



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENDED TO AUGUST 15, 2016

Form **990-PF****Return of Private Foundation**

OMB No 1545-0052

2015Department of the Treasury
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2015 or tax year beginning

, and ending

Name of foundation BAYCARE CLINIC FOUNDATION, LTD.		A Employer identification number 39-2000503
Number and street (or P.O. box number if mail is not delivered to street address) 164 NORTH BROADWAY	Room/suite	B Telephone number 920-490-9046
City or town, state or province, country, and ZIP or foreign postal code GREEN BAY, WI 54303		C If exemption application is pending check here ☐
G Check all that apply: ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 310,905.	J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

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))		(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	301,437.			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	2,307.	2,307.		STATEMENT 1
	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)		0.		
	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)					
11 Other income	1,525.	0.	1,525.	STATEMENT 2	
12 Total. Add lines 1 through 11	305,269.	2,307.	1,525.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees				
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 3	39.	0.	0.	0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 4	281.	70.	0.	211.
	24 Total operating and administrative expenses. Add lines 13 through 23	320.	70.	0.	211.
	25 Contributions, gifts, grants paid	260,294.			253,294.
26 Total expenses and disbursements. Add lines 24 and 25	260,614.	70.	0.	253,505.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	44,655.				
b Net investment income (if negative, enter -0-)		2,237.			
c Adjusted net income (if negative, enter -0-)			1,525.		

523501
11-24-15

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)
 28
 9
 16

SCANNED SEP 14 2016

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash - non-interest-bearing	152,461.	173,984.	173,984.
	2 Savings and temporary cash investments	15,075.	15,098.	15,098.
	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			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 5	111,267.	121,823.	121,823.
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment basis ▶		
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		278,803.	310,905.	310,905.
17 Accounts payable and accrued expenses		7,625.	7,000.	
18 Grants payable		30,000.	20,000.	
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable				
22 Other liabilities (describe ▶)				
23 Total liabilities (add lines 17 through 22)	37,625.	27,000.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐			
	24 Unrestricted and complete lines 24 through 26 and lines 30 and 31.			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	241,178.	283,905.	
30 Total net assets or fund balances	241,178.	283,905.		
31 Total liabilities and net assets/fund balances	278,803.	310,905.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 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)	1	241,178.
2 Enter amount from Part I, line 27a	2	44,655.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	285,833.
5 Decreases not included in line 2 (itemize) ▶ UNREALIZED GAIN/LOSS ON INVESTMENTS	5	1,928.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	283,905.

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.)
1a				
b NONE				
c				
d				
e				

(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)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 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	2	
3 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). If (loss), enter -0- in Part I, line 8		3	

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.

1 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	241,440.	235,366.	1.025807
2013	251,659.	201,565.	1.248525
2012	197,909.	166,966.	1.185325
2011	270,376.	155,669.	1.736865
2010	248,967.	120,583.	2.064694

2 Total of line 1, column (d)	2	7.261216
3 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	3	1.452243
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	276,007.
5 Multiply line 4 by line 3	5	400,829.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	22.
7 Add lines 5 and 6	7	400,851.
8 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.	8	253,505.

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

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	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b	1	45.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0.
3	Add lines 1 and 2	3	45.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-	5	45.
6	Credits/Payments:		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 6	9	45.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 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		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
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?	X	
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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) WI		
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	X	
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		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7	X	

Form 990-PF (2015)

Part VII-A Statements Regarding Activities (continued)

	Yes	No
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)		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)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.BAYCARE.NET/WEBSITE/ABOUT/500--FOUNDATION/IND</u>	X	
14 The books are in care of ► <u>MS. VIRGINIA VISSERS</u> Telephone no. ► <u>920-490-9046</u> Located at ► <u>164 NORTH BROADWAY, GREEN BAY, WI</u> ZIP+4 ► <u>54303</u>		
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		N/A
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 ►		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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	☐ Yes ☒ 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	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?		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? If "Yes," list the years ►	☐ Yes ☒ No	
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)	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. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ 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)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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?		X

Form 990-PF (2015)

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

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

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)?

5b

X

Organizations relying on a current notice regarding disaster assistance check here

☐

c 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?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

6b

X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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?

☐ Yes ☒ No

7b

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

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.

(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
SEE STATEMENT 9		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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

☐ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. 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		0

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 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Form 990-PF (2015)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	117,263.
b	Average of monthly cash balances	1b	162,947.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	280,210.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	280,210.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,203.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	276,007.
6	Minimum investment return. Enter 5% of line 5	6	13,800.

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.)

1	Minimum investment return from Part X, line 6	1	13,800.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	45.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	45.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,755.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	13,755.
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	13,755.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	253,505.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	253,505.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	253,505.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				13,755.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010	242,938.			
b From 2011	262,593.			
c From 2012	189,586.			
d From 2013	241,611.			
e From 2014	229,711.			
f Total of lines 3a through e	1,166,439.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$	253,505.			
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2015 distributable amount				13,755.
e Remaining amount distributed out of corpus	239,750.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d) the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,406,189.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	242,938.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	1,163,251.			
10 Analysis of line 9				
a Excess from 2011	262,593.			
b Excess from 2012	189,586.			
c Excess from 2013	241,611.			
d Excess from 2014	229,711.			
e Excess from 2015	239,750.			

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
a Paid during the year				
SEE ATTACHMENT SEE ATTACHMENT SEE ATTACHMENT, WI 99999	NONE	EXEMPT	CHARITABLE PURPOSES OF THE RECIPIENT	253,294.
Total			3a	253,294.
b Approved for future payment				
SEE ATTACHMENT SEE ATTACHMENT SEE ATTACHMENT, WI 99999	NONE	EXEMPT	CHARITABLE PURPOSES OF THE RECIPIENT	7,000.
Total			3b	7,000.

Form 990-PF (2015)

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
	(a) Business code	(b) Amount	(c) Exclu- sion 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						
4 Dividends and interest from securities			14	2,307.		
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 OTHER INCOME			01	1,525.		
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)		0.		3,832.		0.
13 Total. Add line 12, columns (b), (d), and (e)						3,832

(See worksheet in line 13 instructions to verify calculations.)

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

[illegible]

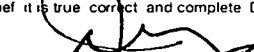
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|---|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No		
	 Signature of officer or trustee		8/12/16 Date	PRESIDENT Title			
Paid Preparer Use Only	Print Type preparer's name DANIEL J. YOUNG		Preparer's signature  DANIEL J. YOUNG		Date 08/01/16	Check ☐ if self-employed	PTIN P00035095
	Firm's name ▶ SCHENCK SC					Firm's EIN ▶ 39-1173131	
	Firm's address ▶ P.O. BOX 23819 GREEN BAY, WI 54305-3819					Phone no. (920) 436-7800	

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2015

Name of the organization

BAYCARE CLINIC FOUNDATION, LTD.

Employer identification number

39-2000503

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization	Employer identification number
BAYCARE CLINIC FOUNDATION, LTD.	39-2000503

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	DR. AND MRS. KEVIN WIENKERS 2863 CIRCLE SHORE DR. GREEN BAY, WI 54302	\$ 26,183.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	DR. PER ANDERAS 2824 MT. CAROL DRIVE GREEN BAY, WI 54311	\$ 20,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
3	DR. SCOTT GAGE 3071 GOTHIC COURT GREEN BAY, WI 54313	\$ 80,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
4	DR. STEPHEN BRADA 700 TERRAVIEW DRIVE GREEN BAY, WI 54301	\$ 6,613.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
5	BAY CARE HEALTH SYSTEMS 164 N BROADWAY GREEN BAY, WI 54303	\$ 13,836.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
6	DR. PAUL SUMMERSIDE 614 RANDALL AVE DE PERE, WI 54115	\$ 17,140.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
BAYCARE CLINIC FOUNDATION, LTD.	39-2000503

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
7	DR. BRUCE NEAL 1515 BRADBURY COURT GREEN BAY, WI 54313	\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
8	DR. ALEXANDER ROITSTEIN 2411 WANDERING SPRINGS CIRCLE GREEN BAY, WI 54311	\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
9	DR. STEVEN STROMAN 2452 WILDWOOD DRIVE GREEN BAY, WI 54302	\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
10	NILGUN FRENGELL PO BOX 4347 MONROE, LA 71211	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
11	DR. CHRISTOPHER SORRELLS 3317 STAR CREEK CT GREEN BAY, WI 54311	\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	DR. JOSEPH HODGSON 3510 BOWER CREEK ROAD DE PERE, WI 54115	\$ 8,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
BAYCARE CLINIC FOUNDATION, LTD.	39-2000503

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
13	DR. GREGORY WELSH 216 SHELLEY LANE DE PERE, WI 54115	\$ 5,982.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
14	DR. WILLIAM WITMER 1485 BRADBURY COURT GREEN BAY, WI 54313	\$ 5,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization

Employer identification number

BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

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 info. once.) ▶ \$

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS	2,307.	0.	2,307.	2,307.	2,307.
TO PART I, LINE 4	2,307.	0.	2,307.	2,307.	2,307.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	1,525.	0.	1,525.
TOTAL TO FORM 990-PF, PART I, LINE 11	1,525.	0.	1,525.

FORM 990-PF TAXES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	39.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	39.	0.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMINISTRATIVE EXPENSES	281.	70.	0.	211.
TO FORM 990-PF, PG 1, LN 23	281.	70.	0.	211.

FORM 990-PF	CORPORATE STOCK	STATEMENT	5
-------------	-----------------	-----------	---

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VANGUARD BALANCED INDEX FD	121,823.	121,823.
TOTAL TO FORM 990-PF, PART II, LINE 10B	121,823.	121,823.

FORM 990-PF	INTEREST AND PENALTIES	STATEMENT	6
-------------	------------------------	-----------	---

TAX DUE FROM FORM 990-PF, PART VI	45.
LATE PAYMENT PENALTY	1.
TOTAL AMOUNT DUE	46.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	7
-------------	---	-----------	---

NAME OF CONTRIBUTOR	ADDRESS
DR. ALEXANDER ROITSTEIN	2411 WANDERING SPRINGS CIRCLE GREEN BAY, WI 54311

FORM 990-PF	LATE PAYMENT PENALTY	STATEMENT	8
-------------	----------------------	-----------	---

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	05/15/16	45.	45.	3	1.
DATE FILED	08/15/16		45.		
TOTAL LATE PAYMENT PENALTY					1.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 9
-------------	---	-------------

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH HODGSON, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/PRESIDENT 0.50	0.	0.	0.
WILLIAM WITMER, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR 0.50	0.	0.	0.
BRUCE NEAL, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/VICE PRESIDENT 0.50	0.	0.	0.
CHRISTOPHER SORRELLS, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR 0.50	0.	0.	0.
ANN SEIDL 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR OF MARKETING/PR 0.50	0.	0.	0.
LESLEY O'CONNELL 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/EMPLOYEE REP 0.50	0.	0.	0.
PAUL LUIKART 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT 10
-------------	--	--------------

NAME OF MANAGER

JOSEPH HODGSON, M.D.
BRUCE NEAL, M.D.
CHRISTOPHER SORRELLS, M.D.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANN SEIDL
164 N BROADWAY
GREEN BAY, WI 54303

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

920-405-5382

GENERAL GRANTS FOR COMMUNITY-BASED PROGRAMS, PROJECTS
AND SERVICES

FORM AND CONTENT OF APPLICATIONS

THE FORM FOR COMMUNITY-BASED PROGRAMS, PROJECTS AND SERVICES CAN BE
DOWNLOADED AT
[HTTP://WWW.BAYCARE.NET/WEBSITE/ABOUT/500--FOUNDATION/INDEX.ASP](http://www.baycare.net/website/about/500--foundation/index.asp)

ANY SUBMISSION DEADLINES

DEADLINES FOR GRANT REQUESTS ARE JANUARY 14, APRIL 14, JULY 14 AND OCTOBER
13.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GENERAL FINANCIAL SUPPORT GRANTS MUST RELATE TO THE OVERALL FOUNDATION
MISSION OF PROMOTING THE HEALTH AND WELL-BEING OF NORTHEAST WISCONSIN
RESIDENTS.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ANN SEIDL
164 N BROADWAY
GREEN BAY, WI 54303

TELEPHONE NUMBER

920-405-5382

NAME OF GRANT PROGRAM

HEALTHCARE SCHOLARSHIP PROGRAM

FORM AND CONTENT OF APPLICATIONS

THE FORM FOR SCHOLARSHIPS CAN BE DOWNLOADED AT
[HTTP://WWW.BAYCARE.NET/WEBSITE/ABOUT/500--FOUNDATION/INDEX.ASP](http://www.baycare.net/website/about/500--FOUNDATION/INDEX.ASP)

ANY SUBMISSION DEADLINES

THE DEADLINE FOR SCHOLARSHIP APPLICATIONS IS APRIL OF EVERY YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS ARE AWARDED TO PRE-SELECTED REGIONAL HIGH SCHOOLS AND COLLEGES
AND TO SCHOLARS PURSUING ADVANCED EDUCATION IN THE HEALTHCARE FIELD.

BayCare Clinic Foundation
EIN: 39-2000503

Part XV - Supplementary Information
Grant and Contributions Paid During the Year

Ck #	Recipient	Recipient Address	Recipient Relationship	Foundation Status	Purpose of Contribution	Amount	Date
3156	Friends of the Wildlife Sanctuary Inc	1660 East Shore Drive, Green Bay WI 54302-1285	None	Public Charity	General Operations	\$ 275.00	1/2/2015
3157	Green Bay Botanical Garden	2600 Larson Road PO Box 12644, Green Bay WI 54307-9896	None	Public Charity	General Operations	\$ 150.00	1/2/2015
3158	Prevent Blindness-Wisconsin	759 North Milwaukee Street Suite 305 Milwaukee WI 53202-3745	None	Public Charity	General Operations	\$ 200.00	1/2/2015
3159	St Bernard Congregation	2040 Hillside Ln Green Bay WI 54302-4098	None	Public Charity	General Operations	\$ 5,000.00	1/2/2015
3167	Bay Area Humane Society & Animal Shelter Inc	1830 Reddison Street, Green Bay WI 54302	None	Public Charity	General Operations	\$ 2,500.00	1/23/2015
3168	Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	\$ 5,000.00	1/23/2015
3169	Noire Dame De La Baie Academy	610 Maryhill Drive, Green Bay WI 54303	None	Public Charity	Education	\$ 2,500.00	1/23/2015
3170	Pilgrim Congregational Church	Attn Treasurer 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	Education	\$ 500.00	1/23/2015
3171	Providence Academy	Attn Chris Stenberger 1420 Division Street, Green Bay WI 54303	None	Public Charity	Education	\$ 1,000.00	1/23/2015
WIRE	Assemblees de Dieu Mission Suedoise	BP 922 Bobo-Dioulasso Burkina Faso	None	Public Charity	General Operations	\$ 1,257.15	1/23/2015
3172	American Cancer Society	Attn Relay for Life of Pulaski 790 Marvella Ln, Green Bay WI 54304	None	Public Charity	General Operations	\$ 1,000.00	1/30/2015
3173	Holy Cross School	3002 Bay Settlement Road, Green Bay WI 54311	None	Public Charity	Education	\$ 400.00	1/30/2015
3174	West Africa Foundation	12629 Renion Avenue, Seattle WA 98178	None	Public Charity	General Operations	\$ 5,000.00	2/6/2015
3175	Boy Scouts of America	2555 Northern Road PO Box 287 Appleton WI 54912-0267	None	Public Charity	General Operations	\$ 500.00	2/24/2015
3176	Exceptional Equestrians	1130 Orlando Drive De Pere WI 54115	None	Public Charity	General Operations	\$ 1,500.00	2/24/2015
3177	Faith Lutheran Church	2335 S Webster Avenue Green Bay WI 54301	None	Public Charity	General Operations	\$ 500.00	2/24/2015
3178	Mission Basketball Academy	N3924 Dublin Way, Freedom WI 54913	None	Public Charity	General Operations	\$ 500.00	2/24/2015
3179	Pilgrim Congregational Church	Attn Treasurer 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	\$ 1,000.00	2/24/2015
3180	Service League of Green Bay	Attn Lauren Woolton PO Box 372 Green Bay WI 54305	None	Public Charity	General Operations	\$ 10,000.00	2/25/2015
3181	Two Rivers Fire Department	2122 Monroe Street, Two Rivers WI 54241	None	Public Charity	General Operations	\$ 5,000.00	3/24/2015
3182	Faith Lutheran Church	2335 S Webster Avenue Green Bay WI 54301	None	Public Charity	General Operations	\$ 500.00	3/24/2015
3183	Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way Green Bay WI 54304	None	Public Charity	General Operations	\$ 20,000.00	3/31/2015
3185	West Africa Foundation	12629 Renion Avenue Seattle WA 98178	None	Public Charity	General Operations	\$ 1,000.00	4/1/2015
3186	Green Bay Gunners	1802 Charles Street, De Pere WI 54115	None	Public Charity	Education	\$ 1,000.00	4/10/2015
3188	NWTC	ATTN Alicia Van Straten 2740 W Mason St, PO Box 19042 Green Bay WI 54307-9042	None	Public Charity	General Operations	\$ 5,000.00	4/24/2015
3189	Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	\$ 500.00	4/25/2015
3190	Pilgrim Congregational Church	Attn Treasurer 991 Pilgrim Way Green Bay WI 54304	None	Public Charity	General Operations	\$ 300.00	5/1/2015
3191	Christy's Race	James G Boyd, Race Director Christy's Race 151 Brule Rd De Pere WI 54115	None	Public Charity	General Operations	\$ 300.00	5/1/2015
3192	Wisconsin Public Radio	Attn Major Gifts and Planned Giving, 821 University Avenue Madison WI 53706	None	Public Charity	General Operations	\$ 500.00	5/15/2015
3193	Wisconsin Public Radio	PO Box 697 Racine WI 54301	None	Public Charity	General Operations	\$ 500.00	5/15/2015
3194	YWCA of Green Bay-De Pere	Office of Financial Development, Green Bay YMCA, 235 N Jefferson St, Green Bay WI 54301	None	Public Charity	General Operations	\$ 100.00	5/15/2015
3195	Nicole National Foundation	111 N Washington St PO Box 23900, Green Bay WI 54305	None	Public Charity	General Operations	\$ 2,500.00	5/22/2015
3196	Faith Lutheran Church	2335 S Webster Avenue Green Bay WI 54301	None	Public Charity	General Operations	\$ 500.00	5/22/2015
3197	Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way Green Bay WI 54304	None	Public Charity	General Operations	\$ 1,000.00	5/29/2015
3198	NE W Zoological Society, INC	P.O. Box 12647 Green Bay WI 54307	None	Public Charity	General Operations	\$ 500.00	6/5/2015
3199	SEE International	5638 Hollister Ave STE 210 Santa Barbara CA 93117	None	Public Charity	General Operations	\$ 500.00	6/5/2015
3200	Alzheimer's Association	2900 Curry Lane Suite A, Green Bay WI 54311	None	Public Charity	General Operations	\$ 6,000.00	6/24/2015
3202	Nicole National Foundation	111 N Washington Street, P.O. Box 23900, Green Bay WI 54305	None	Public Charity	General Operations	\$ 5,000.00	6/26/2015
3203	Faith Lutheran Church	2335 S Webster Avenue Green Bay WI 54301	None	Public Charity	General Operations	\$ 500.00	6/26/2015
3204	Pilgrim Congregational Church	Attn Treasurer 991 Pilgrim Way Green Bay WI 54304	None	Public Charity	General Operations	\$ 5,000.00	7/24/2015
3205	Faith Lutheran Church	2335 S Webster Avenue Green Bay WI 54301	None	Public Charity	General Operations	\$ 500.00	7/24/2015
3207	Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	\$ 250.00	7/27/2015
3208	Alzheimer's Association	2900 Curry Lane, Suite A, Green Bay WI 54311	None	Public Charity	General Operations	\$ 150.00	7/27/2015
3209	Research to Prevent Blindness	645 Madison Ave New York NY 10022-1010	None	Public Charity	General Operations	\$ 125.00	7/27/2015
3210	YWCA of Green Bay-De Pere	Office of Financial Development, Green Bay YMCA, 235 N Jefferson St, Green Bay WI 54301	None	Public Charity	General Operations	\$ 100.00	7/31/2015
3211	Faith Church Maniowoc	2201 S 42nd Street, Manitowoc WI 54220	None	Public Charity	Education	\$ 2,000.00	7/31/2015
3212	NWTC	2740 W Mason St P.O. Box 19042, Green Bay WI 54307-9042	None	Public Charity	Education	\$ 1,000.00	7/31/2015
3213	University of Wisconsin Madison	500 Lincoln Drive, Madison WI 53706	None	Public Charity	Education	\$ 1,000.00	7/31/2015
3214	University of Wisconsin La Crosse	1725 State Street, La Crosse WI 54601	None	Public Charity	Education	\$ 1,000.00	7/31/2015
3215	University of Wisconsin Oshkosh	800 Algoma Boulevard Oshkosh WI 54901	None	Public Charity	Education	\$ 1,000.00	8/7/2015
3216	Loyola University of Chicago	Stritch School of Medicine 2160 S First Avenue, Maywood IL 60153	None	Public Charity	Education	\$ 1,000.00	8/14/2015
3220	University of Wisconsin-Madison	702 West Johnson St, Madison WI 53706	None	Public Charity	General Operations	\$ 1,000.00	8/21/2015
3221	Valders Ambulance	103 Eisenhower Street, PO Box 307, Valders WI 54241	None	Public Charity	Education	\$ 1,000.00	8/21/2015
3223	Concordia University	12800 N Lake Shore Drive, Mequon WI 53097	None	Public Charity	General Operations	\$ 14,562.00	8/28/2015
3224	De Pere Fire and Rescue	400 Lewis Street De Pere WI 54115	None	Public Charity	General Operations	\$ 500.00	8/28/2015
3225	Exceptional Equestrians	1130 Orlando Drive, De Pere WI 54115	None	Public Charity	General Operations	\$ 5,000.00	8/28/2015
3226	Faith Lutheran Church	2335 S Webster Avenue Green Bay WI 54301	None	Public Charity	General Operations	\$ 500.00	8/28/2015
3227	Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	\$ 500.00	8/28/2015

BayCare Clinic Foundation
EIN: 39-2000503

Part XV - Supplementary Information
Grant and Contributions Paid During the Year

CK #	Recipient	Recipient Address	Relationship	Foundation Status	Purpose of Contribution	Amount	Date
3228	On Broadway Inc	P O Box 2451, Green Bay WI 54306	None	Public Charity	General Operations	\$ 20,000.00	9/4/2015
3229	Marquette University	Office of Bursar, P O Box 1881, Milwaukee WI 53201-1881	None	Public Charity	Education	\$ 1,000.00	9/11/2015
3230	Crohns and Colitis Foundation	388 Park Ave S FL 17, New York NY 10016-8804	None	Public Charity	General Operations	\$ 25.00	9/15/2015
3231	Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	\$ 5,000.00	9/25/2015
3232	Pilgrim Congregational Church	Attn: Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	\$ 500.00	9/25/2015
3233	Bay Nordic Project Illumination	PO Box 22225, Green Bay WI 54305	None	Public Charity	General Operations	\$ 5,950.00	10/23/2015
3234	Williams College	880 Main St., Williamstown MA 01267	None	Public Charity	Education	\$ 1,000.00	10/30/2015
3235	Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	\$ 5,000.00	10/30/2015
3237	Notre Dame Academy-Basketball Program	Attn: Mr. John Taylor, 610 Maryland Dr., Green Bay WI 54303	None	Public Charity	Education	\$ 3,000.00	10/30/2015
3238	Pilgrim Congregational Church	Attn: Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	\$ 500.00	10/30/2015
3239	Greater Green Bay YMCA	235 N Jefferson St., Green Bay WI 54301-5126	None	Public Charity	General Operations	\$ 7,500.00	10/30/2015
3240	Bay Nordic Project Illumination	PO Box 22225, Green Bay WI 54305	None	Public Charity	General Operations	\$ 9,050.00	11/6/2015
3241	Greater Green Bay Community Fund (Friends of Colburn Pool Project)	310 W Walnut St, Suite 350, Green Bay WI 54303	None	Public Charity	General Operations	\$ 1,000.00	11/6/2015
3242	The Plastic Surgery Foundation	444 East Algonquin Rd., Arlington Heights IL 60005	None	Public Charity	General Operations	\$ 600.00	11/6/2015
3243	Ribbon of Hope	P O Box 148, De Pere WI 54115	None	Public Charity	General Operations	\$ 7,700.00	11/6/2015
3244	NEWDA	Attn: Mary Scanlan, 36 Nika Court, Green Bay WI 54313	None	Public Charity	General Operations	\$ 500.00	11/10/2015
3246	Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	\$ 500.00	11/10/2015
3247	Freedom House	Attn: Mary Scanlan, 2997 St. Anthony Dr., Green Bay WI 54311	None	Public Charity	General Operations	\$ 500.00	11/10/2015
3248	Pilgrim Congregational Church	Attn: Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	\$ 500.00	11/27/2015
3249	Prieble High School	Attn: Jeremy Meyer, 2222 Deckner Ave., Green Bay WI 54302	None	Public Charity	General Operations	\$ 4,600.00	11/27/2015
3250	West Africa Foundation	12629 Renton Ave S, STE F, Seattle WA 98178	None	Public Charity	General Operations	\$ 500.00	11/27/2015
3251	All Saints Parish	P O Box 787, Denmark WI 54208	None	Public Charity	Education	\$ 500.00	11/27/2015
3252	Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	\$ 500.00	12/1/2015
3253	NWTC Educational Foundation	P O Box 19042, Green Bay WI 54307-9042	None	Public Charity	General Operations	\$ 1,000.00	12/24/2015
3254	Pilgrim Congregational Church	Attn: Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations	\$ 5,000.00	12/24/2015
3255	Brown County United Way	P O Box 1593, Green Bay WI 54305-1593	None	Public Charity	General Operations	\$ 5,000.00	12/24/2015
3256	Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None	Public Charity	General Operations	\$ 20,000.00	12/31/2015
						\$ 253,294.15	

BayCare Clinic Foundation
EIN: 39-2000503

Part XV - Supplementary Information
2016 Schedule of Donations Accrued in 2015 but paid in 2016

Recipient	Recipient Address	Recipient Relationship	Foundation Status	Purpose of Contribution	Amount	Date
University of Wisconsin Madison	702 West Johnson Street, Madison, WI 53706	None	Public Charity	Education	\$ 1,000.00	1/8/2016
University of Wisconsin LaCrosse	1725 State Street, La Crosse, WI 54601	None	Public Charity	Education	\$ 1,000.00	1/8/2016
University of Wisconsin Madison	500 Lincoln Drive, Madison, WI 53706	None	Public Charity	Education	\$ 1,000.00	1/8/2016
University of Wisconsin Oshkosh	800 Algoma Boulevard, Oshkosh, WI 54901	None	Public Charity	Education	\$ 1,000.00	1/8/2016
Marquette University	P O Box 1881, Milwaukee, WI 53201-1881	None	Public Charity	Education	\$ 1,000.00	1/22/2016
Williams College	880 Main St., Williamstown, MA 01267	None	Public Charity	Education	\$ 1,000.00	3/4/2016
Concordia University	12800 N Lake Shore Drive	None	Public Charity	Education	\$ 1,000.00	April 2016
					<u>\$ 7,000.00</u>	