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# Form 990-PF Department of the Treasury Internal Revenue Service

### **Return of Private Foundation**

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

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

OMB No 1545-0052
2015
Open to Public Inspection

For calendar year 2015 or tax year beginning		, and ending		-
Name of foundation			A Employer identification	n number
ELOISE RUEPING ATKINSON FO	39-2001599	)		
Number and street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number 920-924-93	0.00
65 SUNSET CIRCLE				
City or town, state or province, country, and ZIP or foreign provided by FOND DU LAC, WI 54935	oostai code		C If exemption application is p	pending, check here
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	s, check here
Final return	Amended return		2 Foreign groanizations m	ceting the 85% test
Address change	Name change		2 Foreign organizations months check here and attach co	omputation
H Check type of organization: X Section 501(c)(3) e			E If private foundation sta	
	Other taxable private founda		under section 507(b)(1	)(A), check here
,   _	ing method: X Cash	Accrual	F If the foundation is in a	
	ther (specify)		under section 507(b)(1	)(B), check here
	ımn (d) must be on cash b			(d)
Part 1 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)
1 Contributions, gifts, grants, etc., received	43,675.		N/A	
2 Check In the foundation is not required to attach Sch B				S 15
2 Check In if the foundation is not required to attach Sch 8 Interest on savings and temporary cash investments  A Devidence and interest from securities				
4 Dividends and interest from securities	1,334.	1,334.		STATEMENT 1
5a Gross rents				1011111
b Net rental income or (loss)		<u>-`</u>		Sales Marie Marie
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	23,311.	ž ,		* <b>数</b> 图 25- 25-74
b Gross sales price for all 53,427.	37 14 18 18 18 18 18 18 18 18 18 18 18 18 18			\$1.10 A 10
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 53,427.  7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain 9 Income modifications Gross sales less returns	in the state of th	23,311.		San
8 Net short-term capital gain	A Control of the second	· Arra		Britain States
9 Income modifications Gross sales less returns	138 C			
10a and allowances  b Less Cost of goods sold	<b>€</b> ************************************	*		· · · · · · · · · · · · · · · · · · ·
- "	1			20 40 4 4 1 1
c Gross profit or (loss)				
12 Total. Add lines 1 through 11	68,320.	24,645.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
% 16a Legal fees				
b Accounting fees STMT 2	1,250.	0.		0.
c Other professional fees				
17 Interest 18 Taxes STMT 3 19 Depreciation and depletion— 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications	122.	0.		0.
19 Depreciation and depletion———	,			
20 Occupancy				
21 Travel, conferences, and meetings			ļ	<del> </del>
22 Printing and publications	1			<u> </u>
23 Other expenses (	'			<del> </del>
23 Other expenses ( 24 Total operating and administrative expenses. Add lines 13 through 23	1 272	^		
expenses. Add lines 13 through 23	1,372.	0.		32,739.
25 Contributions, girts, grants paid	32,739.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	34,139.
26 Total expenses and disbursements.	34,111.	0.	1	32,739.
Add lines 24 and 25		U •	14	11. 32.73.75
27 Subtract line 26 from line 12:	34,209.			
a Excess of revenue over expenses and disbursements b Net investment income (if negative enter -0-)	4.5.4.3	24,645	<del>                                     </del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c Adjusted net income (if negative enter -0-)		24,043	N/A	
523501 11-24-15 LHA For Paperwork Reduction Act Notice, see				Form <b>990-PF</b> (2015)

39-2001599 ELOISE RUEPING ATKINSON FOUNDATION, INC. Form 990-PF (2015) Beginning of year End of year Part II Balance Sheets Atlached schedules and amounts in the description column should be for end-of year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 7,375. 8,262 8,262. Cash - non-interest-bearing 2,254. 22,016. 22,016. 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 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 19,071. 32,631. 45,078. STMT 4 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis 1 Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 28,700. 62,909 356 instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright X$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 9,250 9,250 27 Capital stock, trust principal, or current funds 626,377. 626,377 28 Paid-in or capital surplus, or land, bldg., and equipment fund <606,927. <572,718 29 Retained earnings, accumulated income, endowment, or other funds 28,700 62,909 30 Total net assets or fund balances 28,700 62,909 31 Total liabilities and net assets/fund balances 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 28,700. (must agree with end-of-year figure reported on prior year's return) 34,209. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 62,909. Add lines 1, 2, and 3

523511 11-24-1 62,909.

Form 990-PF (2015)

Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Partily Capital Gains	and Los	sses for Tax on In	vestment	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>b)</b> F	low ac - Purch - Dona	iase i '	c) Date a (mo., da		(d) Date sold (mo., day, yr.)	
1a 220SH SIGMA AL	DRICH	CORP						0/0	-	11/18/15
b 150SH AUTOMATIC DATA PROCESSING						3/18		03/30/15		
c 125SH AUTOMATI	C DAT	A PROCESSIN	G				P (	3/18	3/15	08/11/15
<u>d</u>	-	. <u>.</u>			_			<del></del>		
<u>e</u>	(0.0)	enregistion allowed	(=) Coo	ut or other begin	<del></del>			/h\ Ca	ın or (loss	\
(e) Gross sales price		epreciation allowed (or allowable)		it or other basis xpense of sale					(f) minus	
a 30,800.				6,09						24,706.
b 12,602.				13,10						<501.
c 10,025.				10,91	9 •					<894.
d										
Complete only for assets showing		oluma (h) and owned by	the foundation	on 12/21/60			(1)	Causa (C.	-	
Complete only for assets showin		) Adjusted basis		cess of col. (1)					ol. (h) gain ot less tha	
(i) F.M.V. as of 12/31/69		as of 12/31/69		col (j), if any				Losses (	from col	(h)) ·
a										24,706.
b										<501.
С										<894.
d				<u>-</u>						
e			L							
2 Capital gain net income or (net ca	ıpıtal loss)	If gain, also enter If (loss), enter -0	r in Part I, line - in Part I, line	7 7	}	2				23,311.
3 Net short-term capital gain or (los	ss) as defin	ed in sections 1222(5) an	ıd (6):							
If gain, also enter in Part I, line 8,	column (c)	).			<b> </b>				N/A	
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Se	ection 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inco	me	14 / 25	<u> </u>
(For optional use by domestic private									<del></del>	
		•	10 10(0) 100 011	THE THE STATE OF T		·.,				
If section 4940(d)(2) applies, leave to	his part bla	nk.								
Was the foundation liable for the sec	tion 4942 t	ax on the distributable am	nount of any ye	ear in the base pe	rıod?					Yes X No
If "Yes," the foundation does not qua										
1 Enter the appropriate amount in	each colum	·	nstructions be	fore making any e						-74V · · · · · · · · · · · · · · · · · · ·
(a) Base period years		(b) Adjusted qualifying dis	trihiitions	Net value of no	(c) ancha		use assets	1,	Distri	(d) bution ratio vided by col. (c))
Calendar year (or tax year beginni 2014	ng in)		4,343.	1101 14100 01 110			1,860		cor. (o) ur	•419533
2013			2,847.				9,325			.230023
2012			4,273.				0,833			.219005
2011			7,151.				7,060			.292389
2010		4	6,508.			15	0,269	•		.309498
										1 470440
2 Total of line 1, column (d)	F b		L O L. C	b db b. a.				2		1.470448
3 Average distribution ratio for the	•	•	on line 2 by 5,	or by the number	r ot ye	ears		3		.294090
the foundation has been in existe	1116 11 1622	man 5 years						"		.234030
4 Enter the net value of noncharital	ble-use ass	ets for 2015 from Part X,	line 5					4		84,877.
		•								
5 Multiply line 4 by line 3								5		24,961.
										0.46
6 Enter 1% of net investment incor	ne ( 1% of 1	Part I, line 27b)						6		246.
7 Add lines for d C								,		25,207.
7 Add lines 5 and 6								7		23,207.
8 Enter qualifying distributions from	m Part XII,	line 4						8		32,739.
If line 8 is equal to or greater that			tb, and comp	plete that part usi	ng a 1	% tax i	rate.			

Form 990-PF (2015) ELOISE RUEPING ATKINSON FOUNDA	-		101599 Page 4
Part VI Excise Tax Based on Investment Income (Section 494	0(a), 4940(b), 4940(e), or 4	948 - s€	e instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here  and e	enter "N/A" on line 1.	1 1	
Date of ruling or determination letter: (attach copy of letter if nec	cessary-see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and enter 1%	1	246.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part I, line 12, col (b).	i	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only O		2	0.
3 Add lines 1 and 2	•	3	246.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C	Others enter -O-)	4	0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	sinore and 2 ,	5	246.
6 Credits/Payments:		<del>                                     </del>	
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a		-
	6b	1 1	
b Exempt foreign organizations - tax withheld at source	6c	1 1	
c Tax paid with application for extension of time to file (Form 8868)	<del></del>	1	•
d Backup withholding erroneously withheld	6d	<del></del>	0.
7 Total credits and payments. Add lines 6a through 6d		7	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8	276
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>.</b>	9	246.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	10	
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	Refunded ►	11	
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or intervene	: in	Yes No
any political campaign?			1a X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ises (see instructions for the definition	1)?	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	nd copies of any materials publish	ed or	
distributed by the foundation in connection with the activities			THE AND THE
c Did the foundation file Form 1120-POL for this year?			1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e year:		
(1) On the foundation. ▶ \$ 0 • (2) On foundation managers	s. <b>▶</b> \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expend	diture tax imposed on foundation	-	
managers. ▶ \$ 0 •			
2 Has the foundation engaged in any activities that have not previously been reported to the I	IRS?		2 X
If "Yes," attach a detailed description of the activities			李称 萨洛 法定
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorporation,	or	1000 115 14/
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3 X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		4a X
b If "Yes," has it filed a tax return on Form 990-T for this year?	•	N/A	A 4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	?		5 X
If "Yes," attach the statement required by General Instruction T			* 1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:		
By language in the governing instrument, or			
By state legislation that effectively amends the governing instrument so that no mandator	my directions that conflict with the state	e law	
remain in the governing instrument?	Ty directions that commet with the state	0 1411	6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	emolete Part II, col. (c), and Part Y	1	7 X
7 Did the foundation have at least \$5,000 in assets at any time outling the year 77 Yes, Co.	implete Fart II, cor (c), and r art x	,	
On Enter the states to which the foundation reports or with which it is registered (conjunctivistic	one)		
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ulia) <b>-</b>		-
WI	Attornou Conoral (or documents)	·	—
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Automey General (or designate)		8b X
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 st	1	rioar	-
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	*		
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sched	tute listing their names and addresses		10 X
			Form <b>990-PF</b> (2015

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Part VII-	A Statements Regarding Activities (continued)			
			Yes	No
11 At any t	ime during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section	512(b)(13)? If "Yes," attach schedule (see instructions)	_11_		X
12 Did the	foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
If "Yes,"	attach statement (see instructions)	12		_X_
13 Did the	foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
Website	address > N/A			
	oks are in care of ► JUDY C. PIERNER Telephone no ► 920-92	4-9	<u> 399</u>	
	at ▶ 65 SUNSET CIRCLE, FOND DU LAC, WI ZIP+4 ▶54	935	-57	77
	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>∠</b>	· 🔲
	er the amount of tax-exempt interest received or accrued during the year		/A	
	ime during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	es, or other financial account in a foreign country?	16		X
	instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	'.		.
	country ► B: Statements Regarding Activities for Which Form 4720 May Be Required		• •	<u> </u>
	orm 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
	the year did the foundation (either directly or indirectly):	-	1.	
-	gage in the sale or exchange, or leasing of property with a disqualified person?	-		·
	rrow money from, lend money to, or otherwise extend credit to (or accept it from)		P.	
	isqualified person?	4.4	E SH	2.
	rnish goods, services, or facilities to (or accept them from) a disqualified person?	201	is the second	2 1
	y compensation to, or pay or reimburse the expenses of, a disqualified person?	3		Sin d
( <b>5</b> ) Tra	insfer any income or assets to a disqualified person (or make any of either available	7 79	奫	毒品
	the benefit or use of a disqualified person)?	1 443	鐵	5,4
(6) Ag	ree to pay money or property to a government official? (Exception. Check "No"			\$ .
ıf t	he foundation agreed to make a grant to or to employ the official for a period after	180		1
ter	mination of government service, if terminating within 90 days.)	122		1
•	nswer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	300	<b>整理</b>	18.5
	53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	ļ	100 20
	ations relying on a current notice regarding disaster assistance check here	2.5	藩	18 1 × 1
	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1	********	\$
	the first day of the tax year beginning in 2015?	1c		X
	on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		\$ P. (2)	
	in section 4942(j)(3) or 4942(j)(5)): and of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1 - 1		ξ;. i
a At the t	["""] [TP]		3.5 3	
	'list the years ▶ , ,	*		
	re any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	}	٠,	
	on of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ļ -		- ·
	ent - see instructions.)  N/A	2b		1
c If the p	rovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	:		
<b>•</b>	, , ,			_
3a Did the	foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1 .	
	the year? Yes X No			
	did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after		1	<b>.</b> .
	i, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			` , :
	ings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		٠ ٤.	
	4720, to determine if the foundation had excess business holdings in 2015) N/A	3b	<u> </u>	1,,
	foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	`,	X
	foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1	٠ ' ٩	x
nad no	t been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1	1 1

Form 990-PF (2015) ELOISE RUEPING ATKINSON	FOUNDATION,	INC.	39-20015	99 Page 6
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:	-			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955), of		irectly,		
any voter registration drive?		Y	es X No	- 1 1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio				
4945(d)(4)(A)? (see instructions)			es X No	{
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or			·     1   1
the prevention of cruelty to children or animals?	or concentrational purposes, or		es X No	.   '
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions describer		23 [22] 110	`
section 53.4945 or in a current notice regarding disaster assistance (see instru		a in riegolations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			<del></del>
		tounod		_ '   '   , "
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?		N/A1	es L No	
If "Yes," attach the statement required by Regulations section 53 494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		(TV)	
a personal benefit contract?		Y	es X No _	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u> _	6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y	es X No	· · · · · · · · · · · · · · · · · · ·
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Rart VIII	ees, Foundation M	lanagers, Highl	У	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		L(-) Componention	1760	I A SECTION
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid.	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	(If not paid, enter -0-)	compensation	allowances
KAREN GRUENWALD	DIRECTOR			
65 SUNSET CIRCLE				
FOND DU LAC, WI 54935	5.00	0.	0.	0.
JUDY PIERNER	DIRECTOR			
65 SUNSET CIRCLE				_
FOND DU LAC, WI 54935	5.00	0.	0.	0.
STEVEN DILLING	DIRECTOR		İ	
101 CAMELOT DR SUITE 2A	]			
FOND DU LAC, WI 54935	1.00	0.	0.	0.
				1
			l	
2 Compensation of five highest-paid employees (other than those in		e, enter "NONE."	, , , ,	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
	1			
	1	1		1
		1		
	1			
	1	1		
	1			1
Total number of other employees paid over \$50,000			<u> </u>	
. Carlo Control Contro			Form	990-PF (2015)
			. 51111	(-010)

523551 11-24-15

	<u>9-2</u>	001599 Page 7
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	e	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 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.	ł	Expenses
	-+	
1 N/A		
2		
	$\neg$	
3		
4		
	_	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
	-+	Amount
1 <u>N/A</u>		
		0.
2		<del>``</del>
	$\dashv$	
All other program-related investments. See instructions.	$\dashv$	·····
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form <b>990-PF</b> (2015)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	72,350.
	Average of monthly cash balances	1b	72,350. 13,820.
	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	86,170.
е	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	86,170.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,293.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	84,877.
6	Minimum investment return. Enter 5% of line 5	6	4,244.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	4,244.
2a	Tax on investment income for 2015 from Part VI, line 5 246.		
b	Income tax for 2015. (This does not include the tax from Part VI.)	<u> </u>	
C	Add lines 2a and 2b	2c	246.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,998.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,998.
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	3,998.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	32,739.
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:		
а	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	32,739.
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	246.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	32,493.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for th	e section

Page 9

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				3,998.
				3,73,00
2 Undistributed income if any, as of the end of 2015		İ	0.	,
a Enter amount for 2014 only	<del></del>	<u> </u>	0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015		· · ·		
- · · · · · · · · · · · · · · · · · · ·			1	
a From 2010 39,195.				
bFrom 2011 31,074.		i		
c From 2012 18,935.				
dFrom 2013 18,417.		}		
eFrom 2014 30,494.				
f Total of lines 3a through e	138,115.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: $\triangleright$ \$ 32,739.				
a Applied to 2014, but not more than line 2a			0.	
<b>b</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			-	3,998.
e Remaining amount distributed out of corpus	28,741.			
5 Excess distributions carryover applied to 2015	0.	`		0.
(If an amount appears in column (d) the same amount must be shown in column (a))			<del></del>	
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c and 4e Subtract line 5	166,856.	_	•	
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.	3.1	` .	
8 Excess distributions carryover from 2010		- 's · · · · · · · · · · · · · · · · · ·		
not applied on line 5 or line 7	39,195.		, ,	
9 Excess distributions carryover to 2016	32,123.		· _ < }.	
Subtract lines 7 and 8 from line 6a	127,661.	1 10	, , , , , , , , , , , , , , , , , , ,	
10 Analysis of line 9	127,001.			
a Excess from 2011 31,074.			and the same of the	
b Excess from 2012 18,935.			The state of the s	
	,	The state of the state of	17.	
	, · · · · · · · . · · · · · · · · ·	7 17 17 17 17 17 17 17 17 17 17 17 17 17	The state of the s	,
				,
e Excess from 2015 28,741.	* .			l

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		TKINSON FOUN		39-20	01599 Page 10
Part XIV Private Operating F	oundations (see	e instructions and Part \	/II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter	that it is a private operating	]		
foundation, and the ruling is effective fo			•		
b Check box to indicate whether the foun			d in section	4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	T	Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
			1		
each year listed  b 85% of line 2a	<del></del>	<del></del>	<del></del>		
			<del>                                     </del>		
c Qualifying distributions from Part XII,					
line 4 for each year listed	<u> </u>		<del>- </del>		
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>b</b> "Endowment" alternative test - enter			-		
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross		}			
investment income (interest,				1	
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
					<del></del>
(2) Support from general public and 5 or more exempt					
organizations as provided in				į	
section 4942(j)(3)(B)(III)				_	
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u> </u>			1 105 000	<u> </u>
Part XV Supplementary Info	ormation (Com	plete this part onl	y if the foundation	on had \$5,000 or m	ore in assets
at any time during	the year-see in	istructions.)			
1 Information Regarding Foundati					
a List any managers of the foundation w			intributions received by t	the foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000). (S	see section 507(d)(2).)			
NONE					
b List any managers of the foundation w other entity) of which the foundation h	ho own 10% or more	of the stock of a corporation	n (or an equally large po	rtion of the ownership of a p	artnership or
NONE	15 a 10 % OF Greater III	ICICSL			
2 Information Regarding Contribu	tion Grant Gift L	nan Scholarshin etc	Programs:	<del></del>	
Check here  if the foundation			_	e not accept upsolicited regi	rests for funds. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone nur					
JUDY C. PIERNER, 920		on the berson to whom at	iplications should be auc	11 65560,	
		TAT E 402E E	. 7 7 7		
65 SUNSET CIRCLE, FO					
b The form in which applications should NO SPECIFICATIONS	be submitted and info	irmation and materials they	should include:		
c Any submission deadlines:		<del></del>		<del>-</del>	
NONE			<del> </del>		
d Any restrictions or limitations on award STATE OF WISCONSIN	ds, such as by geogra	phical areas, charitable fieli	ds, kinds of institutions,	or other factors:	
					F 000 PT (0045)
523601 11-24-15					Form <b>990-PF</b> (2015)

Recepent sa an individual of the community of the communi	3 Grants and Contributions Paid During to	he Year or Approved for Future I	Payment	-	•
Name and address (home or business)  a Paid during the year  ADULT DAY CARE  A		If recipient is an individual,		Durage of great or	
ADULT DAY CARE ADULT DAY CARE VOND DU LAC, WI 54935  AGRESIAN HOSPITAL AND E DIVISION STREET FOND DU LAC, WI 54935  ALL ABOUT LIFE 115 E ARADT ST FOND DU LAC, WI 54935  AMERICAN LEGION SON FOND DU LAC AVE F	Name and address (home or business)	any foundation manager	status of	contribution	Amount
ACRESIAN HOSPITAL  AGRESIAN HOSPITAL  430 E DIVISION STREET  FORD DU LAC, WI 54935  ALL ABOUT LIFE  115 E ANNOT ST  FORD DU LAC, WI 54935  AMERICAN LEGION  500 FOND DU LAC, WI 54935  ASCENSION LUTHERAN CHURCH  901 CTY FEX V  FORD DU LAC, WI 54935  ASCENSION LUTHERAN CHURCH  901 CTY FEX V  FORD DU LAC, WI 54935  Tolai SEE CONTINUATION SHEET(S)  AGRICAL STANDARD  NONE  NONE  NONE  1,051  1,052  1,053	a Paid during the year		-		
ACRESIAN HOSPITAL  AGRESIAN HOSPITAL  430 E DIVISION STREET  FORD DU LAC, WI 54935  ALL ABOUT LIFE  115 E ANNOT ST  FORD DU LAC, WI 54935  AMERICAN LEGION  500 FOND DU LAC, WI 54935  ASCENSION LUTHERAN CHURCH  901 CTY FEK V  FORD DU LAC, WI 54935  ASCENSION LUTHERAN CHURCH  901 CTY FEK V  FORD DU LAC, WI 54935  Tolsi  SEE CONTINUATION SHEET(S)  AGRICAL STANDARD  NONE  NONE  1.051.  1.052.  1.052.  1.053	,				
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901 CTY TRK V FOND DU LAC, WI 54935  Total SEE CONTINUATION SHEET(S)  Approved for future payment  NONE  NONE					
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Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	<del></del>	code		
a	-		+	· · · · · · · · · · · · · · · · · · ·	····
b	-				·· <del>···································</del>
c	-		+		<del> </del>
d	-				<del></del>
e	-		<del></del>	+	<u></u>
	_	<del></del>			
g Fees and contracts from government agencies	-	· · · · · · · · · · · · · · · · · · ·	<del></del>		
2 Membership dues and assessments		· · · · · · · · · · · · · · · · · · ·			<u> </u>
3 Interest on savings and temporary cash					
investments			14	1,334.	
4 Dividends and interest from securities		* * * * * * * * * * * * * * * * * * *			
5 Net rental income or (loss) from real estate:			TO PROPER PERSON		<u> </u>
a Debt-financed property				-	
b Not debt-financed property		<del></del>			
6 Net rental income or (loss) from personal			1 1		
property	<del></del>		<del>                                     </del>		··-
7 Other investment income			<del>   -</del>		····
8 Gain or (loss) from sales of assets other			18	23,311.	
than inventory	<u> </u>		10	23,311.	
9 Net income or (loss) from special events			<del> </del>		
10 Gross profit or (loss) from sales of inventory	-		+		
11 Other revenue:					
a	- <del>  </del>		<del></del>		
b	-		+ +		
C			+		
_	_				
d			+		
d e	Security Veri	0		24.645.	0.
d e 12 Subtotal. Add columns (b), (d), and (e)	The state of	0	· 報簿	24,645.	24 645
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	1	0	· ###	24,645.	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				13	
d e  12 Subtotal. Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part:XVI:Bi  Relationship of Activities	to the Accon	nplishment of	Exempt P	13	24,645
d e  12 Subtotal. Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part:XVI:Bi Relationship of Activities  Line No. Explain below how each activity for which in	to the Accon	nplishment of l	Exempt P	13	24,645
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d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part:XVI:Bi Relationship of Activities  Line No. Explain below how each activity for which in	to the Accon	nplishment of l	Exempt P	13	24,645
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part:XVI:Bi Relationship of Activities  Line No. Explain below how each activity for which in	to the Accon	nplishment of l	Exempt P	13	24,645
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part:XVI:Bi Relationship of Activities  Line No. Explain below how each activity for which in	to the Accon	nplishment of l	Exempt P	13	24,645
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part:XVI:Bi Relationship of Activities  Line No. Explain below how each activity for which in	to the Accon	nplishment of l	Exempt P	13	24,645
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part:XVI:Bi Relationship of Activities  Line No. Explain below how each activity for which in	to the Accon	nplishment of l	Exempt P	13	24,645
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part:XVI-Bi Relationship of Activities  Line No. Explain below how each activity for which in	to the Accon	nplishment of l	Exempt P	13	24,645

523621 11-24-15

Form 990-P	PF (2015) ELOIS	E RUEPING	ATKIN	SON FOUNDA'	TION,	INC.	39-200	15 <u>99</u>	Pa	ige 13
Part XV			sfers To a	nd Transaction	s and F	Relationsh	ips With Noncha	ritable	9	
	Exempt Organ							<del></del>		- No.
	e organization directly or indi						n 501(c) of		Yes	NO
	ode (other than section 501(c	,, , .		- ·	rganization	S <sup>7</sup>		ŀ		ĺ
	fers from the reporting found	ation to a noncharitat	ole exempt org	janization of:				10(1)		X
(1) C								1a(1) 1a(2)	<u> </u>	X
	ther assets							14(2)	<del> </del>	
	transactions; sales of assets to a noncharita	hla avemnt organizat	uon					1b(1)		X
٠,	furchases of assets from a no	, -						1b(2)	<u> </u>	X
	tental of facilities, equipment,	-	rganization				-	1b(3)	<u> </u>	X
	ternar or facilities, equipment, termbursement arrangements							1b(4)	-	X
	oans or loan guarantees	•						1b(5)	-	X
	erformance of services or me	embershin or fundrais	sina solicitatio	ns				1b(6)		X
٠,	ng of facilities, equipment, ma		=					10		Х
	answer to any of the above is	•		· · ·	ld always si	how the fair m	arket value of the goods.		ets.	
	vices given by the reporting (		•	• •	-				70.01	
	nn (d) the value of the goods,					•	5 <b>5</b> .			
(a)Line no	(b) Amount involved			exempt organization		(d) Description	of transfers, transactions, and	sharing ar	rangeme	ents
			N/A						-	
		1								
		<u> </u>								
		ļ			<del>_</del>					
			<del></del>							
		<del> </del>				<del>-</del>			_	
		<del>                                     </del>								
		<del> </del>						-		
2a Is the	foundation directly or indirec	tly affiliated with, or r	related to, one	or more tax-exempt or	rganizations	described				
	ction 501(c) of the Code (othe	-			J			Yes	X	☐ No
	s," complete the following sch		,,,,							
	(a) Name of or	ganization		(b) Type of organizat	tion	(	c) Description of relations	hip		
	N/A									
	-									
<del></del>		·								
١,	Under penalties of perjury, I declare and belief it is true, correct, and co						han nou knowledge	iy the IHS urn with th		
Sign <sup>°</sup> Here	NY () 1 1 1	1 (7) -	- 4 4 4	14-15		DIDECE	sh	own below	(see ins	str)?
	Signature of officer or truste		<u> </u>	Date	-16 🖳	DIRECT	<u> </u>	X Yes	· L	_ No
	Print/Type preparer's n		Preparer's s		Date	niic I	Check   if IPTIN		-	
	Timb Type preparer 3 h	arric	Tricparci 3 3	ignator t	Dute		self- employed			
Paid	ANTHONY FA	ATIST		Z Col	5	12-16	' '	0017	364	Į.
Prepar	1			- PA	- استان	16-16	Firm's EIN ► 39-1			
Use O										
	Firm's address ► 3	73 N. PION	EER RD	, PO BOX 1	809					
	FC	OND DU LAC	C, WI 5	4936-1809			Phone no. 920-9	21-2	953	;

523622 11 24-15

3 Grants and Contributions Paid During the	fear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
BEACON HOUSE	NONE		ASSISTED LIVING	
L66 S PARK AVENUE	1			
OND DU LAC, WI 54935				76
BOYS & GIRLS CLUB	NONE		civic	
00 W 2ND ST				
FOND DU LAC, WI 54935				18
				:
CONGREGATION OF SISTERS OF ST. AGNES	NONE		CIVIC	
320 COUNTY ROAD K				2 0
FOND DU LAC, WI 54937				2,03
CYSTIC FIBROSIS FOUNDATION	NONE		CIVIC	
20875 CROSSROADS CIR, STE 350				
NAUKESHA, WI 53186				
DIVINE SAVIOR	NONE		HOSPITAL	
2817 NEW PINERY ROAD				
PORTAGE , WI 53901		<del></del>		
FDL CHRISTIAN SCHOOL	NONE		EDUCATION	
720 RIENZI RD FOND DU LAC, WI 54935				
FDL POLICE DEPARTMENT	NONE		civic	
160 SOUTH MACY STREET				
FON DU LAC, WI 54935				1
FOND DU LAC LUTHERAN HOME	NONE		ASSISTED LIVING	
244 N MACY STREET				
FOND DU LAC, WI 54935				9,3
FONDY FOOD PANTRY	NONE		CIVIC	
51 W DIVISION ST				2
FON DU LAC, WI 54935				<del> </del>
FRIENDSHIP CORNER	NONE		civic	
27 THIRD STREET				1
FOND DU LAC, WI 54935				2,0
Total from continuation sheets		<del></del>		30,2

3 Grants and Contributions Paid During th	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	7,11132.11
HOSPICE	NONE		civic	
400 HWY K				
FOND DU LAC, WI 54935				2,63
IMMANUEL TRINITY CHURCH	NONE		RELIGIOUS	
20 WISCONSIN AMERICAN DR				
FON DU LAC, WI 54937				28
LAKEVIEW PLACE	NONE		civic	
517 LUCO RD				
FOND DU LAC, WI 54935				35
LAMARTINE FIRE DEPT	NONE		CIVIC	
N5367 HILLCREST RD				
FON DU LAC, WI 54937		<u></u>		2
LINCOLN HOUSE	NONE		ASSISTED LIVING	
342 FOREST AVENUE				
FOND DU LAC, WI 54935				20
MARIAN UNIVERSITY	NONE		EDUCATION	
455 S NATIONAL AVENUE				
FOND DU LAC, WI 54935				27
NAZARETH CENTER	NONE		ASSISTED LIVING	
375 GILLET				
FOND DU LAC, WI 54935		<u> </u>		2,33
POWER OF THE PURSE	NONE		civic	
230 OHIO STREET SUITE 100				
OSHKOSH, WI 54902				12
RED HAT SOCIETY	NONE		civic	
431 S ACACIA AVE				
FULLERTON, CA 92831				9
RESIDENTIAL SERVICES	NONE		ASSISTED LIVING	
342 FOREST AVENUE				
FOND DU LAC, WI 54935				64
Total from continuation sheets				ļ

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
SERVICE LEAGUE	NONE		CIVIC	
PO BOX 185				
FOND DU LAC, WI 54936-0185				1'
SOLUTE THE TROOPS	NONE		civic	
116 NORTH MAIN STREET				
FOND DU LAC, WI 54935				16
SOLUTION CENTER	NONE .		civic	
39 N SOPHIA ST				
FOND DU LAC, WI 54935		<u> </u>	-	10
ST MARYS CHURCH MARYTOWN	NONE		RELIGIOUS	
N10232 HWY G				
NEW HOLSTEIN, WI 53061				22
ST. FRANCIS HOME FOUNDATION	NONE	PRIVATE	RELIGIOUS	
33 EVERETT STREET		FOUNDATION		
FOND DU LAC, WI 54935				1,49
ST. LAWRENCE SEMINARY HIGH SCHOOL	NONE		EDUCATION	
301 CHURCH ST. MOUNT CALVARY, WI 53057				1,10
ST. PETER'S PLACE	NONE		RELIGIOUS	
50 E 1ST ST FOND DU LAC, WI 54935				2,62
	Love		0.111.0	
STERLING HOUSE 1001 PRIMROSE	NONE		CIVIC	
FOND DU LAC, WI 54935		<u> </u>	-	2.
WILLY LODGED NUBGING HOME	NONE		HOSPICE	
VILLA LORETTO NURSING HOME N8114 CALVARY STREET	NONE			
MT CALVARY, WI 53057				1,4
VILLA ROSA	NONE		HOSPICE	
N8114 CALVARY STREET				
MT CALVARY, WI 53057				5

ELOISE RUEPING ATKINSON FOUNDATION, INC. 39-2001599

3 Grants and Contributions Paid During the You	ear (Continuation)			
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	Purpose of grant or contribution	Amount
Ivalile and address (nome or dusiness)	or substantial contributor	recipient		
WHISPERING HILLS CLYDESDALES	NONE		CIVIC	
w2305 POPLAR ROAD				
FON DU LAC, WI 54935				75.
<del></del>				
			<u> </u>	ļ
		i		
				1
		ļ		
				<u> </u>
Total from continuation sheets				

#### 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

	ELOISE RUEPING ATKINSON FOUNDATION, INC.	39-2001599
Organization type (chec	k one)	
Filers of:	Section:	
Form 990 or 990 EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 50°  General Rule	I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
property) from a	ition filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo i(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16, butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amo i-EZ, line 1 Complete Parts I and II	a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edu of cruelty to children or animals. Complete Parts I, II, and III.	
year, contributi is checked, ent purpose Do no	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sons exclusively for religious, charitable, etc., purposes, but no such contributions totaled ter here the total contributions that were received during the year for an exclusively religion of complete any of the parts unless the <b>General Rule</b> applies to this organization because table, etc., contributions totaling \$5,000 or more during the year	more than \$1,000 If this box us, charitable, etc,
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its neet 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

#### ELOISE RUEPING ATKINSON FOUNDATION, INC.

39-2001599

Part I	Contributors (see instructions) Use duplicate copies of Part I in	f additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JUDITH PIERNER  65 SUNSET CIRCLE  FOND DU LAC, WI 54935	\$ 43,675.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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 Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-2		\$Schedule B (Forn	Person Payroll Complete Part II for noncash contributions )

Name of organization

Employer identification number

## ELOISE RUEPING ATKINSON FOUNDATION, INC.

39-2001599

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-   -   -   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - -   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
523453 10 26	5-15	-   -   -   \$   Schedule B (Form	990, 990-EZ, or 990-PF) (2015

Name of or	ganization		Employer id	entification number			
	E RUEPING ATKINSON FOU	NDATION, INC.	39-2	001599			
Part-III	Exclusively religious, charitable, etc., co the year from any one contributor. Complete completing Part III enter the total of exclusively religion. Use duplicate copies of Part III if addition	e columns (a) through (e) and the foots charitable etc., contributions of \$1,00	llowing line entry, For organizations	T more than \$1,000 for			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of h	ow gift is held			
		(e) Transfer of	lgift				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to to	ransferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of h	ow gift is held			
	(e) Transfer of gift						
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to t	ransferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of h	ow gift is held			
		(e) Transfer of	gift				
	Transferee's name, address,		Relationship of transferor to t	ransferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of h	ow gift is held			
		(e) Transfer of gift					
	Transferee's name, address,		Relationship of transferor to t	ransferee			
			Cahadula D (Fa 000	990-E7 or 990-PE\/201			

CAPITAL   CA   CB   CC   CD	FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECUR	ITIES	STATEMENT	1
TO PART I, LINE 4 1,334. 0. 1,334. 1,334.  FORM 990-PF ACCOUNTING FEES STATEMENT  (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS  SCHENCK SC - ACCOUNTING FEES 1,250. 0.  TO FORM 990-PF, PG 1, LN 16B 1,250. 0.  FORM 990-PF TAXES STATEMENT  (A) (B) (C) (D) ADJUSTED CHARITA PER BOOKS MENT INVEST- ADJUSTED CHARITA PURPOS  TAXES STATEMENT  (A) (B) (C) (D) ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS  TAXES 122. 0.  TO FORM 990-PF, PG 1, LN 18 122. 0.  FORM 990-PF CORPORATE STOCK STATEMENT  DESCRIPTION BOOK VALUE FAIR MARKE VALUE EXXON MOBIL CORP PROCTOR & GAMBLE CO SIGMA ALDRICH CORP AUTOMATIC DATA PROCESSING 19,654. 19,0	SOURCE		GAINS		REVENUE	NET INVES	T- ADJUSI	
FORM 990-PF  ACCOUNTING FEES  (A) (B) (C) ADJUSTED CHARITA PER BOOKS SCHENCK SC - ACCOUNTING FEES  1,250.  0.  TO FORM 990-PF, PG 1, LN 16B 1,250.  (A) EXPENSES PER BOOKS NET INVEST- NET INVEST- NET INVEST- MENT INCOME  (C) ADJUSTED CHARITA PURPOS  (A) EXPENSES PER BOOKS NET INVEST- MENT INCOME NET INCOME PURPOS  TAXES  122.  0.  TO FORM 990-PF, PG 1, LN 18 122.  0.  FORM 990-PF CORPORATE STOCK STATEMENT  DESCRIPTION  EXPENSES NET INVEST- MENT INCOME PURPOS  TAXES  122.  0.  FORM 990-PF, PG 1, LN 18 122.  TO FORM 990-PF, PG 1, LN 18 122.  TO FORM 990-PF CORPORATE STOCK STATEMENT  DESCRIPTION  EXXON MOBIL CORP PROCTOR & GAMBLE CO SIGMA ALDRICH CORP AUTOMATIC DATA PROCESSING  19,654.  19,0	WELLS FARGO	1,334.		0.	1,334.	1,33	34.	
Ca	TO PART I, LINE 4	1,334.		0.	1,334.	1,33	34.	
DESCRIPTION  EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS  SCHENCK SC - ACCOUNTING FEES  TO FORM 990-PF, PG 1, LN 16B  1,250.  0.  TOFORM 990-PF  TAXES  STATEMENT   (A) (B) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	FORM 990-PF		ACCOUNTI	NG F	'EES		STATEMENT	2
### Table	DESCRIPTION		EXPENSES		INVEST-	ADJUSTED	CHARITA	
FORM 990-PF  TAXES  (A)  EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS  TAXES  122.  0.  TO FORM 990-PF, PG 1, LN 18  122.  CORPORATE STOCK  STATEMENT  CORPORATE STOCK  FAIR MARKE VALUE  EXXON MOBIL CORP PROCTOR & GAMBLE CO SIGMA ALDRICH CORP AUTOMATIC DATA PROCESSING  (C)  (D)  (D		ring	1,250.		0.			0.
Ca   Cb   Cc   Cd	TO FORM 990-PF, PG	L, LN 16B	1,250.		0.			0.
DESCRIPTION  EXPENSES NET INVEST- ADJUSTED PURPOS  TAXES  122.  TO FORM 990-PF, PG 1, LN 18  EXPENSES MENT INCOME NET INCOME PURPOS  TO FORM 990-PF, PG 1, LN 18  CORPORATE STOCK  STATEMENT  FAIR MARKE  PROCTOR & GAMBLE CO SIGMA ALDRICH CORP AUTOMATIC DATA PROCESSING  EXPENSES NET INVEST- ADJUSTED CHARITA  PURPOS  MENT INCOME NET INCOME  PURPOS  FAIR MARKE  VALUE  4,524.  10,1  8,453.  15,8  19,654.  19,0	FORM 990-PF		TAX	ES			STATEMENT	3
TO FORM 990-PF, PG 1, LN 18 122. 0.  FORM 990-PF CORPORATE STOCK STATEMENT  DESCRIPTION BOOK VALUE VALUE  EXXON MOBIL CORP PROCTOR & GAMBLE CO SIGMA ALDRICH CORP AUTOMATIC DATA PROCESSING 19,654. 19,0	DESCRIPTION		EXPENSES		INVEST-	ADJUSTEI	CHARITA	
FORM 990-PF  CORPORATE STOCK  STATEMENT  BOOK VALUE  FAIR MARKE VALUE  EXXON MOBIL CORP EXXON MOBIL CORP PROCTOR & GAMBLE CO SIGMA ALDRICH CORP AUTOMATIC DATA PROCESSING  CORPORATE STOCK  FAIR MARKE VALUE  10,1 8,453. 15,8 19,654.	TAXES		122.		0.		· · · · · · · · · · · · · · · · · · ·	0.
DESCRIPTION  BOOK VALUE  EXXON MOBIL CORP  PROCTOR & GAMBLE CO  SIGMA ALDRICH CORP  AUTOMATIC DATA PROCESSING  FAIR MARKE VALUE  10,1  8,4524. 10,1  8,453. 15,8  19,654. 19,0	TO FORM 990-PF, PG	1, LN 18	122.		0.			0.
DESCRIPTION  EXXON MOBIL CORP PROCTOR & GAMBLE CO SIGMA ALDRICH CORP AUTOMATIC DATA PROCESSING  BOOK VALUE  4,524. 10,1 8,453. 15,8 15,8 19,654. 19,0	FORM 990-PF		CORPORAT	E SI	POCK		STATEMENT	4
PROCTOR & GAMBLE CO SIGMA ALDRICH CORP AUTOMATIC DATA PROCESSING  8,453. 15,8 0. 19,654. 19,0	DESCRIPTION				ВОО	K VALUE		ET
TOTAL TO FORM 990-PF, PART II, LINE 10B 32,631. 45.0	PROCTOR & GAMBLE CO SIGMA ALDRICH CORP	ESSING			<del></del> -	8,453. 0.	15,8	382. 0.
	TOTAL TO FORM 990-P	F, PART II,	LINE 10B			32,631.	45,0	078.