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

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2015

Open to Public Inspection

For calendar year 2015, or tax year beginning

, 2015, and ending

Name of foundation

VIOLA E LUNDEBERG TRUST

Number and street (or P.O. box number if mail is not delivered to street address)

C/O K ENGEL N6059 CTY RD E

City or town, state or province, country, and ZIP or foreign postal code

RIVER FALLS WI 54022

G Check all that apply

<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change

H Check type of organization:  Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundationI Fair market value of all assets at end of year  
(from Part II, column (c), line 16)

► \$ 690,557.

J Accounting method:  Cash  Accrual Other (specify)

(Part I, column (d) must be on cash basis)

A Employer identification number

39-6503917

B Telephone number (see instructions)

(715) 425-5736

C If exemption application is pending, check here. ► D 1 Foreign organizations, check here . . . . . ► 2 Foreign organizations meeting the 85% test, check here and attach computation . . . . . ► E If private foundation status was terminated under section 507(b)(1)(A), check here . . . . . ► F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . . ► **Part I Analysis of Revenue and****Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

REVENUE	1 Contributions, gifts, grants, etc., received (attach schedule) . . .			
	2 Ck ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B			
	3 Interest on savings and temporary cash investments . . . . .	6.	6.	
	4 Dividends and interest from securities . . . . .	20,330.	20,330.	
	5 a Gross rents . . . . .			
	b Net rental income or (loss) . . . . .			
	6 a Net gain or (loss) from sale of assets not on line 10 . . . . .	1,112.	L-6a Stmt	
	b Gross sales price for all assets on line 6a . . . . .	54,306.		
	7 Capital gain net income (from Part IV, line 2) . . . . .		526.	
	8 Net short-term capital gain . . . . .			0.
	9 Income modifications . . . . .			
	10 a Gross sales less returns and allowances . . . . .			
	b Less Cost of goods sold . . . . .			
	c Gross profit or (loss) (attach schedule) . . . . .			
	11 Other income (attach schedule) . . . . .			
	12 Total. Add lines 1 through 11. . . . .	21,448.	20,862.	0.
ADMINISTRATIVE EXPENSES	13 Compensation of officers, directors, trustees, etc . . . . .	5,000.	5,000.	
	14 Other employee salaries and wages . . . . .			
	15 Pension plans, employee benefits . . . . .			
	16 a Legal fees (attach schedule) . . . . .			
	b Accounting fees (attach sch) . . . L-16b Stmt	1,100.	1,100.	
	c Other prof. fees (attach sch) . . . L-16c Stmt	7,400.	7,400.	
	17 Interest . . . . .			
	18 Taxes (attach schedule) (see instrs) US. TREASURY. . . . .	182.	0.	
	19 Depreciation (attach schedule) and depletion . . . . .			
	20 Occupancy . . . . .			
	21 Travel, conferences, and meetings . . . . .			
	22 Printing and publications . . . . .			
	23 Other expenses (attach schedule) . . . . .			
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	13,682.	13,500.	
	25 Contributions, gifts, grants paid . . . . .	37,000.		37,000.
	26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	50,682.	13,500.	37,000.
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements . . . . .	-29,234.		
	b Net investment income (if negative, enter -0-) . . . . .		7,362.	
	c Adjusted net income (if negative, enter -0-) . . . . .			0.

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
ASSETS	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1 Cash — non-interest-bearing . . . . .	52.	52.	52.
	2 Savings and temporary cash investments . . . . .	13,922.	29,001.	29,001.
	3 Accounts receivable . . . . .			
	Less: allowance for doubtful accounts . . . . .			
	4 Pledges receivable . . . . .			
	Less: allowance for doubtful accounts . . . . .			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach sch) . . . . .			
	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 (attach schedule) . . . . .			
	b Investments — corporate stock (attach schedule) . L-10b. Stmt . . . . .	328,299.	334,164.	520,862.
	c Investments — corporate bonds (attach schedule) . L-10c. Stmt . . . . .	53,194.	0.	0.
	11 Investments — land, buildings, and equipment: basis . . . . .			
	Less accumulated depreciation (attach schedule) . . . . .			
	12 Investments — mortgage loans . . . . .			
	13 Investments — other (attach schedule) . L-13. Stmt . . . . .	137,626.	140,642.	140,642.
	14 Land, buildings, and equipment: basis . . . . .			
	Less. accumulated depreciation (attach schedule) . . . . .			
	15 Other assets (describe . . . . .)			
	16 Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I) . . . . .	533,093.	503,859.	690,557.
LIABILITIES	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, & other disqualified persons . . . . .			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe . . . . .)			
	23 Total liabilities (add lines 17 through 22) . . . . .			
NET ASSETS	Foundations that follow SFAS 117, check here . . . . . and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted . . . . .			
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here . . . . . and complete lines 27 through 31.	X		
	27 Capital stock, trust principal, or current funds . . . . .	776,168.	776,168.	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund . . . . .			
	29 Retained earnings, accumulated income, endowment, or other funds . . . . .	-243,075.	-272,309.	
	30 Total net assets or fund balances (see instructions) . . . . .	533,093.	503,859.	
	31 Total liabilities and net assets/fund balances (see instructions) . . . . .	533,093.	503,859.	

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

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	533,093.
2 Enter amount from Part I, line 27a . . . . .	2	-29,234.
3 Other increases not included in line 2 (itemize) . . . . .	3	
4 Add lines 1, 2, and 3 . . . . .	4	503,859.
5 Decreases not included in line 2 (itemize) . . . . .	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30 . . . . .	6	503,859.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
<b>1 a CAPITOL GAIN DISTRIBUTIONS</b>		P	12/31/14	12/31/15
<b>b 5512 WELLS FARGO SHORT TERM BD A</b>		P	Various	10/26/15
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>(e) Gross sales price</b>		<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g)</b>
<b>a</b> 5,904.			0.	5,904.
<b>b</b> 48,402.			53,780.	-5,378.
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
<b>(i) F.M.V. as of 12/31/69</b>		<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col. (i) over col. (j), if any</b>	<b>(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))</b>
<b>a</b>				5,904.
<b>b</b>				-5,378.
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2 Capital gain net income or (net capital loss). . . .</b>		<b>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</b>		<b>2</b> 526.
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):</b>				
If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 . . . . .				<b>3</b> -5,378.

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . . .  Yes  No  
If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col. (b) divided by col. (c))
2014	35,000.	704,182.	0.049703
2013	33,000.	680,553.	0.048490
2012	34,000.	652,009.	0.052147
2011	33,627.	618,730.	0.054348
2010	35,450.	597,690.	0.059312
<b>2 Total of line 1, column (d)</b>			<b>2</b> 0.264000
<b>3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years</b>			<b>3</b> 0.052800
<b>4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5</b>			<b>4</b> 697,437.
<b>5 Multiply line 4 by line 3</b>			<b>5</b> 36,825.
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>			<b>6</b> 74.
<b>7 Add lines 5 and 6</b>			<b>7</b> 36,899.
<b>8 Enter qualifying distributions from Part XII, line 4</b>			<b>8</b> 37,000.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

1 a Exempt operating foundations described in section 4940(d)(2), check here . . . ► <input type="checkbox"/> and enter 'N/A' on line 1.		
Date of ruling or determination letter: (attach copy of letter if necessary – see instrs)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here . . . ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	1	74.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) . . . . .		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .	2	0.
3 Add lines 1 and 2 . . . . .	3	74.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . . . . .	4	0.
5 Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	74.
6 Credits/Payments:		
a 2015 estimated tax pmts and 2014 overpayment credited to 2015 . . . . .	6 a	
b Exempt foreign organizations – tax withheld at source . . . . .	6 b	
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6 c	
d Backup withholding erroneously withheld . . . . .	6 d	
7 Total credits and payments. Add lines 6a through 6d . . . . .	7	
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .	9	74.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .	10	0.
11 Enter the amount of line 10 to be. Credited to 2016 estimated tax . . . . . ► Refunded . . . . .	11	

**Part VII-A Statements Regarding Activities**

1 a 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? . . . . .	Yes	No
1 a	X	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? . . . . .	1 b	X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
c Did the foundation file Form 1120-POL for this year? . . . . .	1 c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
(1) On the foundation . . . ► \$ . . . . . (2) On foundation managers . . . ► \$ . . . . .		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers . . . . . ► \$ . . . . .		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .	2	X
If 'Yes,' attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes . . . . .	3	X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year? . . . . .	4 b	
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.		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
• By language in the governing instrument, or		
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV . . . . .	7	X
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) . . . . . ►		
WI – Wisconsin		
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 . . . . .	8 b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part XIV . . . . .	9	X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses . . . . .	10	X

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) . . . . .	11	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions) . . . . .	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	13	X
Website address . . . . . ► N/A			
14	The books are in care of ► KAREN ENGEL Telephone no. ► (715) 425-5736		
Located at ► N6059 CTY RD E RIVER FALLS WI ZIP + 4 ► 54022			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here . . . . . ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► 15 0.	15	X
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	16	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ►		Yes	No

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

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . .		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . .	1 b	X
Organizations relying on a current notice regarding disaster assistance check here . . . . . ► <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? . . . . .	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): . . . . .		
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If 'Yes,' list the years ► 20 __ , 20 __ , 20 __ , 20 __ .			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.) . . . . .	2 b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 __ , 20 __ , 20 __ , 20 __ .		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.) . . . . .	3 b	
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4 a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? . . . . .	4 b	X

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

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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . .  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . .  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .  Yes  No

(4) Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? (see instructions) . . . . .  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .  Yes  No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . .

5 b

Organizations relying on a current notice regarding disaster assistance check here . . . . . c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .  Yes  No

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

6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  Yes  No

6 b

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

If 'Yes' to 6b, file Form 8870.

7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .  Yes  No

7 b

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KAREN ENGEL N6059 CTY RD E RIVER FALLS WI 54022	TRUSTEE 3.00	5,000.	0.	0.
JEFFREY DUSEK N8822 1090TH RIVER FALLS WI 54022	BOARD MEMBER 0.50	2,500.	0.	0.
SUSAN SWENSON N8302 770TH STREET RIVER FALLS WI 54022	BOARD MEMBER 0.50	2,500.	0.	0.
-----				
-----				

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

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

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

None

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ None

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

### Expenses

1	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments (see instructions)

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

**Amount**

Describe the five largest program-related investments made by the foundation during the last year on lines 1 and 2.		Amount
1	_____	_____
2	_____	_____

All other program-related investments. See instructions.

**Total.** Add lines 1 through 3 . . . . .

BAA

Form 990-PF (2015)

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
a Average monthly fair market value of securities . . . . .	1 a	682,962.
b Average of monthly cash balances . . . . .	1 b	25,096.
c Fair market value of all other assets (see instructions) . . . . .	1 c	
d <b>Total</b> (add lines 1a, b, and c) . . . . .	1 d	708,058.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	1 e	
2 Acquisition indebtedness applicable to line 1 assets . . . . .	2	
3 Subtract line 2 from line 1d . . . . .	3	708,058.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) . . . . .	4	10,621.
5 <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 . . . . .	5	697,437.
6 <b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	6	34,872.

**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	34,872.
2 a Tax on investment income for 2015 from Part VI, line 5 . . . . .	2 a	74.
b Income tax for 2015. (This does not include the tax from Part VI) . . . . .	2 b	
c Add lines 2a and 2b . . . . .	2 c	74.
3 Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	3	34,798.
4 Recoveries of amounts treated as qualifying distributions . . . . .	4	
5 Add lines 3 and 4 . . . . .	5	34,798.
6 Deduction from distributable amount (see instructions) . . . . .	6	
7 <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 . . . . .	7	34,798.

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes.	1 a	37,000.
a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26 . . . . .	1 b	
b Program-related investments – total from Part IX-B. . . . .	2	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes . . . . .	3 a	
3 Amounts set aside for specific charitable projects that satisfy the:	3 b	
a Suitability test (prior IRS approval required) . . . . .	4	37,000.
b Cash distribution test (attach the required schedule) . . . . .	5	74.
4 <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 . . . . .	6	36,926.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) . . . . .		
6 <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .		

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

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7 . . . . .				34,798.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only . . . . .				0.
b Total for prior years 20 ___, 20 ___, 20 ___. . . . .				
3 Excess distributions carryover, if any, to 2015:				
a From 2010 . . . . .	5,665.			
b From 2011 . . . . .	0.			
c From 2012 . . . . .	1,556.			
d From 2013 . . . . .	0.			
e From 2014 . . . . .	0.			
f Total of lines 3a through e . . . . .	7,221.			
4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ 37,000.				
a Applied to 2014, but not more than line 2a . . . . .				
b Applied to undistributed income of prior years (Election required – see instructions) . . . . .				
c Treated as distributions out of corpus (Election required – see instructions) . . . . .				
d Applied to 2015 distributable amount . . . . .				34,798.
e Remaining amount distributed out of corpus . . . . .	2,202.			
5 Excess distributions carryover applied to 2015 . . . . . (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	9,423.			
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 . . . . .				
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 instructions . . . . .			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) . . . . .				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions) . . . . .	5,665.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .	3,758.			
10 Analysis of line 9:				
a Excess from 2011 . . . . .	0.			
b Excess from 2012 . . . . .	1,556.			
c Excess from 2013 . . . . .	0.			
d Excess from 2014 . . . . .	0.			
e Excess from 2015 . . . . .	2,202.			

**Part XIV** **Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**Part XV** **Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)

## 1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

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**Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**  
Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions,

complete items 2a, b, c, and d.

**b** The form in which applications should be submitted and information and materials they should include:

### **c Any submission deadlines:**

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
FORWARD FOUNDATION PO BOX 183 RIVER FALLS	WI 54022	NONE	CHARITY EDUCATION FOUNDATION	1,000.
UW RIVER FALLS 410 S 3RD STREET				
RIVER FALLS	WI 54022	NONE	CHARITY SCHOLARSHIPS	2,500.
ST BRIDGETS SECOND TUESDAY PO BOX 86				
RIVER FALLS	WI 54022	NONE	CHARITY SCHOOL SUPPLY PROGRAM	2,000.
OUR NEIGHBORS PLACE PO BOX 274				
RIVER FALLS	WI 54022	NONE	CHARITY ASSIST FAMILIES IN NEED	2,500.
SALVATION ARMY 203 CHURCH HILL RD				
SOMERSET	WI 55025	NONE	CHARITY ASSIST FAMILIES IN NEED	3,000.
ADORAY HOSPICE 990 HILLCREST ST				
BALDWIN	WI 54002	NONE	CHARITY ASSIST FAMILIES IN NEED	4,000.
RIVER FALLS FOOD PANTRY 222 N MAIN STREET STE C				
RIVER FALLS	WI 54022	NONE	CHARITY ASSIST FAMILIES IN NEED	3,000.
RIVER FALLS HOSPITAL FOUNDATION 1629 E DIVISION STREET				
RIVER FALLS	WI 54022	NONE	CHARITY FREE CLINIC FOR FAMILIES IN NEED	3,000.
OUR NEIGHBORS PLACE PO BOX 274				
RIVER FALLS	WI 54022	NONE	CHARITY ASSIST FAMILIES IN NEED	2,000.
See Line 3a statement				14,000.
<b>Total . . . . .</b>			► 3a	<b>37,000.</b>
<b>b Approved for future payment</b>				
<b>Total . . . . .</b>			► 3b	

## Part XVI-A. Analysis of Income-Producing Activities

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue.					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies . . .					
2 Membership dues and assessments . . . . .					
3 Interest on savings and temporary cash investments . . . . .			14	6.	
4 Dividends and interest from securities . . . . .			14	20,330.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property . . . . .					
b Not debt-financed property . . . . .					
6 Net rental income or (loss) from personal property . . . . .					
7 Other investment income . . . . .					
8 Gain or (loss) from sales of assets other than inventory . . .			14	1,112.	
9 Net income or (loss) from special events . . . . .					
10 Gross profit or (loss) from sales of inventory . . . . .					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e) . . . . .				21,448.	
13 Total. Add line 12, columns (b), (d), and (e) . . . . .				13	21,448.

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

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

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

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1)	Cash . . . . .	1 a (1)	X
(2)	Other assets . . . . .	1 a (2)	X
<b>b</b>	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization. . . . .	1 b (1)	X
(2)	Purchases of assets from a noncharitable exempt organization. . . . .	1 b (2)	X
(3)	Rental of facilities, equipment, or other assets . . . . .	1 b (3)	X
(4)	Reimbursement arrangements . . . . .	1 b (4)	X
(5)	Loans or loan guarantees . . . . .	1 b (5)	X
(6)	Performance of services or membership or fundraising solicitations. . . . .	1 b (6)	X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	1 c	X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

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

**b** If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

**Sign  
Here**

Karen M. Engel  
Signature of officer or trustee

05/12/16

Da

**TRUSTEE**

Title

May the IRS discuss  
this return with the  
preparer shown below  
(see Instructions)?

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	CONSTANCE L. KELLY	CONSTANCE L. KELLY	05/10/16		P00014445
	Firm's name ► ST CROIX TAX LLC	Firm's EIN ► 46-0848224			
Firm's address ► 710 N MAIN STREET SUITE 202 RIVER FALLS	WI	54022	Phone no.	(715) 426-2107	

**BAA**

**Form 990-PF (2015)**

Name	Employer Identification Number
VIOLA E LUNDEBERG TRUST	39-6503917

**Asset Information:**

Description of Property: . . . . . CAPITOL GAIN DISTRIBUTIONS

Date Acquired: . . . . . 12/31/14 How Acquired: . . . . .

Date Sold: . . . . . 12/31/15 Name of Buyer: . . . . .

Sales Price: . . . . . 5,904. Cost or other basis (do not reduce by depreciation) . . . . .

Sales Expense: . . . . . Valuation Method: . . . . .

Total Gain (Loss): . . . . . 5,904. Accumulation Depreciation: . . . . .

Description of Property: . . . . . 5512 WELLS FARGO SHORT TERM BD A

Date Acquired: . . . . . Various How Acquired: . . . . . Purchased

Date Sold: . . . . . 10/26/15 Name of Buyer: . . . . .

Sales Price: . . . . . 48,402. Cost or other basis (do not reduce by depreciation) . . . . . 53,194.

Sales Expense: . . . . . Valuation Method: . . . . .

Total Gain (Loss): . . . . . -4,792. Accumulation Depreciation: . . . . .

Description of Property: . . . . .

Date Acquired: . . . . . How Acquired: . . . . .

Date Sold: . . . . . Name of Buyer: . . . . .

Sales Price: . . . . . Cost or other basis (do not reduce by depreciation) . . . . .

Sales Expense: . . . . . Valuation Method: . . . . .

Total Gain (Loss): . . . . . Accumulation Depreciation: . . . . .

Description of Property: . . . . .

Date Acquired: . . . . . How Acquired: . . . . .

Date Sold: . . . . . Name of Buyer: . . . . .

Sales Price: . . . . . Cost or other basis (do not reduce by depreciation) . . . . .

Sales Expense: . . . . . Valuation Method: . . . . .

Total Gain (Loss): . . . . . Accumulation Depreciation: . . . . .

Description of Property: . . . . .

Date Acquired: . . . . . How Acquired: . . . . .

Date Sold: . . . . . Name of Buyer: . . . . .

Sales Price: . . . . . Cost or other basis (do not reduce by depreciation) . . . . .

Sales Expense: . . . . . Valuation Method: . . . . .

Total Gain (Loss): . . . . . Accumulation Depreciation: . . . . .

Description of Property: . . . . .

Date Acquired: . . . . . How Acquired: . . . . .

Date Sold: . . . . . Name of Buyer: . . . . .

Sales Price: . . . . . Cost or other basis (do not reduce by depreciation) . . . . .

Sales Expense: . . . . . Valuation Method: . . . . .

Total Gain (Loss): . . . . . Accumulation Depreciation: . . . . .

Description of Property: . . . . .

Date Acquired: . . . . . How Acquired: . . . . .

Date Sold: . . . . . Name of Buyer: . . . . .

Sales Price: . . . . . Cost or other basis (do not reduce by depreciation) . . . . .

Sales Expense: . . . . . Valuation Method: . . . . .

Total Gain (Loss): . . . . . Accumulation Depreciation: . . . . .

Description of Property: . . . . .

Date Acquired: . . . . . How Acquired: . . . . .

Date Sold: . . . . . Name of Buyer: . . . . .

Sales Price: . . . . . Cost or other basis (do not reduce by depreciation) . . . . .

Sales Expense: . . . . . Valuation Method: . . . . .

Total Gain (Loss): . . . . . Accumulation Depreciation: . . . . .

Description of Property: . . . . .

Form 990-PF, Page 11, Part XV, line 3a

## Line 3a statement

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox
				Amount
<b>a Paid during the year</b>				
TURNINGPOINT 445 WEST JOHSON ST RIVER FALLS WI 54022	NONE	CHARITY	SHELTER FOR ABUSED WOMEN	Person or Business <input checked="" type="checkbox"/> 2,000.
HAVE A HEART W10356 STATE RD 29 RIVER FALLS WI 54022	NONE	CHARITY	RESPITE CARE	Person or Business <input checked="" type="checkbox"/> 3,000.
WALK ON THERAPEUTIC RIDING N 6059 COUNTY ROAD E RIVER FALLS WI 54022		CHARITY	THERAPY FOR THE DISABLED	Person or Business <input checked="" type="checkbox"/> 2,000.
SHARING FAMILIES 2815 PRAIRIE DRIVE RIVER FALLS WI 54022		CHARITY	ASSISTANCE FOR FAMILIES IN NEED	Person or Business <input checked="" type="checkbox"/> 2,000.
BASICS FOR LOCAL KIDS PO BOX 61 ELLSWORTH WI 54011		CHARITY	COATS FOR KIDS	Person or Business <input checked="" type="checkbox"/> 1,000.
BIG BROTHERS BIG SISTERS OF NW WI 82 COULEE ROAD HUDSON WI 54016		CHARITY	SUPPORT FOR CHILDREN	Person or Business <input checked="" type="checkbox"/> 2,000.
RIVER FALLS HIGH SCHOOL 818 CEMETERY ROAD RIVER FALLS WI 54022		SCHOOL	SCHOLARSHIPS	Person or Business <input checked="" type="checkbox"/> 2,000.

Total

14,000.

Form 990-PF, Page 1, Part I

## Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ST CROIX TAX LLC	ACCOUNTING	1,100.			

Total

1,100.

Form 990-PF, Page 1, Part I  
**Line 16c - Other Professional Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUSAN SWENSON	ADVISOR	2,500.	2,500.		
JOHN STEVEN O'ROURKE	ADVISOR	2,400.	2,400.		
JEFFREY DUSEK	ADVISOR	2,500.	2,500.		
Total		<u>7,400.</u>	<u>7,400.</u>		

Form 990-PF, Page 2, Part II, Line 10b  
**L-10b Stmt**

Line 10b - Investments - Corporate Stock:		End of Year	
		Book Value	Fair Market Value
1200 AMER ELETRIC POWER CO INC		30,400.	69,924.
1100 CSX CORP		21,789.	28,545.
750 CENTERPOINT ENERGY		10,909.	13,770.
100 CHEVRON CORPORATION		10,920.	8,996.
550 CONSOLIDATED EDISON INC		25,027.	35,349.
500 MGE ENERGY		15,096.	34,800.
900 PIEDMONT NATURAL GAS CO		24,511.	51,318.
200 WALMART STORES INC		11,784.	12,260.
2374 XCEL ENERGY INC		49,776.	96,095.
COHEN AND STEERS REALTY		40,214.	49,410.
HENNESSY GAS UTILITY		29,764.	40,599.
350 AGL RESOURCES		16,463.	22,334.
375 NORTHWEST NATURAL GAS		16,076.	18,979.
750 WISCONSIN ENERGY CP HLDG CO		31,435.	38,483.
Total		<u>334,164.</u>	<u>520,862.</u>

Form 990-PF, Page 2, Part II, Line 10c  
**L- 10c Stmt**

Line 10c - Investments - Corporate Bonds:		End of Year	
		Book Value	Fair Market Value
WELLS FARGO ADVANTAGE BONDS		0.	0.
Total		<u>0.</u>	<u>0.</u>

Form 990-PF, Page 2, Part II, Line 13  
L-13 Stmt

<b>Line 13 - Investments - Other:</b>	<b>End of Year</b>	
	<b>Book Value</b>	<b>Fair Market Value</b>
WESTCONSIN CERTIFICATES OF DEPOSIT	140,642.	140,642.
Total	<u>140,642.</u>	<u>140,642.</u>

**Supporting Statement of:**

Form 990-PF, p2/Line 2(a)

Description	Amount
SCHWAB	6,267.
FIRST NATIONAL BANK OF RIVER FALLS	7,655.
Total	<u>13,922.</u>

**Supporting Statement of:**

Form 990-PF, p12/Line 3 Column (d)

Description	Amount
FIRST NATIONAL BANK OF RIVER FALLS	6.
Total	<u>6.</u>

**Supporting Statement of:**

Form 990-PF, p12/Line 4 Column (d)

Description	Amount
WESTCONSIN CREDIT UNION	3,016.
CHARLES SCHWAB	17,314.
Total	<u>20,330.</u>