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Department of the Treasury

Internal Revenue Service

DLN: 93491127005796

OMB No 1545-0052

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 instructions is at $\underline{www.irs.gov/form990pf}$.

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , ar						and ending 12-31-2015						
	e of foun	dation R FAMILY FOUNDATION			A Employer id	A Employer identification number						
KA	LOCITLON	CLANIELLOWDATION			39-6681490							
		street (or P O box number if mail is	not delivered to street address)	Room/suite	B Telephone nur	nber (see instruction	s)					
12.	21 JOHN	Q HAMMONS DR			(608) 826-2208	(608) 826-2208						
		state or province, country, and ZIP of 537172912	or foreign postal code		C If exemption	application is pendin	g, check here 🕨 🦵					
G C	neck all	that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign or	ganizations, check h	ere 🕨 🗀					
		Final return Address chang			test, chec	rganizations meeting k here and attach co	mputation 📮 📗					
		pe of organization				ındatıon status was t n 507(b)(1)(A), ched						
		t value of all assets at end	J Accounting method		F If the founda	ation is in a 60-mont	h termination					
of	ear (fro	om Part II, col. (c), \$ 10,037,386	Other (specify) (Part I, column (d) must	be on cash basıs.)	I	n 507(b)(1)(B), chec						
Pa	rt I	Analysis of Revenue a (The total of amounts in columns (necessarily equal the amounts in c instructions))	(b), (c), and (d) may not	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)					
	1	Contributions, gifts, grants, e	etc , received (attach									
		schedule)										
	2	Check 🕨 🔽 if the foundation	ıs not required to attach									
		Sch B										
	3	Interest on savings and temp	oorary cash investments	70	70							
	4	Dividends and interest from s	securities	169,742	169,742							
	5a	Gross rents										
	Ь	Net rental income or (loss)										
₽	6a	Net gain or (loss) from sale o	fassets not on line 10	1,678,904								
Revenue	Ь	Gross sales price for all asse 2,890,658										
	7	Capital gain net income (from	, ,		1,678,904							
	8	Net short-term capital gain .										
	9	Income modifications	1				<u>.</u> 					
	10a	Gross sales less returns and allowances										
	b	Less Cost of goods sold. Gross profit or (loss) (attach										
	C	Other income (attach schedu		-			_					
	11	·	·	1,848,716	1,848,716							
	12 13	Total. Add lines 1 through 11 Compensation of officers, dir		55,358			33,215					
	14	Other employee salaries and	· · · · · · · · · · · · · · · · · · ·	33,330	22,113		33,213					
v	15	Pension plans, employee ben										
Expenses	16a	Legal fees (attach schedule).	ŀ									
Ž.	ь	Accounting fees (attach sche	edule)	2,000	1,000		1,000					
	_c	O ther professional fees (atta		5 50,394	50,394		0					
and Administrative	17	Interest		<u> </u>	·							
trat	18	Taxes (attach schedule) (see		32,560	2,241		0					
Ē	19	Depreciation (attach schedul	· •									
Ē	20	Occupancy										
Ā	21	Travel, conferences, and mee	ŀ									
and	22	Printing and publications	· ·									
	23	Other expenses (attach sche	edule)									
Operating	24	Total operating and administ	rative expenses.									
Ē		Add lines 13 through 23		140,312	75,778		34,215					
0	25	Contributions, gifts, grants p	aıd	547,808			547,808					
	26	Total expenses and disburser	nents.Add lines 24 and									
	27	Subtract line 26 from line 12		688,120	75,778		582,023					
	2/ a	Excess of revenue over expe		1,160,596								
	b	Net investment income (if ne			1,772,938							
	c	Adjusted net income(if negat	• '									
	•											

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash—non-interest-bearing	(a) Dook value	(D) DOOK Value	(S) Full Planket value				
	2	Savings and temporary cash investments	536,405	167,847	167,847				
	3	Accounts receivable	,···	23.72					
	,	Less allowance for doubtful accounts							
	4	Pledges receivable							
	7	Less allowance for doubtful accounts							
	_	Grants receivable							
	5	<u> </u>							
	6	Receivables due from officers, directors, trustees, and other							
	_	disqualified persons (attach schedule) (see instructions)							
	7	Other notes and loans receivable (attach schedule)							
		Less allowance for doubtful accounts -							
2	8	Inventories for sale or use							
Assets	9	Prepaid expenses and deferred charges		95 250,431					
As	10a	Investments—U S and state government obligations (attach schedule)							
	b	Investments—corporate stock (attach schedule)	6,805,766	8,335,007	9,609,147				
	С	Investments—corporate bonds (attach schedule)							
	11	Investments—land, buildings, and equipment basis 🕨							
		Less accumulated depreciation (attach schedule) -							
	12	Investments—mortgage loans							
	13	Investments—other (attach schedule)							
	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							
		ınstructions Also, see page 1, item I)	7,592,689	8,753,285	10,037,386				
ヿ	17	Accounts payable and accrued expenses							
	18	Grants payable							
es	19	Deferred revenue							
abilities	20	Loans from officers, directors, trustees, and other disqualified persons							
	21	Mortgages and other notes payable (attach schedule)							
二	22	Other liabilities (describe							
	23	Total liabilities(add lines 17 through 22)		0					
		Foundations that follow SFAS 117, check here							
S)		and complete lines 24 through 26 and lines 30 and 31.							
Balance	24	Unrestricted							
ଧାର	24 25	Temporarily restricted							
8	25	<u> </u>							
Fund	26	Permanently restricted							
F		Foundations that do not follow SFAS 117, check here							
o,		and complete lines 27 through 31.	7 502 600	0.752.205					
Assets	27	Capital stock, trust principal, or current funds	7,592,689						
(S.S	28	Paid-in or capital surplus, or land, bldg, and equipment fund	C						
	29	Retained earnings, accumulated income, endowment, or other funds	C	, and the second					
Net	30	Total net assets or fund balances(see instructions)	7,592,689						
	31	Total liabilities and net assets/fund balances(see instructions)	7,592,689	8,753,285					
Pa	rt 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 a	gree					
		with end-of-year figure reported on prior year's return)		1	7,592,689				
2		Enter amount from Part I, line 27a		2	1,160,596				
3		Other increases not included in line 2 (itemize) 🟲		3	0				
4		Add lines 1, 2, and 3		4	8,753,285				
5		Decreases not included in line 2 (itemize) ▶		5	0				
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P			8,753,285				

Part :	V Capital Gains ar	nd Losses for Tax on Inv	estm	nent Income				
		ne kınd(s) of property sold (e g , ouse, or common stock, 200 sł			How acquire P—Purchase (b) D—Donation	(a) (r	ate acquired no , day, yr)	Date sold (d) (mo , day, yr)
1 a	SECURITIES				Р			
——— Ь	SECURITIES				P			
	CAPITAL GAINS DIVI	DENDS			P			
d	CAN THAT GATTA DITA							
e				1				<u> </u>
(€	e) Gross sales price	Depreciation allow (f) (or allowable)	we d		or other basıs xpense of sale			or (loss) (f) minus (g)
a	202	,767			214,85	9		-12,092
b	2,494	,437			996,89	5		1,497,542
С	193	,454						193,454
d								
<u>—</u>								
	mnlete only for assets sh	owing gain in column (h) and ow	ned hy	the foundation	on 12/31/69	+	Caine (Cal	(h) gain minus
	·	A drusted basis		<u> </u>	ess of col (i)	⊣ շ,		ot less than -0-) or
(i)	FMV as of 12/31/69	(j) as of 12/31/69			col (j), if any	(1)		(from col (h))
a								-12,092
b								1,497,542
							193,454	
d								
<u></u> е				+		+		
2 3	If gaın, also enter ın Pa	e or (net capital loss) gain or (loss) as defined in sect rt I, line 8, column (c) (see inst	If (I ions 1	, , , , ,	in Part I, line 7	. 2		1,678,904
Part	In Part I, line 8	der Section 4940(e) for	Redi	uced Tax on	Net Investme	3 ent In	come	
(For opt		vate foundations subject to the						
		section 4942 tax on the distrib qualify under section 4940(e)				eriod?		┌ Yes ┌ No
1 E n	ter the appropriate amoun	it in each column for each year,	see ir	nstructions befo	re makıng any en	tries		
	(a) e period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	Ne	(c) et value of nonchari	table-use assets	((d) Distributio (col (b) divided	n ratio
	2014	537,533	2		10,905,927			0 049288
	2013	407,82!	5		9,511,681			0 042876
	2012	424,77	1		8,264,536			0 051397
	2011	404,56	2		7,800,038			0 051867
	2010	323,083	3		6,962,767			0 046402
2	Total of line 1, column (d)				2	<u> </u>	0 241830
3		tio for the 5-year base period— e foundation has been in exister				3		0 048366
4		oncharitable-use assets for 20			_	4		10,699,054
5	Multiply line 4 by line 3	8				5		517,470

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

Enter 1% of net investment income (1% of Part I, line 27b).

7

17,729

535,199

582,023

ĽŒL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49		, UI 4340—SE	e pag	C 10 OL	rue ins	LIUCLIO	'IIS)		
1a		· [)						
	and enter "N/A" on line 1 Date of ruling or determination letter			l						
	(attach copy of letter if necessary-see instructions)			ĺ						
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			ļ	1			1	7,729	
	here 🟲 🔽 and enter 1% of Part I, line 27b			• •						
С	All other domestic foundations enter 2% of line $27b$ Exempt foreign organiza Part I, line 12 , col (b)	itions 6	enter 4% of							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)									
3	Add lines 1 and 2			•	3			1	7,729	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	is only Othe	ers	4				0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter -0			5			1	7,729	
6	Credits/Payments									
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	2	2,400						
b	Exempt foreign organizations—tax withheld at source	6b								
C	Tax paid with application for extension of time to file (Form 8868)	6c								
d	Backup withholding erroneously withheld	6d								
7	Total credits and payments Add lines 6a through 6d				7			2	2,400	
8	Enter any penalty for underpayment of estimated tax Check here $\ \ \ \ \ \ \ \ \ \ \ \ \ $	220 is	attached		8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .				9					
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount	t over	paid		10				4,671	
11		4,671	Refunded	<u> </u>	11				0	
Par	t VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state	, or loc	al legislatio	n or d	ıd			Yes	No	
	it participate or intervene in any political campaign?						1a		No	
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			see In	structi	ons				
	for definition)?					•	1b		No	
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	pies of any r	nateria	ıls					
	published or distributed by the foundation in connection with the activities.									
	Did the foundation file Form 1120-POL for this year?	• •				•	1c		No	
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos									
_	(1) On the foundation \$\bigs\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			0						
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	ilicai e	xpenditure t	ax IIIIµ	Josed					
2	on foundation managers \$\bigs\tau \square \frac{0}{2}\$ Has the foundation engaged in any activities that have not previously been rep	orted:	to the IDS2				2		No	
2	If "Yes," attach a detailed description of the activities.	Jorteu	to the IKS.						NO	
3	Has the foundation made any changes, not previously reported to the IRS, in it	ts aova	rning instru	mont	articlo	•				
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confe	_	_	-		3	3		No	
4a	Did the foundation have unrelated business gross income of \$1,000 or more d						4a		No	
ь	If "Yes," has it filed a tax return on Form 990-T for this year?						4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction dui								No	
_	If "Yes," attach the statement required by General Instruction T.	9	-,							
6	Are the requirements of section 508(e) (relating to sections 4941 through 49-	45)sa	tisfied eithe	r						
	By language in the governing instrument, or	,								
	• By state legislation that effectively amends the governing instrument so the	at no n	nandatory di	irectio	ns					
	that conflict with the state law remain in the governing instrument?						6		No	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	? If "Yes	s," complete	Part II	, col. (c	·),				
	and Part XV.						7	Yes		
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)							
	▶WI									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99									
	General (or designate) of each state as required by General Instruction G? If '						8b	Yes		
9	Is the foundation claiming status as a private operating foundation within the r		_							
	or 4942(J)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for	Part X	(IV)?					
4.5	If "Yes," complete Part XIV						9		No	
10	Did any persons become substantial contributors during the tax year? If "Yes,"			_					NI -	
	and addresses.						10	1 /	No	

Par	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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ►TIM TEELIN Telephone no ►(608	3)495	-1379	
	Located at 1221 JOHN Q HAMMONS DR MADISON WI ZIP+4 537172			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	ا م	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No	-		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	(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)			
ь	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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
Ī	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
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))			
а	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? Yes V No			
	If "Yes," list the years ▶ 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)	2b		
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 <u>, 20</u> , 20 <u>, 20</u>			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
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.)	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b	1	No

		aramg Acaviacs i	01 1111	1011 1 01111 47 20	May Be Required (Cons	unaeu)
5a	During the year did the foundation	on pay or incurany amo	unt to			
	(1) Carry on propaganda, or othe	erwise attempt to influe	nce leg	ıslatıon (section 494	45(e))? 	√ No
	(2) Influence the outcome of any	specific public election	n (see :	section 4955), or to	carry	
	on, directly or indirectly, any					✓ No
	(3) Provide a grant to an individu				┌ Yes 「	
	(4) Provide a grant to an organiz				, ,	
	in section 4945(d)(4)(A)? (s					✓ No
	(5) Provide for any purpose othe				, , , , , , , , , , , , , , , , , , , ,	
	educational purposes, or for	- '	•		Г Yes Г	✓ No
h	If any answer is "Yes" to 5a(1)-				, ,	
	Regulations section 53 4945 or					
					_	_
_	Organizations relying on a curre					
C	If the answer is "Yes" to questio					- N-
	tax because it maintained expen				Yes	NO
_	If "Yes," attach the statement requ					
6a	Did the foundation, during the ye		•		•	
_	a personal benefit contract?					
b	Did the foundation, during the ye	ar, pay premiums, dire	ctly or i	ndirectly, on a perso	onal benefit contract?	. 6b No
	If "Yes" to 6b, file Form 8870.					_
7a	At any time during the tax year,					
ь	If yes, did the foundation receive					
Pai	3 3 7 7 8 8 8	ıt Officers, Directo	ors, Tr	ustees, Founda	ition Managers, Highly	Paid Employees,
	and Contractors					
		s foundation manage		hair compandation (ass instructions)	
1	List all officers, directors, trustee	es, foundation manage	rs and t	heir compensation (T .	I
1	List all officers, directors, trustee	Title, and averag	ge (c)	Compensation (If	see instructions). (d) Contributions to	Expense account,
1		Title, and average hours per week	je (c)	Compensation(If not paid, enter	(d) Contributions to employee benefit plans	(e) other allowances
	List all officers, directors, trustee	Title, and average hours per week (b) devoted to positi	je (c)	Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) other allowances
SVA P	(a) Name and address	Title, and average hours per week (b) devoted to position TRUSTEE	je (c)	Compensation(If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	(e) other allowances
SVA P	(a) Name and address LUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR	Title, and average hours per week (b) devoted to positi	je (c)	Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) other allowances
SVA P	(a) Name and address LUMB TRUST COMPANY LLC JOHN Q HAMMONS DR DISON, WI 537172912	Title, and average hours per week (b) devoted to position TRUSTEE 10 00	ge (c)	Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 0	(e) other allowances
SVA P	(a) Name and address LUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR DISON, WI 537172912 Compensation of five highest-pai	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 demployees (other the	on (c)	Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e	(e) other allowances
SVA P 122 MAC 2	(a) Name and address LUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR DISON, WI 537172912 Compensation of five highest-pair	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 demployees (other the Title, and average hours per week to position the title to the titl	ge (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e	(e) other allowances
SVA P 122 MAC 2	(a) Name and address LUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR DISON, WI 537172912 Compensation of five highest-pai (a) me and address of each employee	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 d employees (other that paid hours per second hou	on (c)	Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit plans and deferred	(e) other allowances
SVA P 122 MAC 2	(a) Name and address PLUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR PLOSON, WI 537172912 Compensation of five highest-pai (a) The and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 demployees (other the Title, and average hours per week to position the title to the titl	on (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit	(e) other allowances nter "NONE." Expense account,
SVA P 122 MAC 2	(a) Name and address PLUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR PLOSON, WI 537172912 Compensation of five highest-pai (a) The and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 d employees (other that paid hours per second hou	on (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
SVA P 122 MAC 2	(a) Name and address PLUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR PLOSON, WI 537172912 Compensation of five highest-pai (a) The and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 d employees (other that paid hours per second hou	on (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
SVA P 122 MAC 2	(a) Name and address PLUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR PLOSON, WI 537172912 Compensation of five highest-pai (a) The and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 d employees (other that paid hours per second hou	on (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
SVA P 122 MAC 2	(a) Name and address PLUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR PLOSON, WI 537172912 Compensation of five highest-pai (a) The and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 d employees (other that paid hours per second hou	on (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
SVA P 122 MAC 2	(a) Name and address PLUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR PLOSON, WI 537172912 Compensation of five highest-pai (a) The and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 d employees (other that paid hours per second hou	on (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
SVA P 122 MAC 2	(a) Name and address PLUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR PLOSON, WI 537172912 Compensation of five highest-pai (a) The and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 d employees (other that paid hours per second hou	on (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
SVA P 122 MAC 2	(a) Name and address PLUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR PLOSON, WI 537172912 Compensation of five highest-pai (a) The and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 d employees (other that paid hours per second hou	on (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
SVA P 122 MAC 2	(a) Name and address PLUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR PLOSON, WI 537172912 Compensation of five highest-pai (a) The and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 d employees (other that paid hours per second hou	on (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
SVA P 122 MAC 2	(a) Name and address PLUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR PLOSON, WI 537172912 Compensation of five highest-pai (a) The and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 d employees (other that paid hours per second hou	on (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,
SVA P 122 MAD 2	(a) Name and address PLUMB TRUST COMPANY LLC 1 JOHN Q HAMMONS DR PLOSON, WI 537172912 Compensation of five highest-pai (a) The and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position TRUSTEE 10 00 d employees (other that paid hours per second hou	on (c)	Compensation(If not paid, enter -0-) 55,358	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, e Contributions to employee benefit plans and deferred	(e) other allowances nter "NONE." Expense account,

Form 990-PF (2015)		Page 7
Part VIII Information About Officers, Directors, Tru and Contractors (continued)	stees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional service	es (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 service	es	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 p		Expenses
1 THE FOUNDATION AWARDED 62 GRANTS TO EXEMPT ORGAN	NIZATIONS IN 2015	547,808
2		
3		
4		
Part IX-B Summary of Program-Related Investment	s (see instructions)	
Describe the two largest program-related investments made by the foundation dur	ing the tax year on lines 1 and 2	A mount
1		-
		_
2		-
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0

Form 990-PF (2015) Part X Minimum Investment Return

ГС	(All domestic foundations must complete this part. Foreign foundations, see instruction	ıs.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	10,469,827
b	A verage of monthly cash balances	1b	392,157
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	10,861,984
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	10,861,984
4	Cash deemed held for charitable activities Enter 1 $1/2\%$ of line 3 (for greater amount, see		
	ınstructions)	4	162,930
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	10,699,054
6	Minimum investment return. Enter 5% of line 5	6	534,953
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	rtaın fore	ign organizations
1	Mınımum ınvestment return from Part X, line 6	1	534,953
2a	Tax on investment income for 2015 from Part VI, line 5 2a 17,729		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	17,729
3	Distributable amount before adjustments Subtract line 2c from line 1	3	517,224
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	517,224
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	517,224
Par	t XII 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	582,023
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	A mounts 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	582,023
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	17,729
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	564,294
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	er the fou	ndation qualifies for

P	art XIII Undistributed Income (see insti	ructions)			
		(a)	(b)	(c)	(d)
	Distribute ble amount for 2015 from Dort VI line 7	Corpus	Years prior to 2014	2014	2015
	Distributable amount for 2015 from Part XI, line 7				317,224
	Undistributed income, if any, as of the end of 2015 Enter amount for 2014 only			0	
а			0	O .	
b	Total for prior years 20, 20, 20		o		
3	Excess distributions carryover, if any, to 2015 From 2010				
a h	From 2011				
	From 2012 5,919				
	From 2013				
	From 2014				
	Total of lines 3a through e	20,533			
	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$ 582,023				
а	Applied to 2014, but not more than line 2a			0	
b	Applied to undistributed income of prior years		0		
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2015 distributable amount				517,224
е	Remaining amount distributed out of corpus	64,799			
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).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	85,332			
b	Prior years' undistributed income Subtract		0		
	line 4b from line 2b		U		
С	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		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
	instructions			0	
f	Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must				
	be distributed in 2015				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	0			
_	be required - see instructions)	ļ			
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2016.				
-	Subtract lines 7 and 8 from line 6a	85,332			
10	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015 64,799				

	n 990-PF (2015)					Page 1 0
	art XIV Private Operating Foundat	•			n 9)	
	If the foundation has received a ruling or detern foundation, and the ruling is effective for 2015,	enter the date of t	the ruling	▶`		_
	Check box to indicate whether the organization		ting foundation des		1 4942(j)(3) or	4942(j)(5)
а	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	year listed					
b 8	5% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities					
	Subtract line 2d from line 2c					
	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
-	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
-	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments					
	on securities loans (section 512(a)(5)), or royalties)					
	512(a)(5)), or royalties)					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support					
	from an exempt organization					
_	(4) Gross investment income	 			n had #E 000 a	
œ.	rt XV Supplementary Information (C assets at any time during the			e organizatio	n nad \$5,000 o	r more in
	Information Regarding Foundation Managers:	year see ms	ci decions. j			
a	List any managers of the foundation who have cobefore the close of any tax year (but only if they				•	ation
— b	List any managers of the foundation who own 10	% or more of the	stock of a corpora	tion (or an equal)	v large portion of the	
	ownership of a partnership or other entity) of wh				, large pertient of the	-
_	Information Regarding Contribution, Grant, Gift	. Loan, Scholarshi	p. etc Programs:			
	Check here 🔭 if the foundation only makes co				nd does not accept	
	unsolicited requests for funds If the foundation other conditions, complete items 2a, b, c, and d	makes gifts, gran				is under
a	The name, address, and telephone number or e	-mail address of t	he person to whom	applications sho	ould be addressed	
	KALSCHEUR FAMILY FOUNDATION		-	• •		
	3234 VALLEY SPRING RD					
	MOUNT HOREB, WI 535721236					
	(608) 355-3040					
b	The form in which applications should be submi	tted and informati	on and materials t	hey should includ	de	
	AMOUNT OF GRANT FUNDS REQUESTED AN					
<u> </u>	Any submission deadlines					
-	NONE					
_				ع - د المام المام المام	makikiiki ama	
a	Any restrictions or limitations on awards, such	as by deodraphic:	ai areas, charitable	e neias, kinas of i	distitutions, or other	

PROVIDE GRANTS TO ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 547,808 **b** Approved for future payment

Form 990-PF (2015) Part XVI-A Analysis of Income-Produc	ing Activitie	s			Page 12	
Enter gross amounts unless otherwise indicated	Unrelated bu	ısıness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt	
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)	
a b						
c d						
e						
 f						
investments			14	70		
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	169,742		
a Debt-financed propertyb Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
Inventory			18	1,678,904		
Gross profit or (loss) from sales of inventory						
Other revenue a						
b						
d e						
2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e).		0		1,848,716 13		
(See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to	calculations)					
Explain below how each activity for whe the accomplishment of the foundation's instructions)	ich income is re	ported ın column (e) of Part XVI-A c	ontributed importa		
+						
					_	
						

Part	XVI	Information Re Noncharitable					sactio	ns and	Relationships	With			
		rganization directly or i	ndırectly e	engage	ın any of	the following w						Yes	No
	anızat	• •			,,,,	,		,	, J				
a Tra	nsfers	s from the reporting four	ndation to	a noncl	harıtable	exempt organi:	zatıon of						
(1)	Casl	h									1a(1)		No
(2)	Othe	erassets									1a(2)		No
b Otl	ner tra	insactions											
(1)	Sale	s of assets to a noncha	rıtable exe	empt or	ganızatıo	n					1b(1)		No
(2)	Purc	hases of assets from a	noncharit	able ex	empt orga	anization					1b(2)		No
(3)	Rent	tal of facilities, equipme	nt, or othe	rasset	:s						1b(3)		No
(4)	Rein	nbursement arrangemer	its								1b(4)		No
(5)	Loar	ns or loan guarantees.									1b(5)		No
(6)	Perfor	rmance of services or m	embership	or fun	draising s	olicitations.					1b(6)		No
c Sha	arıng d	of facilities, equipment,	maılıng lıs	ts, othe	er assets,	or paid emplo	yees				1c		No
of t	he god ny tra	swer to any of the above ods, other assets, or se ansaction or sharing arr. (b) Amount involved	rvices giv angement	en by tl , show i	he reportı n column	ng foundation	If the fou of the go	undation in ods, othe	received less than	n fair marko ces receive	et value ed		nt c
(a) Line	e NO	(b) Amount involved	(C) Name	or nonch	antable exe	empt organization	(u)	Description	TOI Hallsters, Hallsact	lons, and sno	anny ana	ngemen	its
	_												
	_												
des	cribe	undation directly or indi d in section 501(c) of th complete the following	ne Code (d schedule		an sectio	n 501(c)(3)) o	r ın sectı					s V	No
		(a) Name of organization	<u> </u>		(E) Type of organiz	ation		(c) Descrip	otion of relati	onship		
Sign Here	the Info	der penalties of perjury, best of my knowledge a rmation of which prepar	ind belief,	ıt ıs tru	ie, correc		e Declar		oreparer (other tha	an taxpaye May t return	r) is bas	sed on	all
	•	Signature of officer or t	rustee			Date	— ,	Title		below	he prepai nstr)? ✓		
		Print/Type preparer's KATHLEEN MERIN CPA		Prepa	rer's Sıgn	ature	Date		Check if self- employed ▶	PTIN P	012486	511	
Paid Prep Use									Firm's EIN ► 3	9-097403	1		
Only		Firm's address POBOX 150 BARABOO, WI 539130150 Phone no							Phone no (608	1) 356-204	5.6		
Only		TO BOX 130 BARABO	, vv1 5	33130	130				Thome in (000	,, 550-53	, ,		

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AMERICAN LEGION POST 245 2217 AMERICAN LEGION DR CROSS PLAINS, WI 535289604	N/A	PC	GENERAL SUPPORT	11,000
AMERICAN LEGION POST 481 5337 W RIVER RD WAUNAKEE, WI 535979529	N/A	PC	GENERAL SUPPORT	300
ATTIC ANGEL ASSOCIATION 640 JUNCTION RD MADISON,WI 537172106	N/A	PC	GENERAL SUPPORT	1,000
BADGER HONOR FLIGHT INC PO BOX 258066 MADISON, WI 537258066	N/A	PC	GENERAL SUPPORT	2,000
BLACKHAWK EVANGELICAL FREE CHURCH INC 9620 BRADER WAY MIDDLETON,WI 535629296	N/A	PC	GENERAL SUPPORT	10,000
COTS INC 913 S WEST AVE APPLETON, WI 549152394	N/A	PC	GENERAL SUPPORT	2 ,0 0 0
CHILDREN'S DYSLEXIA CENTERS INC 301 WISCONSIN AVE MADISON, WI 537032107	N/A	PC	GENERAL SUPPORT	500
EDGEWOOD HIGH SCHOOL OF THE SACRED HEART INC 2219 MONROE ST MADISON, WI 537111901	N/A	PC	GENERAL SUPPORT	10,000
FRIENDS OF HENRY VILAS ZOO 606 S RANDALL AVE MADISON, WI 537151666	N/A	PC	GENERAL SUPPORT	5,000
GILDA'S CLUB OF MADISON WISCONSIN INC 7907 UW HEALTH CT MIDDLETON,WI 535625531	N/A	PC	GENERAL SUPPORT	5,000
HABITAT FOR HUMANITY OF DANE COUNTY INC 1014 FIEDLER LN UNIT 29 MADISON, WI 537132460	N/A	PC	GENERAL SUPPORT	10,000
INTERNATIONAL RETT SYNDROME FOUNDATION 4600 DEVITT DR WEST CHESTER,OH 452461104	N/A	PC	GENERAL SUPPORT	200
KNIGHTS OF COLUMBUS 4873 STATE ROAD 78 BLACK EARTH, WI 535159749	N/A	PC	GENERAL SUPPORT	700
LIONS CLUB OF CROSS PLAINS 2501 CENTER ST CROSS PLAINS, WI 535289462	N/A	PC	GENERAL SUPPORT	1,000
LUKE HOUSE INC	N/A	PC	GENERAL SUPPORT	1,000

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
MAD-CITY SKI TEAM INC 6516 MONONA DR MONONA,WI 537164026	N/A	PC	GENERAL SUPPORT	500
MIDDLETON BASEBALL & SOFTBALL COMMISSION PO BOX 620823 MIDDLETON,WI 535620823	N/A	PC	GENERAL SUPPORT	20,000
MIDDLETON CARDINAL BOOSTER CLUB 2100 BRISTOL ST MIDDLETON, WI 535622746	N/A	PC	GENERAL SUPPORT	1,000
MIDDLETON HIGH SCHOOL 1313 BOUNDARY RD MIDDLETON,WI 535623843	N/A	PC	GENERAL SUPPORT	300
MIDDLETON OUTREACH MINISTRY INC 7432 HUBBARD AVE MIDDLETON,WI 535623118	N/A	PC	GENERAL SUPPORT	3,000
MIDDLETON SPEEDWAY BLUEBIRDS BASKETBALL 4227 REDTAIL PASS MIDDLETON,WI 535625203	N/A	PC	GENERAL SUPPORT	300
MOUNT HOREB AREA WRESTLING INC 721 S 2ND ST MOUNT HOREB, WI 535723314	N/A	PC	GENERAL SUPPORT	9,800
MOUNT HOREB HIGH SCHOOL 305 S 8TH ST MOUNT HOREB, WI 535722301	N/A	PC	FITNESS CENTER	5,000
MOUNT HOREB HISTORICAL SOCIETY INC 100 S 2ND ST MOUNT HOREB, WI 535722106	N/A	PC	GENERAL SUPPORT	3,000
NEW GLARUS FIRE DEPARTMENT 212 4TH AVE NEW GLARUS,WI 535749717	N/A	PC	GENERAL SUPPORT	2,000
NFL CHARITIES 8000 MIDATLANTIC DR STE 130 MOUNT LAUREL,NJ 080541518	N/A	PC	GENERAL SUPPORT	3,500
NORTHWEST DANE SENIOR SERVICES INC 1837 BOURBON RD CROSS PLAINS,WI 535289436	N/A	PC	GENERAL SUPPORT	20,000
NORWICH UNIVERSITY 158 HARMON DR NORTHFIELD,VT 056631000	N/A	PC	GENERAL SUPPORT	2,500
RONALD MCDONALD HOUSE CHARITIES OF MADISON INC 2716 MARSHALL CT MADISON, WI 537052256	N/A	PC	GENERAL SUPPORT	1,000
SECOND HARVEST OF WISCONSIN 726 N MIDVALE BLVD MADISON, WI 537053243	N/A	PC	GENERAL SUPPORT	500
Total			▶ 3a	547,808

			The real of Approved for	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SOCIETY OF ST VINCENT DE PAUL 2033 FISH HATCHERY RD MADISON, WI 537131238	N/A	PC	GENERAL SUPPORT	1,000
ST FRANCIS OF ASSISI MISSION 1355 FARNHAM ST PORTAGE DES SIOUX,MO 633731347	N/A	PC	GENERAL SUPPORT	10,000
ST FRANCIS XAVIER CATHOLIC CHURCH AND SCHOOL 2939 THINNES ST CROSS PLAINS, WI 535289540	N/A	PC	GENERAL SUPPORT	2,500
ST FRANCIS XAVIER CATHOLIC CHURCH AND SCHOOL ENDOWMENT 2939 THINNES ST CROSS PLAINS, WI 535289540	N/A	PC	GENERAL SUPPORT	1,000
ST FRANCIS XAVIER PARISH OF CROSS PLAINS 2939 THINNES ST CROSS PLAINS, WI 535289540	N/A	PC	GENERAL SUPPORT	109,500
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 SAINT JUDE PL MEMPHIS,TN 381051905	N/A	PC	GENERAL SUPPORT	5,000
ST MARIA GORETTI CATHOLIC PARISH 5313 FLAD AVE MADISON, WI 537113600	N/A	PC	GENERAL SUPPORT	108,200
ST MARY'S CONGREGATION OF PINE BLUFF 3673 COUNTY ROAD P CROSS PLAINS, WI 535289179	N/A	PC	GENERAL SUPPORT	7,200
ST PAUL UNIVERSITY CATHOLIC CENTER 723 STATE ST MADISON, WI 537031048	N/A	PC	GENERAL SUPPORT	10,000
ST PETER CATHOLIC SCHOOL 7129 COUNTY ROAD K MIDDLETON,WI 535623912	N/A	PC	GENERAL SUPPORT	15,000
THE CHURCH 2833 RARITAN RD MADISON,WI 537115232	N/A	PC	GENERAL SUPPORT	10,000
THE DUGOUT CLUB INC 5002 MARATHON DR MADISON, WI 537054713	N/A	PC	GENERAL SUPPORT	1,350
THE MONROE CLINIC INC 515 22ND AVE MONROE,WI 535661569	N/A	PC	GENERAL SUPPORT	5,000
THE SCHOOL SISTERS OF ST FRANCIS OF ST JOSEPH'S CONVENT MILWAUKEE WISCO 1501 S LAYTON BLVD MILWAUKEE, WI 532151924	N/A	PC	GENERAL SUPPORT	10,000
UNITED STATES OLYMPIC COMMITTEE 1 OLYMPIC PLZ COLORADO SPRINGS, CO 809095760	N/A	PC	GENERAL SUPPORT	1,000
Total				547,808

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
UNIVERSITY OF EVANSVILLE ATHLETIC DEPARTMENT 1800 LINCOLN AVE EVANSVILLE,IN 477221000	N/A	PC	GENERAL SUPPORT	1,000
UNIVERSITY OF WISCONSIN ATHLETIC DEPARTMENT 1440 MONROE ST MADISON,WI 537112051	N/A	PC	GENERAL SUPPORT	34,658
UNIVERSITY OF WISCONSIN ATHLETIC DEPARTMENT 1440 MONROE ST MADISON, WI 537112051	N/A	PC	GENERAL SUPPORT	30,000
VALLEY OF OUR LADY MONASTERY E11096 YANKE DR PRAIRIE DU SAC,WI 535789737	N/A	PC	GENERAL SUPPORT	1,000
VETERANS OF FOREIGN WARS POST 8216 6710 CENTURY AVE MIDDLETON,WI 535621728	N/A	PC	GENERAL SUPPORT	23,000
WHITETAILS UNLIMITED INC 2100 MICHIGAN ST STURGEON BAY, WI 542353710	N/A	PC	GENERAL SUPPORT	800
WISCONSIN AMPUTEES 900 E HILL AVE STE 290 KNOXVILLE,TN 379152568	N/A	PC	GENERAL SUPPORT	1,500
WISCONSIN DIALYSIS CLINIC 3034 FISH HATCHERY RD FITCHBURG, WI 537133125	N/A	PC	GENERAL SUPPORT	1,000
WISCONSIN HEIGHTS PARENT TEACHER ORGANIZATION 314 ANNE ST MAZOMANIE, WI 535609302	N/A	PC	GENERAL SUPPORT	500
WISCONSIN STATE JOURNAL YOUTH SERVICES INC 1901 FISH HATCHERY RD MADISON,WI 537131248	N/A	PC	EMPTY STOCKING CLUB	2,000
WISCONSIN WRESTLING 114 8TH CT RACINE, WI 534039443	N/A	PC	GENERAL SUPPORT	3,000
WOLSEY-WESSINGTON HIGH SCHOOL 375 ASH ST SE WOLSEY,SD 573842238	N/A	PC	GENERAL SUPPORT	1,000
WOMEN'S CARE CENTER 3711 ORIN RD MADISON,WI 537043642	N/A	PC	GENERAL SUPPORT	1,000
WOUNDED WARRIOR PROJECT 4899 BELFORT RD STE 300 JACKSONVILLE,FL 322566033	N/A	PC	GENERAL SUPPORT	1,000
YAHARA HOUSE 625 W WASHINGTON AVE MADISON,WI 537032637	N/A	PC	GENERAL SUPPORT	500
Total			▶ 3a	547,808

If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
any foundation manager or substantial contributor	recipient		
N/A	PC	GENERAL SUPPORT	1,000
N/A	PC	GENERAL SUPPORT	16,000
	show any relationship to any foundation manager or substantial contributor	show any relationship to any foundation manager or substantial contributor N/A PC	show any relationship to any foundation manager or substantial contributor N/A PC GENERAL SUPPORT

TY 2015 Accounting Fees Schedule

Name: KALSCHEUR FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,000	1,000		1,000

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TY 2015 Investments Corporate Stock Schedule

Name: KALSCHEUR FAMILY FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK	4,013,786	4,532,561
MUTUAL FUND - EQUITY	2,171,763	2,382,509
MUTUAL FUND - INTERNATIONAL	1,893,662	2,378,172
FOREIGN EQUITIES	255,796	315,905

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TY 2015 Investments Government Obligations Schedule

Name: KALSCHEUR FAMILY FOUNDATION

EIN: 39-6681490

US Government Securities - End of

Year Book Value: 250,431

US Government Securities - End of

Year Fair Market Value: 260,392

State & Local Government
Securities - End of Year Book

Value: 0

State & Local Government

Securities - End of Year Fair

Market Value: 0

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TY 2015 Other Professional Fees Schedule

Name: KALSCHEUR FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	50,394	50,394		0

TY 2015 Taxes Schedule

Name: KALSCHEUR FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	30,319	0		0
FOREIGN TAXES	2,241	2,241		0