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Form 990-PF

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

OMB No. 1545-0052

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. Department of the Treasury Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf For calendar year 2015 or tax year beginning and ending A Employer identification number Name of foundation ABIDING SERVANT FOUNDATION, INC. 46-2810151 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 715-550-0777 9885 BAKER LAKE RD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here MINOCQUA, WI 54548 G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J | Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 62,237. (Part I, column (d) must be on cash basis ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 155,000 N/A Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 080 b Gross sales price for all assets on line 6a 0. 2016 7 Capital gain net income (from Part IV, line 2) ALIG O S Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 155,000. 0. Total Add lines 1 through 11 0. 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 600. STMT 1 0. 600. **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 600. 0 600. expenses Add lines 13 through 23 105,401. 105,401. 25 Contributions, gifts, grants paid

106,001

48,999.

LHA For Paperwork Reduction Act Notice, see instructions

26 Total expenses and disbursements

2 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-)

Add lines 24 and 25 27 Subtract line 26 from line 12:

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106,001.



N/A

0

0.

INC.

46-2810151

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ABIDING SERVANT FOUNDATION,

		operty sold (e.g., real estate, 1 stock, 200 shs. MLC Co.)		(a)	low acquire - Purchase - Donation	u (c	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
la				<u> </u>				<u> </u>	
	NE			Ļ				_	
<u>c</u>				├ ─					
<u>d</u> e				 		_			
(e) Gross sales price	(f) Depreciatio (or allow		expense of sale				(h) Gain or (loss) (e) plus (f) minus (g)		
a									
<u>b</u>									
<u>C</u>				\dashv					
<u>d</u> e			*				· · · · ·		
Complete only for assets showi	ng gain in column (h)	and owned by the foundation	n on 12/31/69			(1) (Gains (Col. (h) ga	un minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted as of 12/3	d basis (k) E	xcess of col. (ı) r col. (ı), ıf any			còl. (1	k), but not less th Losses (from col	han -0-) or	
a									
b									
<u>C</u>				$-\!\!\!\!\!+$					
<u>d</u>									
<u>e</u>				\dashv					
Capital gain net income or (net c	apital loss)	f gain, also enter in Part I, lind f (loss), enter -0- in Part I, lin	e 7 e 7	}	2				
Net short-term capital gain or (lo If gain, also enter in Part I, line 8	3, column (c).	tions 1222(5) and (6):		}					
Part V Qualification	Inder Section	4040(a) for Paducac	Tay on Net	Inve	stment	Incon			
Vas the foundation liable for the se	alify under_section 49	40(e). Do not complete this p	art.					Yes X No	
1 Enter the appropriate amount in	each column for each	h year; see the instructions b	efore making any e	ntries.			·	7.15	
(a) Base period years Calendar year (or tax year beginr	ning in) Adjust	(b) ed qualifying distributions	Net value of ne	(c) onchar			Dis (col. (b)	(d) tribution ratio divided by col. (c))	
2014		39,861.			20,5		<u> </u>	1.94358	
2013		12,762.			5,	240.	 	2.43549	
2012			+				<u> </u>		
2011 2010 _						–	<u> </u>		
2010 _								· · · · · · · · · · · · · · · · · · ·	
2 Total of line 1, column (d)							2	4.379083	
Average distribution ratio for the	e 5-year base period -	divide the total on line 2 by 5	5, or by the number	r of yea	ars				
the foundation has been in exist	ence if less than 5 yea	ars					3	2.18954	
Enter the net value of noncharita	able-use assets for 20	15 from Part X, line 5					4	19,173	
Multiply line 4 by line 3							5	41,980	
6 Enter 1% of net investment inco	ome (1% of Part I, line	27b)					6	0	
7 Add lines 5 and 6							7	41,980	
B Enter qualifying distributions fro	•						8	106,001	
If line 8 is equal to or greater th See the Part VI instructions.	an line 7, check the b	ox in Part VI, line 1b, and con	nplete that part usi	ng a 1°	% tax rate.	_			

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	948 - :	see ins	truc	tions	;)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1				0.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
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				0.
6	Credits/Payments:					ĺ
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6a	.				
b	Exempt foreign organizations - tax withheld at source	4 1				
C	Tax paid with application for extension of time to file (Form 8868) 6c	1				ľ
d	Backup withholding erroneously withheld 6d 6d	↓				لبيد
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11				
	rt VII-A Statements Regarding Activities		—		Vaal	Al-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	IN	-	_	Yes	
	any political campaign?	٠.	-	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition		-	1b		_ X _
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or	Ì	1		ľ
	distributed by the foundation in connection with the activities.		-			
	Did the foundation file Form 1120-POL for this year?			1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0 • (2) On foundation managers. \$ 0 • (2) On foundation managers.			Ì		i
	(1) 511 110 100 1100 1100 1100 1100 1100	-		ı	ı	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
_	managers. ▶ \$ 0.		}	2		X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ŀ	-		^
•	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	ır				İ
3		"		3		X
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?		-	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		′	5		X
J	If "Yes." attach the statement required by General Instruction T		ŀ			
A	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		l			
v	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 	e law	l	l	ĺ	
	remain in the governing instrument?			6	Х	['
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	,	ļ	7	X	
•	2.5 m		Ī	1		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		ľ	Ì		1 1
	KY					
Ь	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		Ţ	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	endar	ſ			
-	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		[9		X
_10		<u>STMI</u>		10	Х	
			Forr	n 990	-PF	(2015)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time
	during the year?

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)

N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

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N/A

2b

3ь

4a

before 2015?

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contini}	ied)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or		ectiv.		
any voter registration drive?	, , ,		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	>	· · · · · · · · · · · · · · · · · · ·	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)	1 dood 10 do made 10 m		s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnoces, or f		3 110	
the prevention of cruelty to children or animals?	or educational purposes, or r		s X No	
· · · · · · · · · · · · · · · · · · ·	dar the avecations described i	·	8 121 NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		ii negulations	N/A 5	ib
section 53.4945 or in a current notice regarding disaster assistance (see instruc				1 20
Organizations relying on a current notice regarding disaster assistance check hi				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	1	I/A Ye	s L No	
If "Yes," attach the statement required by Regulations section 53 4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		Ye	s X No	\bot
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> 6</u>	b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A 7	'b
Part VIII Information About Officers, Directors, Truste	es, Foundation Mai	nagers, Highly		
Paid Employees, and Contractors	 			
1 List all officers, directors, trustees, foundation managers and their of	· · · · · · · · · · · · · · · · · · ·	1, , 0	(4)	
(-) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
MARTIN SMITH	PRESIDENT	İ		
9885 BAKER LAKE RD		-		
MINOCQUA, WI 54548	1.00	0.	0.	0.
KATHRYN SMITH	SECRETARY			
9885 BAKER LAKE RD				
MINOCQUA, WI 54548	1.00	0.	0.	0.
GORDON MAGEE	DIRECTOR			
2253 AIR PARK RD				
RHINELANDER, WI 54501	1.00	0.	o.	0.
	-		İ	
	<u>.</u>			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				
	1			
				
	1	1	j l	
	1			
	1			
		1		
	1			
Total number of other employees paid over \$50,000	I			0
י סומן העווהטפר טר טוונפן פווואוטיניפט אמוט טעפר שטטייטטט			Form	990-PF (2015)
			1 01111	(2010)

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(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 Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	Il information such as the id, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 N/A		, and an
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	19,465.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	19,465.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	19,465.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	292.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,173.
6	Minimum investment return Enter 5% of line 5	6	959.
P	foreign organizations check here Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and foreign organizations check here	d certain	
1	Minimum investment return from Part X, line 6	1	959.
' 2а	Tax on investment income for 2015 from Part VI, line 5		
za b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	959.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	959.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	959.
P	art XII Qualifying Distributions (see instructions)	<u> </u>	
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	106,001.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	106,001.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	106,001.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies for th	ie section
	4940(e) reduction of tax in those years.		

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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,				959.
line 7				333.
2 Undistributed income, if any, as of the end of 2015			0.	
a Enter amount for 2014 only			U.	
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2015:		0.		
1				
a From 2010				
b From 2011				
c From 2012		n - m m-n n n n n n		
d From 2013 12,621. e From 2014 38,836.				
-	51,457.			
f Total of lines 3a through e	JI,43/•			
4 Qualifying distributions for 2015 from				18
Part XII, line 4: ► \$ 106,001.			0.	
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		· ·		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				959.
d Applied to 2015 distributable amount	105,042.			939.
e Remaining amount distributed out of corpus	105,042.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				:
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	156,499.	<u></u>		
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		<u></u>
d Subtract line 6c from line 6b. Taxable	·- ·			
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016				
Subtract lines 7 and 8 from line 6a	156,499.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013 12,621.		1		
d Excess from 2014 38,836.		1		
e Excess from 2015 105,042.		l	<u> </u>	Form 990-PF (2015)

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Part XIV Private Operating F	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2015, enter the date of t	he ruling	▶		
b Check box to indicate whether the foun	dation is a private operatir	ig foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				-	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					·
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the				1	
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					
c "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)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii) (3) Largest amount of support from		-			
an exempt organization					
(4) Gross investment income				-	
Part XV Supplementary Inf	ormation (Comple	te this part only	f the foundation	had \$5,000 or mor	e in assets
at any time during	the year-see instr	ructions.)		• •	
		<u> </u>			
 Information Regarding Foundation List any managers of the foundation was 		than 2% of the total cont	ributions received by the	e foundation before the clos	e of any tax
year (but only if they have contributed			The attended to the total by the		o or any tan
SEE STATEMENT 3					
b List any managers of the foundation w	vho own 10% or more of th	ne stock of a cornoration	or an equally large port	ion of the ownership of a pa	rtnership or
other entity) of which the foundation h	nas a 10% or greater intere	st.	(a. a., adam) in go port	or and or more or a pe	erem e e r
NONE	-				
2 Information Regarding Contribu	tion Grant Gift Loan	Scholarship etc. Pr	ograms:		
				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc	c. (see instructions) to indi	viduals or organizations i	under other conditions, (complete items 2a, b, c, and	d.
a The name, address, and telephone nu					
a The hame, address, and telephone ha	mber of a man address of	the person to mon app.		, 5552,	
SEE STATEMENT 4					
b The form in which applications should	t be submitted and informa	ation and materials they s	hould include:		
the form in which applications should	, bo oublinition and mis-mi	and materials and a			
c Any submission deadlines:		 			-
2 , my 55555.511 dodd551					
d Any restrictions or limitations on awa	rds, such as by geographic	cal areas, charitable fields	, kınds of institutions, o	r other factors:	

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
			A GGTGTT VGT	
PAYMENTS MADE TO OR ON THE BEHALF OF RECIPIENTS	NONE	INDIVIDUAL	ASSISTANCE	102,401
				i
				ļ
WOMEN'S COMMUNITY INC	NONE	501(C)(3)	GENERAL FUND	
		-		3,000
		1		
		1		
			<u> </u>	
				1
Total			<u> </u>	105,401
b Approved for future payment				
, pp. evec is raise payment				
NONE				
NONE				
		 		
Total			▶ 3b	000 55

nter gross amounts unless otherwise indicated.		ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code	Amount	code	Ainount	Turiction income
	_		-		
	- 		 		
·			 		
d			-		-
e	_		 		
fg Fees and contracts from government agencies	- 		 		-
g Fees and contracts from government agencies Membership dues and assessments					
nterest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property			†		
b Not debt-financed property			1		
Net rental income or (loss) from personal	Ī				
property			į		
Other investment income					
Gain or (loss) from sales of assets other	ľ				
than inventory					L
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue.			Į.		
a			<u> </u>		
b		ļ	ļ		ļ
c			 		
d	_		+		
e			-		
Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>		
Total Add line 12, columns (b), (d), and (e)				13 _	
e worksheet in line 13 instructions to verify calculations					
art XVI-B Relationship of Activitie	s to the Acco	omplishment of Ex	empt	Purposes	
ne No. Explain below how each activity for which	noome is reported	un column (a) of Part XVI-	A contri	huted importantly to the acco	mnlishment of
me No. Explain below how each activity for which the foundation's exempt purposes (other the	han by providing fi	inds for such purposes).	- COMM	buted importantly to the acco	mphamiliant of
till foundation o exempt perpesse (exist in	by promong to				
	_				
				7	
				_	
					
					

ABIDING SERVANT FOUNDATION, INC. Form 990-PF (2015) 46-2810151 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c 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. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No □ Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization N/A correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge eturn with the preparer shown below (see instr.)? Sign Here X Yes PRESIDENT Signature of officer or fustee Title Date Check PTIN Print/Type preparer's name Preparer's signature self- employed Paid 07/21/16 MARY A. COATES, CPA MARY A. COATES, C P00134220 Preparer Firm's EIN ► 39-0758449 Firm's name ► WIPFLI LLP Use Only

715.845.3111

Phone no

Firm's address ▶ PO BOX 8010

WAUSAU, WI 54402-8010

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	AB	IDING SERVANT FOUNDATION, INC.	46-2810151
Organiza	ation type (check or	ne)	
Filers of:	:	Section:	
Form 990	O or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990	0-PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Note. Or	nly a section 501(c)	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions
General	Rule		
	_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special	Rules		
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amoun line 1 Complete Parts I and II	or 16b, and that received from
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductively to children or animals. Complete Parts I, II, and III	
	year, contributions is checked, enter h purpose Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled material the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because if e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc ,
but it mi	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Forthe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

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

Name of organization

Employer identification number

ABIDING	SERVANT	FOUNDATION	. TNC.	
	DHILLIHIT	I OUIDITI I OIL	, <u> </u>	

46-2810151

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	MARTIN & KATHRYN SMITH 9885 BAKER LAKE RD MINOCQUA, WI 54548	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
!		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Oncash Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash Complete Part II for noncash contributions)	

Name of organization

Employer identification number

ABIDING SERVANT FOUNDATION, INC.

46-2810151

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

Name of organization Employer identification number 46-2810151 ABIDING SERVANT FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this into once) Use duplicate copies of Part III if additional space is needed (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	ACCOUNTING FEES		S	STATEMENT 1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	600.	0.		600.	
TO FORM 990-PF, PG 1, LN 16B	600.	0.		600.	

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 2
NAME OF CONTRIBUTOR	ADDRESS	
MARTIN SMITH	9885 BAKER LAKE RD MINOCQUA, WI 54548	

FORM 990-PF	PART XV - LINE 1A	STATEMENT 3
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

MARTIN SMITH KATHRYN SMITH

FORM 990-PF

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

STATEMENT 4

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MARTIN SMITH 9885 BAKER LAKE RD MINOCQUA, WI 54548

TELEPHONE NUMBER

715-550-0777

FORM AND CONTENT OF APPLICATIONS

APPLICANT WILL BE REQUIRED TO COMPLETE AN APPLICATION THAT IS UNDER DEVELOPMENT.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

CONTRIBUTIONS ARE GIVEN TO SINGLE MOTHERS AND THEIR FAMILIES IN CRISIS, SUCH AS DISASTER RELIEF, HUMANITARIAN AID, MEDICAL EXPENSES NOT MET BY INSURANCE, ETC.