12/31/15</u>	<u>12/31/14</u>
First Allied Securities	\$ 77,451	\$ 86,487

### **PART VII-A**

Names and Addresses of substantial contributors:

IBCC Industries, Inc. 3200 S. 3<sup>rd</sup> Street Milwaukee, WI 53207-2633 \$95,655

Paul F. Heiss 3412 W. Riviera Court Mequon, WI 53092-5209 \$30,000