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EXTENDED TO AUGUST 15, 2016 **Return of Private Foundation**

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

For calendar year 2015 or tax year beginning , and ending A Employer identification number Name of foundation BAYCARE CLINIC FOUNDATION, LTD. 39-2000503 Number and street (or P O box number if mail is not delivered to street address) B Telephone number 164 NORTH BROADWAY 920-490-9046 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here GREEN BAY, WI 54303 G Check all that apply: Initial return of a former public charity Initial return D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: F If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here ▶\$ 310,905. (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (b) Net investment (c) Adjusted net (d) Disbursements (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books ıncome ıncome 301,437. Contributions, gifts, grants, etc., received 2 Check if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 3 2,307. STATEMENT 4 Dividends and interest from securities 2,307.5a 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 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 0. 1,525.STATEMENT 1,525. 11 Other income 305,269. 2,307. 1,525. 12 Total. Add lines 1 through 11-Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 5 2016 Expenses 16a Legal fees b Accounting fees ' c Other professional fees 17 Interest STMT 3 39. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 70. 0. STMT 4 281. 211.23 Other expenses Operating 24 Total operating and administrative 320 70. 0 211. expenses. Add lines 13 through 23 253,294. 260,294. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 260,614 70 0 253,505. Add lines 24 and 25 27 Subtract line 26 from line 12: 44,655 a Excess of revenue over expenses and disbursements 2,237 b Net investment income (if negative, enter -0-) 1,525. C Adjusted net income (if negative enter -0-) LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)

Form **990-PF**

Department of the Treasury

ГБ	Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year	End o	
느	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	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 >			in order authorities a des contrates accounts and contrates and contrate
		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			
	ŀ	Less: allowance for doubtful accounts		· · · · · · · · · · · · · · · · · · ·	
ets	8	Inventories for sale or use		<u> </u>	
Assets	9	Prepaid expenses and deferred charges			
٩		Investments - U.S. and state government obligations			
	6	Investments - corporate stock STMT 5	111,267.	121,823.	121,823.
	0	Investments - corporate bonds			
	11	Investments - land buildings, and equipment basis		***	, , , , , , , , , , , , , , , , , , ,
		Less accumulated depreciation		B188 1	
	12	Investments - mortgage loans			
	13	Investments - other			***
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
		Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
_	<u> </u>	instructions. Also, see page 1, item I)	278,803.		310,905.
	17	. ,	7,625.	7,000.	residuate a la la companya de la co
	18	Grants payable	30,000.	20,000.	
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ia;	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
			27 625	27 000	
_	23	Total liabilities (add lines 17 through 22)	37,625.	27,000.	
		Foundations that follow SFAS 117, check here			
Ś	١.,	and complete lines 24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted	-		
ala		Temporarily restricted			
	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund		and complete lines 27 through 31.	0.	0.	
ets	27	Capital stock, trust principal, or current funds	0.	0.	
ISS(28	Paid-in or capital surplus, or land, bldg., and equipment fund	241,178.	283,905.	
et /	29	Retained earnings, accumulated income, endowment, or other funds	241,178.	283,905.	
ž	30	Total net assets or fund balances	241,1/0.	203,905.	
	31	Total liabilities and net assets/fund balances	278,803.	310,905.	1 43
<u></u>	art	Analysis of Changes in Net Assets or Fund B	lalances		
<u></u>	art				· · · · · · · · · · · · · · · · · · ·
1		I net assets or fund balances at beginning of year - Part II, column (a), line			
		st agree with end-of-year figure reported on prior year's return)		1	241,178.
		r amount from Part I, line 27a		2	44,655.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	285,833.
		eases not included in line 2 (itemize) UNREALIZED GAI			1,928.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30		283,905.
					Form 990-PF (2015)

Part IV Capital Gains a	nd Los	sses for Tax on Investi	ment	Income						
		d(s) of property sold (e g , real es r common stock, 200 shs. MLC (lΈP	How ac - Purct - Dona	nase l'	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a										
b NON	E									
d					_					
e										
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale			<u> </u>		un or (loss (f) minus	
a				•						
b										
С										
d										
Complete only for assets showing	GSIB ID C	olumn (h) and owned by the four	ndation	on 12/31/60	\dashv			Coino (C	ol (b) sous	minus
Complete only for assets showing		i) Adjusted basis		cess of col. (I)	\dashv			(k), buṫ п	ol. (h) gaın ot less tha	n -0-) or
(i) F M.V. as of 12/31/69		as of 12/31/69		col. (j), if any				Losses	(from col. ((h))
a				· . · · · · · · · · · · · · · · · · · ·				•		
b										
С										
d										_
е										
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										
3 Net short-term capital gain or (loss) as defin	ned in sections 1222(5) and (6):								
If gain, also enter in Part I, line 8, could be seen If (loss), enter -0- in Part I, line 8					}	3				
Part V Qualification Un	ider S	ection 4940(e) for Red	uced	Tax on Net	Inv	estn	ent Inc	ome		
(For optional use by domestic private f	oundatio	ns subject to the section 4940(a)	tax on	net investment in	come	e.)				
If section 4940(d)(2) applies, leave this	s nart hla	nk								
,	•									
Was the foundation liable for the section				•	riod?					Yes X No
If "Yes," the foundation does not qualifing the interest of the appropriate amount in each of the interest of					ntrios	2				
	CIT COIGIT	(b)	UII3 DC	Tore making any c	(c)			1		(d)
(a) Base period years Calendar year (or tax year beginning	g in)	Adjusted qualifying distributio		Net value of no		rıtable-	use assets		Dıstrı (col. (b) dı	bùtión ratio vided by col. (c)) 1 • 0 2 5 8 0
2014		251,6					$\frac{3,366}{1,565}$			1.24852
2013	+	197,9					$\frac{1,365}{6,966}$			1.18532
2012		270,3					5,669			1.73686
2010		248,9					0,583			2.06469
2010										
2 Total of line 1, column (d)								2		7.26121
3 Average distribution ratio for the 5-	year bas	e period - divide the total on line :	2 by 5,	or by the number	of ye	ears				
the foundation has been in existence	ce if less	than 5 years	·		-			3		1.45224
4 Enter the net value of noncharitable	e-use ass	ets 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	e (1% of l	Part I, line 27b)						6		22
7 Add lines 5 and 6								7		400,851
8 Enter qualifying distributions from	Part XII,	line 4						8		253,505
If line 8 is equal to or greater than I	ine 7, ch	eck the box in Part VI, line 1b, and	d comp	olete that part usin	ng a 1	% tax r	ate			
See the Part VI instructions.										
523521 11 24-15										Form 990-PF (201

13230801 756035 10958

Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)	Form 99	0-PF(2015) _ BAYCARE CLINIC FOUNDATION, LTI							<u> 2000</u>			age 4
Date of ruling or determination letter: Cart Domestic Conditions that meet the section 4940(e) requirements in Part V, check here and enter 1% of Part I, line 279.	Part	VI Excise Tax Based on Investment Income (Section 494	0(a),	494	0(b), 4	940(e),	or 49	48 ·	- see ii	nstru	ction	s)
b Domestic Coundations that meet the section 4940(e) requirements in Part V, check here □ and enter 1% of Part I, line 12; ob. (b). 2 Fax under section 51 (domestic section 4947(c)) I musts and taxable foundations enter 4% of Part I, line 12; ob. (b). 2 Tax under section 51 (domestic section 4947(c)) I musts and taxable foundations only Others enter -0-). 3 Add last an investment incends Subtract line 4 from line 3 it zero or less, enter -0 5 Add last an investment incends Subtract line 4 from line 3 it zero or less, enter -0 5 CeredisPayments: 2 2015 estimated tax payments and 2014 overpayment credied to 2015 5 Exempt foreign organizations - tax withheld at source	1a Ex	empt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and e	nter "N/	/A" or	line 1.	J						1
of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under domestic foundations of 17 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add line 1 and 2 4 5. 4 5. 4 5. 5 Labette A (norme) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Leadstory-morets: a 2015 estimated tax payments. Add of line 4 from line 3 if zero or less, enter -0- 5 Exempt foreign organizations - stax withheld at source 6 Tax pad with application for extession of time to 166 (Form 8868) 6 Ed. 6 B. 7 Total credits and payments. Add lines 8a through 8d 8 Enter any penalty for underpayment or estimated tax. Neck here I of 16 from 2220 is stateded 7 Total credits and payments. Add lines 8a through 8d 8 Enter any penalty for underpayment or estimated tax. Extended at 10 through a state of 10 overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 1 Enter the amount of line 10 to 16 credited to 20 les estimated tax. Penalty and the 10 through a state of 10 through 10	Da	te of ruling or determination letter: (attach copy of letter if ned	cessary	/-see	instructio	ns)	- 1		l			
a All other damestic foundations eater 2% of time 27b. Exempt foreign organizations seller 4% of Part I, line 12, oc. (b). 2 Tax under setton 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2 4 Subultia A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0- 5 CerebitsPayments: 2 015 estimated tax payments and 2014 overpayment circled to 2015 5 Exempt foreign organizations - tax withheld at source 6 Tax pad with application for extension of time to the (Form 8868) 6 Backup withholding erroneously withheld 7 To 10 credits and payments. Add lines 5 and 8 is more than line 7, enter amount one SEE STATEMENT 6 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount one SEE STATEMENT 6 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be. Credited to 2016 estimated bx ▶ Flart VII-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 interverse in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interverse in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interverse in any political campaign? 1b Ot dispend more than 5 100 during the year (either directly) or political purposes (see instructions)? 1b Ot as pend more than 5 100 during the year (either directly) or political purposes (see instructions)? 1c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year? 1c I His t	b Do	mestic foundations that meet the section 4940(e) requirements in Part V, check here		and	enter 1%)		1			4	15.
e All other demestic foundations eiter 2% of line 27b. Exempt foreign organizations and text 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) triusts and taxable foundations only Others enter -0-) 3 Add lines 1 and 2 4 Usubitile A (income) tax (domestic section 4947(a)(1) triusts and taxable foundations only Others enter -0-) 5 Tax based on investment income Subtact line 4 from line 3 if zero in less, enter -0- 5 Tax based on investment income Subtact line 4 from line 3 if zero in less, enter -0- 5 Tax based on investment income Subtact line 4 from line 3 if zero in less, enter -0- 5 Tax based on lines the companies and 2014 overpayment credited to 2015 6 Cerebis/Payments: 2 2 0. 4 45. 4 5. 4 5. 4 5. 4 5. 4 5. 6 Cerebis/Payments: 2 0 15 Externation and payments. Add line 4 from 1968 5 6. 6 Based on investment incomes Subtact line 4 from 1968 6 Based on 1968 6 Based on 1968 6 Based on 1968 7 0. 8 Fother any penalty for underpayment of estimated tax. Check here I from 220 is attached 7 0. 9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount overpald 10 Enter the amount of line 10 to bit Credited 2016 estimated tax. Part 1974 11 Enter the amount of line 10 to bit Credited 2016 estimated tax. Part 1974 12 During the tax year, did the foundation attempt to influence any autonal, state, or local legislation or did it participate or intervers in any political campaign? 1 a During the tax year, did the foundation attempt to influence any autonal, state, or local legislation or did it participate or intervers in any political campaign. 1 a During the tax year, did the foundation attempt to influence any autonal, state, or local legislation or did it participate or intervers in 1974 1 a During the tax year, did the foundation attempt to influence any autonal, state, or local legislation or did it participate or intervers in 1974 1 a During the tax year, did the foundation attempt to influence any autonal, state,	of	Part I, line 27b					3			· t		-
3 4 45 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter-0-) 1 3 4 5 4 5 5 1 3x based on investment income Subtract line 4 from line 3 if zero or less, enter-0- 5 6 CredistiPayments; 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Exempt foreign organizations - tax withhold at source 6 D	c All	other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Par	rt I, In	ne 12, col.	(b).		,	·			
3 4 45. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 5 Tax based on Investment income Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on Investment income Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on Investment income Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on Investment income Subtract line 4 from line 3 if zero or less, enter -0- 5 Cerolis/Payments; 2 2015 estimated tax payments and 2014 overpayment credited to 2015 6 Lexempt foreign organizations - tax withheld all source 6 Cax paid with applicant for excission of time to the (form 8868) 6 Ed 6 Backup withholding erroneously withheld 7 Total credits and payments. Add line 6s althrough 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Finder any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount own SEE STATEMENT 6 → 9 10 Tent VII-A 1 Statements from the total of lines 5 and 8, enter the amount of verpaid 11 Enter the amount of line 10 to be. Credited to 2016 estimated tax ▶ Refunded ▶ 11 12 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? 1 Did it spend more than \$100 during the year (either directly) or political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activates and copies of any materials published or distributed by the foundation in connection with the activates 1 Did it spend more than \$100 during the year (either directly or indirectly) for political expenditure tax imposed on foundation managers. ▶ \$ 0. 2 Enter the reimbursement (if any) paid by the foundation more primaged in any activates 3 Has the foundation have unrelated business gross income of \$1,000 or more during				•	•	().	ا کما	2			+	Ó.
5 Tax based on Investment Income Subtract line 4 from line 3. If zero or less, enter-0-6. Credits/Payments: 2 7015 estimated tax payments and 2014 overpayment credited to 2015 5 Exempt foreign organizations - tax withheld at source 6 b 6 c 1 Exp and with application for extension of time to lef (Form 8869) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 5 and 8 is more than line 7, enter amount own of 1 Form 2220 is attached 8 Finter any penalty for underpayment of estimated tax. Check here for the amount of the 1 form 2220 is attached 8 Tax due. If the Iotal of lines 5 and 8, enter the amount owned 8 SEE STATEMENT 6 9 9 45. 9 Tax due. If the Iotal of lines 5 and 8, enter the amount owned 9 Tax due. If the Iotal of lines 5 and 8, enter the amount owner and 1 to 1 lines 5 and 8, enter the amount owner and 1 line 7 lines 5 and 8, enter the amount owner and 1 line 7 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5 and 8, enter the amount owner and 1 lines 5		* * * * * * * * * * * * * * * * * * * *			•			3				<u> 15.</u>
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6 ConditionPayments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erreneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if form 2220 is attached 9 Tax due, if the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 6 9 3 45. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Tenter the amount of line 10 to lice, Credited to 2016 estimated tax. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Tenter the amount of line 10 to lice, Credited to 2016 estimated tax. 12 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 campagn? 12 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 campagn? 15 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 campagn? 15 During the tax year, did the foundation in defending the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 If the any interveners 'Yes' to 1 aor 1b, attach a detailed description of the activities of bid the foundation the Form IT 120-PLO for this year? 2 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. 3 Has the foundation here Form IT 120-PLO for this year? 4 Definition of the same intervention of the activities of the total control of the same intervention of the activities of the properties of the total control of the changes. 3 Has the foundation engaged in any activities that have not prev					,			5			- 1	15.
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b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroreously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 8 Enter any penalty for underpayment of centinated tax. Check here ☐ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ower SEE STATEMENT 6 ▶ 9 ☐ 45. 10 Overpayment, If the 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Retunded ▶ 11 Part VII-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? b Did it spend more than 5100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is Yes' to 1 ar 7 b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities 1 Did it spend more than 5100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is Yes' to 1 ar 7 b, attach a detailed description of the activities 1 Did it have insulated by the foundation in connection with the activities 1 Did it have foundation the Form 1120-P01 for this year? 2 Has the foundation make any activities that have not previously been reported to the IRS? If Yes, attach a detailed description of the activities 3 Has the toundation make any changes, not previously reported to the IRS; in its governing instrument, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4 Did the foundation make any changes, not previously reported to the IRS; in its governing		•	6a	ı				€;				į
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withhold f Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here to stand the state of the total of these 5and 8 is more than line 7, enter amount owed SEE STATEMENT 6 9 145. 10 Overpayment. If his otal of times 5 and 8, enter the amount owed SEE STATEMENT 6 9 10 Overpayment. If his otal of times 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2016 estimated tax New York Refunded 11				╅			*:	/ {# }	13			,
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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 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 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X										$\overline{}$		
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 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 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X	7 Die	d the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete	Par	t II, col (c), and Pa	art XV			7	X	
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 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 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X												
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 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 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X		· · · · · · · · · · · · · · · · · · ·	ons) 🕨									
of each state as required by General Instruction G? If "No," attach explanation 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 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X	_						<u>-</u> .					
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 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X	b If t	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney	y Gen	eral (or de	esignate)				_	_	
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 9 X 10 X	of	each state as required by General Instruction G? If "No," attach explanation								8b_	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 7 10 X	9 Is	the foundation claiming status as a private operating foundation within the meaning of se	ection 4	1942(j)(3) or 49	942(j)(5) fo	or calend	dar		<u>.</u> .	.	
									_	9	igsquare	_X
	10 Dic	d any persons become substantial contributors during the tax year? if "Yes," attach a sched	ule listin	g their	names and	addresses	ST	ľM'				

523531 11-24-15

Part VII-A Statements Regarding Activities (continued)			
		Yes	N
1 At any time during the year, did the foundation, directly or indirectly, own a controlled entit	y within the meaning of	1	
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		2
2 Did the foundation make a distribution to a donor advised fund over which the foundation of	or a disqualified person had advisory privileges?		Г
If "Yes," attach statement (see instructions)	12		2
B Did the foundation comply with the public inspection requirements for its annual returns a	nd exemption application?	Х	Г
Website address ► WWW.BAYCARE.NET/WEBSITE/ABOUT		<u> </u>	
The books are in care of ► MS. VIRGINIA VISSERS	Telephone no. ▶ 920 - 490 - 9	046	,
Located at ▶ 164 NORTH BROADWAY, GREEN BAY, WI	ZIP+4 ▶5430:		
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -	Check here		ī
and enter the amount of tax-exempt interest received or accrued during the year		I/A	
At any time during calendar year 2015, did the foundation have an interest in or a signature		Yes	N
securities, or other financial account in a foreign country?	16	1	2
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," e		<u> </u>	T
foreign country	The manner of the		,
art VII-B Statements Regarding Activities for Which Form 47	20 May Be Required		Ь
File Form 4720 if any item is checked in the "Yes" column, unless an excep		Yes	TN
During the year did the foundation (either directly or indirectly):	tion applies.	1.63	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No	() () () ()	\$,
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	TesNU		₹.
a disqualified person?	Yes X No	\$.	
	Yes X No		ĵ, :
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No		ľ
(5) Transfer any income or assets to a disqualified person (or make any of either available		١.,	
for the benefit or use of a disqualified person)?	Yes X No		
(6) Agree to pay money or property to a government official? (Exception. Check "No"		* * * * * * * * * * * * * * * * * * *	1.3
if the foundation agreed to make a grant to or to employ the official for a period after		* '	ľ
termination of government service, if terminating within 90 days)	Yes X No	1	¥
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions d	\		
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A 1b		上
Organizations relying on a current notice regarding disaster assistance check here	▶	r N	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than exci	epted acts, that were not corrected		" .
before the first day of the tax year beginning in 2015?	10		» .
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation	on was a private operating foundation	X-200	1,3
defined in section 4942(j)(3) or 4942(j)(5)):		1 .	1
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d an	d 6e, Part XIII) for tax year(s) beginning	`	
before 2015?	Yes X No		1
If "Yes," list the years ▶ , ,	,		1
b Are there any years listed in 2a for which the foundation is not applying the provisions of s	ection 4942(a)(2) (relating to incorrect		1
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		3	
statement - see instructions)	N/A 2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, lis	\	 	t
		1	-
Did the foundation hold more than a 2% direct or indirect interest in any business enterprise.	se at any time		
during the year?	Yes X No		
b if "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the			
		1	
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commi			
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first pha		-	
Form 4720, to determine if the foundation had excess business holdings in 2015	· —	-	+
4a Did the foundation invest during the year any amount in a manner that would jeopardize its	· · · · · · · · · · · · · · · · · · ·	-	1
b Did the foundation make any investment in a prior year (but after December 31, 1969) that had not been removed from jeopardy before the first day of the tax year beginning in 2015	· · ·		Ι.
	? 4b	1	2

orm 990-PF (2015) BAYCARE CLINIC FOUNDATIO			39-2000	003	Page 6
Part'VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					Τ.
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955), or	r to carry on, directly or indire				Í.
any voter registration drive?			es X No		1
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section				1
4945(d)(4)(A)? (see instructions)			es 🗓 No	* ` *	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		- TE		1 , 1
the prevention of cruelty to children or animals?			es X No		×
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations			- , - 🍱
section 53.4945 or in a current notice regarding disaster assistance (see instru	•			5b	X
Organizations relying on a current notice regarding disaster assistance check h					İ
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				·	
expenditure responsibility for the grant?		[/A Y	es 💹 No 📗		ľ
If "Yes," attach the statement required by Regulations section 53 4945	` '		ľ		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to page a personal benefit contract?	bay premiums on		es X No		
•	oronnol hamafut annt-ant	Y	ES LAL NO	· • • · · · · · · · · · · · · · · · · ·	40 .U U
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870	ersonal benefit contract?		1	6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transportion?		es X No	Į.	1 3
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	+
Part VIII Information About Officers, Directors, Trusto		nagere Highl		70	ь
Paid Employees, and Contractors	ses, i odildation ivia	mayers, mgm	y		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	kpense nt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accour	nt, other rances
			compensation		
SEE STATEMENT 9		0.	l 0	.	0.
			-		
	-				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	xpense nt, other
	devoted to position	(C) compensation	compensation	allow	ances
NONE					
		1			
		<u> </u>	L		
Total number of other employees paid over \$50,000					0
			Forr	n 990-P İ	- (2015)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Information About Officers, Directors, Trustees, Foundation Managers, Information Managers, Info		2000503	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Paid Employees, and Contractors (continued)	Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
	of service	(c) Con	npensation
NONE			
			
		i	
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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	the	Expense	es
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.		Amoun	t
1 N/A			
2			
All although a second and a second as a sec			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3		·	0.
		Form 990 -	

FORM 990-PF (2015) BATCARE CLINIC FOUNDATION, LTD.	39-2	000303 Fage 8
Part X Minimum Investment Return (All domestic foundations must complete this part	Foreign foundations, see	e 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. 162,947.
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)	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 1	13,800.
2a Tax on investment income for 2015 from Part VI, line 5	45.	
b Income tax for 2015. (This does not include the tax from Part VI.)	/s	
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)	<u> </u>	•
dualitying 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:	å. á	
a Suitability test (prior IRS approval required)	3a 1	
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 t 4940(e) reduction of tax in those years.	the foundation qualifies for th	

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

(a) (b) (c) (d) 2014 2015 Corpus Vears prior to 2014 2014 Corpus Vears prior to 2014 2015 Corpus Vears prior to 2014 2014 Corpus Vears prior to 2014 2016 Corpus Vears prior to 2014 Corpus Vears prior to 2014 Corpus Vears prior to 2014 Corpus V					
13,755. 2 Undestinated recover 4 any, as of the end of 2016 2 Ender amount for 2014 enly 5 Total for prior years 3 Coses distributions carryover, 4 any, to 2015 3 From 2010 242,938 5 From 2011 252,7593 5 From 2012 189,586 6 From 2013 241,611 7 Total to lines 8 dittribugit 6 7 Total to lines 8 dittribugit 6 8 Total for prior years 9 Total for prior years 1 Total to lines 8 dittribugit 6 2 Applied to 2015, but not more than line 2 a bapplied to undistributed morne of prior years (Election required - see instructions) 4 Applied to 2015, distributional emonate of prior years (Election required - see instructions) 4 Applied to 2015, distributional emonate of the semination of the control of the semination of the seminatio					
13,755. 2 Undestinated recover allay, as of the end of 2016 2 Ender amount for 2014 ently 5 Total for prior years	1 Distributable amount for 2015 from Part XI.	*	<u>'</u>		
2 Undestrombed recover 4 days, as of the early of 2015	•				13.755.
Enter amount for 2014 only) Total for prior years 2 Excess distributions carryover, if any, to 2015 a From 2010 2 42 2, 93 8. b From 2011 2 56 2, 59 3 6 From 2012 2 89 , 586 d From 2013 2 41 , 611. 1 Total to lines 3 sthrough e 4 Qualitying distributions for 2015 from Pear VII, line 4: № \$ 253 , 505. Applied to undistributed morne of prior years (Election required - see instructions) (Freated as distributions out of corpus (Election required - see instructions) (Freated as distributions out of corpus (Election required - see instructions) (Freated as distributions out of corpus (Election required - see instructions) 1 Total of the service in the service amount effect in the service in 420 (and the see in adversible in the service in 420 (and the see in adversible in the service in 420 (and the see in adversible in the service in 420 (and the see in adversible in the service in 420 (and the see in adversible in the service in 420 (and the see in adversible in the see	2 Undistributed income if any, as of the end of 2015	* * *			,
Second of the property of the	· · · · · · · · · · · · · · · · · · ·	<i>ŧ</i>		0.	^
3 Excess distributions carryover, d'any, to 2015: a From 2010	b Total for prior years.	: *		x *	·
3 Excess distributions carryover, I any, to 2015: a From 2010 242, 93.8. b From 2011 262, 59.3. c From 2011 262, 59.3. c From 2013 241, 611. e From 2014 229, 7711. Total of lines 3a through e A Cualifying distributions for 2015 from Part XII, the 4* № \$ 253, 505. a Applied to 2015 when the 25 253, 505. a Applied to 2015 when the 25 253, 505. a Applied to 2015 when the 25 253, 505. a Applied to 2015 when the 25 253, 505. a Applied to 2015 when the 25 253, 505. a Applied to 2015 distributions of proof years (Election required - see instructions) d Applied to 2015 distributible amount Fereign and the 25 253, 505. a Applied to 2015 distributible amount 6 Province of the 25 253, 505. a Applied to 2015 distributible amount 6 Province of the 25 253, 505. a Applied to 2015 distributible amount 6 Province of the 25 253, 505. a Applied to 2015 distributible amount 6 Province of the 25 253, 505. a Applied to 2015 distributible amount 6 Province of the 25 253, 505. a Applied to 2015 distributible amount 6 Province of the 25 253, 505. a Applied to 2015 distributible amount 6 Province of the 25 253, 505. a Applied to 2015 distributible amount 6 Province of the 25 253, 505. a Applied to 2015 distributible amount 6 Province of the 25 253, 505. a Applied to 2015 distributible amount 6 Province of the 25 253, 505. a Applied to 2015 distributions 2016 distributions carryover based to 2015 distributions 2015 distri	, ,	· · · . s }	0.	; , * Å.	*
First 2011	3 Excess distributions carryover, if any, to 2015:	423 1 8		. 42 's as as 50 '	
From 2012	a From 2010 242,938.				*1
From 2014	bFrom 2011 262,593.	* 			#
From 2014	cFrom 2012 189,586.			A	**
From 2014 229,711,	dFrom 2013 241,611.	* () ()	-A + \$ /	^ ,	~~~~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1. Total of lines 3 a through s 1. 1. 166. 4 39 . 4. Qualifying distributions for 2015 from PAT XII, line 4 ► \$ 253,505 . 3. Applied to 2014, but not more than line 2a by Applied to undestribution of pror years (Election required - see instructions) certified as distributions out of corpus (Election required - see instructions) dApplied to 2015 distributiable amount Remaining amount distributed out of corpus (Election required - see instructions) dApplied to 2015 distributiable amount Remaining amount distributed out of corpus (Election required - see instructions) days developed to 2015 distributiable amount distributed out of corpus (Election required - see instructions) days developed to 2015 distributed to come conviver applied to 2015 distributed in come (a) distributed in come (a) distributed in come (a) distributed in come (b) distributed in come (b) distributed in distributed in come (b) distributed in come (c) distributed in come (c) distributed in 2016 distributed in 2015 distributed in 2016 distr	eFrom 2014 229,711.		, ,	.	
Part XI, line 4 ► S 253,505. a Applied to 2014, but not more than line 2a b Applied to undistributed income of pror years (Election required - see instructions) (Flection required - see instructions) (Election required - see instructions) (Applied to 2015 distributable amount eRemaining amount distributed out of corpus (Flection required - see instructions) 0. 5 Ercess destributions out of corpus (Flection required - see instructions) 0. 6 Enter the net total of each column as indicated below: a Corpus Adalmes 31 dc and 4e Subtract line 3 before years' undistributed income (Subtract line 4b from line 2b) 0. c Enter the amount of pror years' undistributed income for which a notice of deficiency has been seved, or on which the section 494(2) tax has been previously assessed dSubtract line 6b from line 1. This amount must be distributed in 2016 7. Amounts Teard as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(b)(3)(Election may be required - see instructions) 0. 8 Excess distributions carryover from 2010 not applied on line 5 or line 7 9 Excess distributions carryover to 2016. Subtract line 7 and 8 from line 6a 10. Analysis of line 9 are seed in the section 490 and line 9 are seed in the section 490 and line 9 are seed in the section 490 and line 9 are seed in the section 490 and line 9 are seed in the section 490 and line 9 are seed in the section 490 and line 9 are seed in the seed of the seed	•	1,166,439.	<u>}</u>		
Part XII, line 4- ► ► 25 3, 505. Applied to undistributed microme of prior years (Election required - see instructions) (Election required - see instructions) (Election required - see instructions) (Applied to 2015 distributable amount eRemaining amount distributed out of corpus Excess distributions currows analize a 239 , 750 . Excess distributions comprise a patient to 235 that an anomal experies in column (a) the same amount must be about the column as indicated below. 2 Carbon Add lines 31 de and de Subtract line 4 from line 2b Effect the amount of prior years' undistributed income. Subtract line 4 from line 2b Ceffet the amount of prior years' undistributed income for Which a notice of deficiency has been sevel, or on which its exection 492(a) tak has been previously assessed 3 Subtract line 6 from line 6b. Taxable amount - see instructions 2 Undistributed mome for 2014, Subtract line 4a from line 2b. This amount must be distributed in 2016 A mounts freaded as distributions out of corpus to satisfy requirements imposed by section 170(b) (1f) or 492(a)(3) (Election may be required - see instructions) 8 Excess from 170(b) (1f) or 492(a)(3) (Election may be required as contributions out of corpus to satisfy requirements imposed by section 170(b) (1f) or 492(a)(3) (Election may be required - see instructions) 8 Excess from 2011 2 6 2 , 59 3 . Excess from 2011 2 6 2 , 59 3 . Excess from 2011 2 6 2 , 59 3 . Excess from 2011 2 6 2 , 59 3 . Excess from 2011 2 6 2 , 59 3 . Excess from 2011 2 6 , 59 3 . Excess from 2011 2 6 , 59 3 . Excess from 2012 2 6 , 59 3 . Excess from 2013 4 6 , 16 9 . 2 7 7 5 0 . 2 8 7 7 5 0 . 2 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 5 0 . 2 9 8 7 7 7 7 7 7 0 . 2 9 8 7 7 7 7 7 0 . 2 9 8 7 7 7 7 0 . 2 9 8 7 7 7 7 7 0 . 2 9 8 7 7 7 7 0 . 2 9 8 7 7 7 7 7 0 . 2 9 8 7 7 7 7 7	4 Qualifying distributions for 2015 from			,	1.1.
Applied to undistributed income of pror years (Electron required - see instructions) c Treated as distributions curryover applied to 2015 distributed und to corpus (Electron required - see instructions) d Applied to 2015 distributable amount eRemaning amount distributed out of corpus (if an amount appears in column (if) the same amount must be attown in column (is)) 6 Enter the actional of each foolimin as indicated below: 3 Cropus Applied to 2016 (if an amount appears in column (is)) 6 Enter the actional of each foolimin as indicated below: 3 Cropus Applied to 2016 (if an amount appears in column (is)) 6 Enter the amount of prior years' undistributed income for which a notice of deticinency has been issued, or on which the section 4942(a) tax has been previously assessed 4 Subtract line 6 from line 6b. Taxable amount - see instructions e Undistributed income for 2014, Subtract line 4 at rom line 2 a Taxable amount - see instructions e Undistributed income for 2015, Subtract line 4 at rom line 2 a Taxable amount - see instructions at the distribution arrower from 2010 corpus to satisfy requirements imposed by section 1709(1) (if) (if) or 4942(ig)) (Election may be required - see instructions) 8 Excess distributions curryover from 2010 not applied on line 5 or line 7 9 Excess distributions curryover from 2010 not applied on line 5 or line 7 242, 938. 242, 938. 242, 938. 242, 938. 242, 938. 242, 938.	Part XII, line 4: ►\$ 253,505.				
years (Election required - see instructions) C Treated as distributions out of corpus (Election required - see instructions) d Applied to 2015 distributable amount e Remaining amount distributed out of corpus 5 Excess destributions curyove septote 12015 (iff an anount appears in column (s)) the same amount must be about in column (s)) 1 Ce Enter the net total of each column as indicated below: 3 Cerpus Acid lines 34 cs and se Subtract line 3 Cerpus Acid lines 34 cs and se Subtract line 4 DPrior years' undistributed income for which a notice of deficiency has been issued, or on which the section 492(a) tax has been previously 3ssessed 4 Subtract line 6 from line 6b. Taxable amount - see instructions 8 Undistributed income for 2014, Subtract line 4 afrom line 2 Taxable amount - see instructions 9 Undistributed income for 2015, Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 7 Amounts treated as distributions out of corpus to safity requirements imposed by section 170(b) (1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2010 ont applied on line 5 or line 7 9 Excess from 2011 262, 593. Excess from 2012 241, 6111. dExcess from 2014 229, 7711. Excess from 2015 239, 7550. 1,406,189. 0 . 1,406,189. 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 0 . 1,406,189. 1,40	a Applied to 2014, but not more than line 2a			0.	
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c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2015 distributable amount e Remaining amount distributed out of corpus 5 trans amount appears in column (g) the same amount must be shown in column (g) the same amount must be shown in column (g) the same amount must be shown in column (g) the same amount invited in come for which a notice of deficiency has been sessed, or on which the section 494(g) tax has been previously assessed d Subtract line 6b from line 6b. Taxable amount - see instructions e Undistributed mocme for volta. Subtract line 4 from line 2 Taxable amount - see instructions e Undistributed mocme for 2014. Subtract line 4 from line 2 Taxable amount - see instructions e Undistributed mocme for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 7. Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 494(2)(3)(Election may be required - see instructions) 8. Excess distributions carryover from 2010 not applied on line 5 or line 7 9. Excess from 2011 242, 938. 1, 163, 251.	•		0.		~ ~
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section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8				* \$ **	* * * *.
may be required - see instructions) 8	corpus to satisfy requirements imposed by		.,	, , , , , ,	`
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Subtract lines 7 and 8 from line 6a	• •	242,938.		y v	
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.	•				
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.		1,163,251.			
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dExcess from 2014 229,711. eExcess from 2015 239,750.		1			
e Excess from 2015 239, 750.					
					
	e Excess from 2015 239, 750.				<u> </u>

523581 11-24-15

Part XIV Private Operating Fo		structions and Part VII		N/A	00303 Page 10
1 a If the foundation has received a ruling or			A, question 9)	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found	•	•		4040()(2) 25 1 4	140(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig ioundation described i	Prior 3 years	4942(j)(3) or 49	942(j)(5)
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for		(0)2011	(0)20.0	(0/2012	(0) 10101
each year listed					
b 85% of line 2a			<u> </u>		
c Qualifying distributions from Part XII,				1	
line 4 for each year listed d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
_ `				+	
e Qualifying distributions made directly					
for active conduct of exempt activities.		1			
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					· · · · · · · · · · · · · · · · · · ·
alternative test relied upon:]			1
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		<u> </u>			
(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					ļ.
(4) Gross investment income					
Part XV Supplementary Info	mation (Comple	ete this part only	if the foundatio	n had \$5.000 or m	ore in assets
at any time during the					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	have contributed more	than 2% of the total cont	ributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	section 507(d)(2).)	ĺ		,
SEE STATEMENT 10					
b List any managers of the foundation who			or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation has	a 10% or greater intere	st.			
NONE					
2 Information Regarding Contribution					
Check here if the foundation or	nly makes contributions	to preselected charitable	organizations and does	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc. (0 0.
a The name, address, and telephone numb	er or e-mail address of t	the person to whom appli	cations should be addr	essed:	
SEE STATEMENT 11					
b The form in which applications should be	submitted and informa	tion and materials they st	nould include.		
b The form in which applications should be	s submitted and informa	non and materials mey si	iodia incibac		
c Any submission deadlines	···				
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields,	kınds of institutions, oi	other factors	
523601 11-24 15					Form 990-PF (2015)

Tart XV Supplementary informati				
3 Grants and Contributions Paid During the	e Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SEE ATTACHMENT	NONE	EXEMPT	CHARITABLE PURPOSES OF	
SEE ATTACHMENT			THE RECIPIENT	
SEE ATTACHMENT, WI 99999				253,294.
			1	
			1	
Total			▶ 3a	253,294.
b Approved for future payment		T	<i>y</i> 3a	255,254
SEE ATTACHMENT SEE ATTACHMENT	NONE	ЕХЕМРТ	CHARITABLE PURPOSES OF THE RECIPIENT	7,000
SEE ATTACHMENT, WI 99999			 	7,000
Total			▶ 3b	7,000

Part XVI-A Analysis of Income-Pr	roducing Activitie	s			
Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		section 512 513 or 514	(e)
1 Program service revenue;	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c					
d	Business Amount Examples and there ents - · · · · · · · · · · · · · · · · · · ·				
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments	 -				
3 Interest on savings and temporary cash	 				
investments					
Dividends and interest from securities		· · · ·	14	2,307.	
5 Net rental income or (loss) from real estate:	74:37 val va	9 (4) (6) (8)	8 3 / 129		7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
a Debt-financed property		, ,,			
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events	<u> </u>				<u> </u>
O Gross profit or (loss) from sales of inventory 1 Other revenue:					
a OTHER INCOME	i		01	1 525	
b				1,323.	
			-+		
d					
e					
Subtotal. Add columns (b), (d), and (e)	* 47 43	(O • ∦ * ∜	3,832.	C
3 Total. Add line 12, columns (b), (d), and (e)	,		•	13	3,832
See worksheet in line 13 instructions to verify calculate	ons.)				
Part®XVI-B Relationship of Activi	ties to the Accom	plishment of	Exempt P	urposes	
Line No. Explain below how each activity for white	ch income is reported in c	olumn (e) of Part XV	/I-A contributed	importantly to the accomi	Dishment of
				, ,	•
NOT APPLICABLE	_				
					
					
					
				··	•
	· · · · · · · · · · · · · · · · · · ·				

523621 11-24 15

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

	organization directly or indir		· ·			on 501(c) of		Yes	NO
the Cod	de (other than section 501(c))(3) organizations) o	or in section 52	7, relating to political organ	ızatıons?				
a Transfe	ers from the reporting founda	ation to a noncharita	ible exempt org	anization of:			**********		
(1) Ca	sh						1a(1)		X
(2) Ot	her assets						1a(2)		X
b Other to	ransactions:								
(1) Sa	les of assets to a noncharital	ble exempt organiza	tion				1b(1)		X
(2) Pu	irchases of assets from a noi	ncharitable exempt	organization				1b(2)		X
(3) Re	ental of facilities, equipment,	or other assets					1b(3)		X
(4) Re	eimbursement arrangements						1b(4)		X
(5) Lo	ans or loan guarantees						1b(5)		X
(6) Pe	rformance of services or me	embership or fundra	ısıng solicitatioi	ns			1b(6)		Х
	g of facilities, equipment, ma	•	-				1c		X
	nswer to any of the above is	•		•	wavs show the fair m	arket value of the goods, o	ther ass	ets.	
	ices given by the reporting fo							,	
	(d) the value of the goods,				,	,			
(a)Line no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and s	haring arr	angeme	ents
`	·-· `·· · · · · · · · · · · · · · · · ·	(-,,	N/A		(-,				
			14/21		 				
		 			 				
		 			-				
					 				
					1				
		-							
		<u> </u>							
									<u>.</u>
					<u> </u>				
2a Is the f	oundation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
ın secti	ion 501(c) of the Code (other	r than section 501(c	:)(3)) or in secti	ion 527?			Yes	X	No
	" complete the following sch		,,						
	(a) Name of org			(b) Type of organization	Ī	(c) Description of relationsh	ııp		
 ·	N/A			.,		· · · · · · · · · · · · · · · · · · ·			
	,				· · · · · · · · · · · · · · · · · · ·				
	<u></u>			_					
- · -				·	<u> </u>				
					1				
Un	ider penalties of perjury, I declare	that I have examined th	is return includin	o accompanying schedules and	statements and to the	best of my knowledge			
	d belief it is true correct and cor					May	the IRS or In with th	discuss e prepa	this rer
Here	\ \d	\ -		يناء السا	DDEGIE		wn below		¬'
	Supporture of office of ar truck			8/19/10	PRESID	ZENT LZ	Yes	. Ц	ا No
	Signature of office or trustee		In	Date	Title	Chook I I I I I I I I I			
	Print/Type oreparer's na	ame	Preparer's si	gnature	Date	Check if PTIN			
Da: 4			L	//	00,000,00	self- employed		00-	
Paid	DANIEL J.		DANIEL	J. YOUNG	08/01/16		0035		·
Prepare		ENCK SC				Firm's EIN ► 39-13	1731	31	
Use On	_			·-··-					
	Firm's address ▶ P.								
	GR	REEN BAY,	WI 543	05-3819		Phone no. (920)	436	<u> </u>	00
		-				Fc	orm 99 0	0-PF	(2015)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Name of the organization Employer identification number BAYCARE CLINIC FOUNDATION, LTD. 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 contributors **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 reliqious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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)

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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)

Employer identification number

BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al 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	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DR. PER ANDERAS 2824 MT. CAROL DRIVE GREEN BAY, WI 54311	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DR. SCOTT GAGE 3071 GOTHIC COURT GREEN BAY, WI 54313	\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DR. STEPHEN BRADA 700 TERRAVIEW DRIVE GREEN BAY, WI 54301	\$6,613.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BAY CARE HEALTH SYSTEMS 164 N BROADWAY GREEN BAY, WI 54303	\$ <u>13,836.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DR. PAUL SUMMERSIDE		Person X Payroll
	614 RANDALL AVE DE PERE, WI 54115	\$ 17,140.	Noncash (Complete Part II for noncash contributions)

Employer identification number

BAYCARE	CLINIC	FOUNDATION,	LTD.

DAICA	RE CLINIC FOUNDATION, LTD.		-2000503
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional 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 X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DR. ALEXANDER ROITSTEIN 2411 WANDERING SPRINGS CIRCLE GREEN BAY, WI 54311	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	DR. STEVEN STROMAN 2452 WILDWOOD DRIVE GREEN BAY, WI 54302	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	NILGUN FRENGELL PO BOX 4347 MONROE, LA 71211	ss	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	DR. CHRISTOPHER SORRELLS 3317 STAR CREEK CT GREEN BAY, WI 54311	s6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	DR. JOSEPH HODGSON 3510 BOWER CREEK ROAD DE PERE, WI 54115	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions)
523452 10-26	S-15	Schedule B (Form	990, 990-EZ, or 990-PF) (2015)

Employer identification number

BAYCARE CLINIC FOUNDATION, I

39-2000503

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional 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	\$\$,	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>14</u>	DR. WILLIAM WITMER 1485 BRADBURY COURT GREEN BAY, WI 54313	\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10 22		\$\$	Person Payroll Noncash Complete Part II for noncash contributions)

Employer identification number

BAYCARE CLINIC FOUNDATION, LTD.

39-2000503

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

Name of organization		Employer identification number
BAYCARE CLINIC FOUNDATION,	LTD.	39-2000503
the year from any one contributor. Complete	lete columns (a) through (e) and the followin ligious charitable, etc., contributions of \$1,000 or less	section 501(c)(7), (8), or (10) that total more than \$1,000 for g line entry. For organizations s for the year (Enterthis info once).
(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, addres	s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee
523454 10-26-15		Schedule B (Form 990, 990-EZ, or 990-PF) (201

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SECU	JRITIES .	ST	ГАТЕМЕНТ	1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTI NET INCO	
DIVIDENDS	2,307.		0.	2,30	7. 2,	307.	2,30	07.
TO PART I, LINE 4	2,307.		0.	2,30	7. 2,	307.	2,30	7.
FORM 990-PF		OTHER	INCO	ME		Sī	FATEMENT	2
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCOI	
OTHER INCOME		_		1,525.		0.	1,5	25.
TOTAL TO FORM 990-PE	', PART I,	LINE 11 =		1,525.		0.	1,5	25.
FORM 990-PF		ТА	XES			S'.	PATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUST NET IN		(D) CHARITA PURPOS	
FEDERAL EXCISE TAX		39	•	0	•	0.		0.
TO FORM 990-PF, PG 1		39	• =	0	•	0.		0.
FORM 990-PF		OTHER	EXPE	NSES		S'	TATEMENT	4
		(A)	NE	(B) T INVEST-	(C) ADJUS		(D) CHARITA	
DESCRIPTION		EXPENSES PER BOOKS		NT INCOME		COME	PURPOS	
DESCRIPTION ADMINISTRATIVE EXPEN	– ISES		ME — —		NET INC	0.		
	_	PER BOOKS	ME —	NT INCOME	NET INC		2	ES

1.

FORM 990-PF	CORE	PORATE STOCK		STAT	EMENT	5
DESCRIPTION			BOOK VALUE		MARKE' ALUE	T
VANGUARD BALANCED INDEX	FD	-	121,82	3.	121,8	23.
TOTAL TO FORM 990-PF, PA	RT II, LINE	10B	121,82	3.	121,8	23.
FORM 990-PF	INTEREST A	AND PENALTIES		STAT	EMENT	6
TAX DUE FROM FORM 990-P LATE PAYMENT PENALTY	F, PART VI					45. 1.
TOTAL AMOUNT DUE						46.
FORM 990-PF LI		ANTIAL CONTRIB	UTORS	STAT	EMENT	7
NAME OF CONTRIBUTOR		ADDRESS				
DR. ALEXANDER ROITSTEIN		2411 WANDERING GREEN BAY, WI		RCLE		
FORM 990-PF	LATE I	PAYMENT PENALT	Y	STAT	EMENT	8
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENAL	TY
TAX DUE DATE FILED	05/15/16 08/15/16	45.	45. 45.	3		1.

TOTAL LATE PAYMENT PENALTY

	IST OF OFFICERS, D ND FOUNDATION MANA		STATE	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
JOSEPH HODGSON, M.D. 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/PRESI 0.50	DENT 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 0.50	PRESIDENT 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 MA 0.50	RKETING/PR 0.	0.	0.
LESLEY O'CONNELL 164 NORTH BROADWAY GREEN BAY, WI 54303	DIRECTOR/EMPLO 0.50	OYEE REP	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.
	RT XV - LINE 1A FOUNDATION MANAGE	RS	STATI	EMENT 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

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

NAME OF GRANT PROGRAM

920-405-5382

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

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

	Among the part was an experience of the part of the pa		S TO THE PERSON OF THE PERSON	* Artistantian	Distriction of Street	28 max	
<u>دٍ</u> کړ. پ	Control of the contro	Recipient Address	Relationship	Relationship Status	Contribution	Amount	Date .
3156	Friends of the Wildlife Sanctu	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		150 00	1/2/2015
3158	Prevent Blindness-Wisconsin	759 North Miwaukee 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 Shetter Inc	1830 Radisson Street, Green Bay WI 54302	None	Public Charity	General Operations 5	2,500 00	1/23/2015
3168	Fauth Lutheran Church	2335 S Webster Avenue, Green Bay Wi 54301	None	Public Charity	General Operations 3	2,500.00	1/23/2015
3169	Notice Dame De La Bale Academy	5 IU Marynii Dilve, Green bay Wi 34303 Am Treasurar 991 Dibrum Way Green Ray Wi 54304	N e	Public Charity	General Operations \$	200 000	1/23/2015
3171	Providence Academy	Attn. Chris Steinbarger, 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 Marvelle Ln, Green Bay WI 54304	None	Public Chanty	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 Renton Avenue, Seattle WA 98178	None	Public Charity	General Operations \$	2,000 00	2/6/2015
3175	Boy Scouts of America	2555 Northern Road PO Box 267, Appleton Wi 54912-0267	None	Public Charity	General Operations \$	200 000	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 \$	2 000 00	2/24/2015
3178	Mission Basketball Academy	N3924 Dublin Way Freedom WI 54913	None	Public Charity	General Operations 5	00 009	2/24/2015
3179	Pilgrim Congregational Church	Attn Treasurer 991 Pilgrim Way, Green Bay WI 54304	None	Public Charry	General Operations 3	200 000	2/24/2013
3180	Service League of Green Bay	Attn Lauren Woolon PU Box 3/2 Green Bay Wi 54305	None	Public Charity	General Operations 5	10 000 00	2/25/2015
3181	Two Rivers Fire Department	2122 Monroe Sifeet, IWO Rivers WI 34241	e do	Public Charity	General Operations 5	5 000 00	3/24/2015
3182	Pattn Lutheran Church	2353 S WEUSIE! Aveind Green Bdy Wil 34304	e Con	Public Charity	General Operations \$	200 009	3/24/2015
2000	Wightin Congregational Church	Authorities, 991 Figure Valy Green Boy VI 34304	None	Public Charity	General Operations \$	20 000 00	3/31/2015
3185	West Allica Foundation	1802 Charles Street De Pere WI 54115	None	Public Charity	General Operations \$	1 000 00	4/1/2015
1 1 1 1 1 1		ATTN Alicia Van Straten 2740 W Mason St. PO Box 19042 Green Bay WI 54307-9042	None	Public Charity	Education \$	1,000 00	4/10/2015
24.5	Faith Litherap Church	2335 S Webster Avenue, Green Bav WI 54301	None	Public Charity	General Operations \$	9,000 00	4/24/2015
3190	Pilarim Congregational Church	Attn Treasurer 991 Pitgrim Way Green Bay WI 54304	None	Public Charity	General Operations \$	200 00	4/25/2015
3191	Christy & 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 Television	Attn Major Gifts and Planned Giving, 821 University Avenue Madison WI 53706	None	Public Charity	General Operations \$	200 00	5/15/2015
3193	Wisconsin Public Radio	PO Box 697 Racine WI 54301	None	Public Charity	General Operations \$	200 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 5	2 500 00	5/22/2015
3196	Faith Lutheran Church	2335 S Webster Avenue Green Bay WI 54301	None	Public Charity	General Operations 5	00 000's	5/22/2015
3197	Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way Green Bay WI 54304	None	Public Charmy	General Operations 3	2000	5/29/2015
3198	N E W Zoological Society, INC	P.O. Box 12647 Green Bay WI 54307	None None	Public Charley	General Operations 3	00 005	6/5/2015
3199	SEE International	5638 Hollister Ave ISTE 210 Santa Barbara CA 93117	e do	Public Charity	General Operations \$	200 00	6/5/2015
3200	Alzneimers Association	2900 Cully Earle Suile A, Green Bay VVI 34311 111 N. Washanton Street P.O. Box 23900 Green Bay WI 54305-3900	None	Public Charity	General Operations \$	00 000 9	6/24/2015
3202	Fath Litheran Church	2335 S Webster Avenue Green Bay WI 54301	None	Public Charity	General Operations \$	2 000 00	6/26/2015
3204	Pilgrim Congregational Church	Attn Treasurer 991 Pilgrim Way Green Bay Wi 54304	None	Public Charity	General Operations \$	200 00	6/26/2015
3206	Faith Lutheran Church	2335 S Webster Avenue Green Bay WI 54301	None	Public Charity	General Operations \$	5 000 00	7/24/2015
3207	Pilgrim Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Chardy	General Operations 5	250 00	7/27/2015
3208	Aizheimer's Association	2900 Curry Lane, Suite A, Green Bay WI 54311	None	Public Charity	General Operations 3	150 00	7/27/2015
3209	Research to Prevent Blindnes	645 Madison Ave New York NY 10022-1010	None a	Public Charity	General Operations 5	125 00	7/27/2015
3210	YWCA of Green Bay. Us here	Onlike of Filiaticial Development, Creening, Filian 2007 contact of Creening, 100-100	None	Public Charity	General Operations 5	100 00	7/31/2015
3212		2740 W Mason St P O Box 19042, Green Bay WI 54307-9042	None	Public Charity	Education \$	2,000 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 W/ 54901	None	Public Charity	Education	00000	8/7/2015
3216	Loyola University of Chicago	Stratch School of Medicine, 2160 S Pirst Avenue, Maywood IL 50153	None	Public Charity	Education	1 000 00	8/14/2015
3220	University of Wisconsin-Madison	702 West Johnson St. Madison Wilds 1950b	No.	Public Charity	General Operations \$	1,000 00	8/14/2015
3221	Valders Ambulance	105 EISEHIDWEI SIIGEL, TO DOX 307, Valuets WI 34241	None	Public Charity	Education \$	1 000 00	8/21/2015
3223	Concordia University	12800 N Lake Shore Drive, Mequon VVI 33037	None	Public Charity	General Operations \$	14,562 00	8/28/2015
3224	Continue and Resolution	1130 Odanda Dave De Pere W/ 54115	None	Public Charity	General Operations \$	200 00	8/28/2015
3226	Exceptional Equesimans Fath Lutheran Church	2335 S Webster Avenue Green Bay WI 54301	None	Public Charity	General Operations \$	5 000 00	8/28/2015
3227	Pignm Congregational Church	Attn Treasurer, 991 Pilgrim Way, Green Bay WI 54304	None	Public Charity	General Operations \$	200 00	8/28/2015
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BayCare Clinic Foundation EIN: 39-2000503

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

, ** Š	A Recipient	SR SR SR SR SR SR SR SR SR SR SR SR SR S	Recipient PFF	oundation Status	SReciplent; সংPoundation Purpose of স্বাধান Relationship সংস্কারণ সং Contribution Re-Amount	mount	Date
3228	On Broadway Inc		None Publ	Public Charity	General Operations \$	20 000 00	9/4/2015
3229	Marguette University	/aukee WI 53201-1881	None Publ	Public Charity	Education \$	1,000 00	9/11/2015
3230	Crohns and Colitis Foundation	386 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	_	Public Charity	General Operations \$	5,000 00	9/25/2015
3232	Pilarim Congregational Church	JI 54304	None Publ	Public Charity	General Operations \$	200 00	9/25/2015
3233	Bay Nordic Project Illumination		None Publ	Public Charity	General Operations \$	5 950 00	0/23/2015
3234	Williams College		None Publ	Public Charity	Education 5	1,000 00	0/30/2015
3235	Fash Lutheran Church	2335 S Webster Avenue Green Bay WI 54301		Public Charity	General Operations \$	5 000 00	0/30/2015
3237	Notre Dame Academy-Basketball Program	Attn Mr John Taylor 610 Maryhill Dr., Green Bay WI 54303		Public Charity	Education \$	3,000 00	0/30/2015
3238	Pilorim Congregational Church	Attn Treasurer, 991 Pilgrim Way Green Bay WI 54304		Public Charity	General Operations \$	200 00	0/30/2015
3239	Greater Green Bay YMCA	235 N Jefferson St., Green Bay WI 54301-5126		Public Charity	General Operations \$	7 500 00	0/30/2015
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 Publ	Public Charity	General Operations \$	1,000 00	11/6/2015
3242	The Plastic Surgery Foundation		None Publ	Public Charity	General Operations 5	00 009	11/6/2015
3243	Ribbon of Hope		None Publ	Public Charity	General Operations \$	7,700 00	11/6/2015
3244	NEWDA	Attn Mary Scanlan, 36 Nika Court Green Bay WI 54313	None Publ	Public Charity	General Operations \$	200 00	1/10/2015
3246	Faith Lutheran Church		None Publ	Public Charity	General Operations \$	5 000 00	11/27/2015
3247	Freedom House	Attn Melissa Hyska 2997 St Anthony Dr. Green Bay WI 54311	None Publ	Public Charity	General Operations \$	4 600 00	11/27/2015
3248	Pilorim Congregational Church	Attn Treasurer 991 Pilgrim Way Green Bay WI 54304	None Publ	Public Charity	General Operations \$	200 00	1/27/2015
3249	Preble High School	54302	None Publ	Public Charity	Education \$	200 00	11/27/2015
3250	West Africa Foundation	12629 Renton Ave S STE F, Seattle WA 98178	None Publ	Public Charity	General Operations S	2 000 00	12/1/2015
3251	All Saints Parish	P O Box 787, Denmark WI 54208	None Publ	Public Charry	General Operations 5	1,000 00	12/24/2015
3252	Faith Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None Publ	Public Charity	General Operations \$	5,000 00	12/24/2015
3253	NWTC Educational Foundation	P O Box 19042, Green Bay WI 54307-8042	None Publ	Public Charity	Education S	2 500 00	12/24/2015
3254	Pilorim Congregational Church	VVI 54304	None Publ	Public Charity	General Operations \$	200 00	12/24/2015
3255	Brown County United Way	P O Box 1593, Green Bay WI 54305-1593	None Publ	Public Charity	General Operations \$	5,000 00	12/24/2015
3256	Failh Lutheran Church	2335 S Webster Avenue, Green Bay WI 54301	None Publ	Public Charity	General Operations \$	20 000 00	12/31/2015

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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	Aprıl 2016
				' "	\$ 7,000.00	