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Form **990-PF**Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052
2015
Open to Public Inspection

For calendar year 2015 or tax year beginning and ending Name of foundation A Employer identification number RED OAK FOUNDATION, INC. ATTN: C SCHROCK & E SCHROCK 47-2507388 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 312.526.3882 PO BOX 136 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here FLORENCE, WI 54121-0136 Initial return Initial return of a former public charity G Check all that apply: D 1. Foreign organizations, check here 7 Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: | X | Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 1,935,432. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (a) Revenue and expenses per books (d) Disbursements (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) income ıncome Contributions, gifts, grants, etc., received 23,032 N/A 2 Check In the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 62,943. 62,943 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -10,849. RECEIVED 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,706,953. 3025 š Capital gain net income (from Part IV, line 2) MAR I U 2016 ڼ Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances OGDEN UT b Less Cost of goods sold c Gross profit or (loss) 26,272 26,272 STATEMENT 11 Other income 12 Total. Add lines 1 through 11 101,398. 89.215 O 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees 1,375 STMT 3 1,375. 0. **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 3,217.3.217 23 Other expenses STMT 4 0. 24 Total operating and administrative 4,592 4,592 expenses. Add lines 13 through 23 98,550 98,550. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 103,142 4,592 Add lines 24 and 25 98.550. 27 Subtract line 26 from line 12: -1,744a Excess of revenue over expenses and disbursements 84,623 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

RED OAK FOUNDATION, INC.

SCHROCK & E SCHROCK Form 990-PF (2015) 47-2507388 Balance Sheets Attached schedules and amounts in the description Beginning of year End of year Part II (a) Book Value (b) Book Value (c) Fair Market Value 923,400. 923,400. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 720. 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 5 2,049,012. 1,123,150. 1,011,312. 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 2,049,012. 2,047,270. 1,935,432. instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) 0 0 Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Vet Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright \overline{X}$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0. 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 2,047,270. 29 Retained earnings, accumulated income, endowment, or other funds <u>2,049,012.</u> 30 Total net assets or fund balances 2,049,012. 2,047,270. 2,049,012. 2,047,270 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 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) 2,049,012 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) **ROUNDING** Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize) ▶ Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 2,047,270 Form **990-PF** (2015)

RED OAK FOUNDATION, INC. ATTN: C SCHROCK & E SCHROCK

Part IV Capital Gains	and Losses for Tax on In	vestmen	t Income					
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation							acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a INTEGRYS STOCK	CONVERSION - 26	,320 S	HARES		P	VARI	OUS	06/30/15
	<u>CK - 0.96 SHARES</u>		<u>_</u> .	<u> </u>	P	VARI		06/30/15
	<u>CK - 9,800 SHARE</u>			ļ	P	VAR I		09/03/15
	<u>CK - 5,089 SHARE</u>			ļ	_ P	VARI		11/18/15
e WEC ENERGY STO					P	VARI		11/19/15
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		·		ain or (loss s (f) minus	
<u>a</u> 489,025.								489,025.
b 43.				6.				-23.
<u>c</u> 460,788.			<u>676,35</u>					-215,567.
<u>d</u> <u>255,006.</u>			351,22					<u>-96,216.</u>
e 502,091.	ig gain in column (h) and owned by	the foundation	690,15	9.		(I) O (G)-1 (b)	-188,068.
Complete only for assets showing							Col. (h) gain not less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				(from col. ((h))
<u>a</u>								489,025.
<u>b</u>		_				 -		-23.
<u>c</u>								-215,567.
<u>d</u>								<u>-96,216.</u>
<u>e</u>		1						-188,068.
2 Capital gain net income or (net ca	$\{$ If gain, also enter opital loss), enter -0	r in Part I, line - in Part I, line	7 7	} 2	!			-10,849.
3 Net short-term capital gain or (los		nd (6):						
If gain, also enter in Part I, line 8,	column (c).			 			/ -	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Section 4940(e) for	Poducod	l Tay on Not	<u> </u>	tmont In		N/A	<u> </u>
					unent in	COILIE		_
(For optional use by domestic private	e toundations subject to the section 4	4940(a) tax on	net investment in	icome.)				
If section 4940(d)(2) applies, leave ti	his part blank.							
Was the foundation liable for the sec	tion 4042 tay on the distributable am	nount of any w	aar in tha haca nor	riod2				Yes X No
If "Yes," the foundation does not qual			•	ilou r				THES LALINO
	each column for each year; see the i			ntries.	_ _			
(a)	(b)		<u> </u>	(c)				(d) oution ratio
Base periód years Calendar year (or tax year beginni	Administration amounts up a dia	tributions	Net value of no		ole-use asset	s	(col. (b) div	oution ratio vided by col. (c))
2014		0.		2,0	18,27		<u>` _ ` / _ </u>	.000000
2013					<u> </u>			
2012							-	
2011								
2010								
2 Total of line 1, column (d)						_2		.000000
3 Average distribution ratio for the		on line 2 by 5,	or by the number	of years				
the foundation has been in existe	nce if less than 5 years					3		.000000
4 5 1 11 1 -fh.	.l Dt. (0045 (Dt. V	loss E						1 002 105
4 Enter the net value of noncharitat	Die-use assets for 2015 from Part X,	line 5				4	-	1,923,195.
5 Multiply line 4 by line 3						5		0.
5 Multiply line 4 by line 5						-	<u> </u>	
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6	!	846.
	, , , , , , , , , , , , , , , , , , , ,							
7 Add lines 5 and 6						7		846.
8 Enter qualifying distributions from	n Doet VII. kee A							
	n Part XII, line 4 n line 7, check the box in Part VI, line	aı •		2		8	<u> </u>	98,550.

RED OAK FOUNDATION, INC. ATTN: C SCHROCK & E SCHROCK

	990-PF (2015) ATTN: C SCHROCK & E SCHROCK rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u>47-</u> 4948	-2507 - see i	<u>388</u> ทรtrเ	ctio	Page 4 ns)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	T	T			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		Ì			
b [Domestic foundations that meet the section 4940(e) requirements in Part V, check here \(\bigs\text{\textsuper} \text{\textsuper} \text{\textsuper} \) and enter 1%	1	 		8	46.
	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).		1			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	——			<u>0.</u>
	Add lines 1 and 2	_3	<u> </u>		8	46.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		_		<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_ 5	 		8	46.
	Credits/Payments:	-				
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 720	4				
	Exempt foreign organizations - tax withheld at source	4	ļ .			
	Tax paid with application for extension of time to file (Form 8868) 6c	\dashv				
	Backup withholding erroneously withheld 6d 6d	\dashv $_$			-	
	Total credits and payments. Add lines 6a through 6d	7	 		/	20.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	+			$\frac{4}{20}$
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		_		30.
	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 ► Refunded ► Int VII-A Statements Regarding Activities	11	Ь.			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve			1	Vac	No
	any political campaign?	ie iii		10	103	
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definiti	on\2		1a	_	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis			16		
	distributed by the foundation in connection with the activities.	nea or				
	Did the foundation file Form 1120-POL for this year?			10		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			16		
		•				i
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•				
	managers. > \$ 0.					
	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					
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	. or				Í
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3	l	X
	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?	1	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st	ite law			l	
	remain in the governing instrument?			6	X	<u></u>
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	(V		7	<u>x</u>	<u> </u>
	Enter the states to which the foundation reports or with which it is registered (see instructions)	. <u> </u>				:
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)			l		
	of each state as required by General Instruction G? If "No," attach explanation			8b		X
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for c	ılendar		1	!	
	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
			For	rm 99 ()-PF	(2015)

523531 11-24-15

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RED OAK FOUNDATION, INC.

ATTN: C SCHROCK & E SCHROCK

Bents Regarding Activities (continued)

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Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
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 privileg	es?		İ
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ►N/A			
14	The books are in care of ► CHARLES SCHROCK Telephone no. ► 31			
		4 ⊳<u>54121</u>	<u>-01</u>	<u>36</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. ▶	·LJ
	and enter the amount of tax-exempt interest received or accrued during the year	<u>N</u>	[/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
D.	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			N 1.
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):	7		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	⊾ No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	l		
	a disqualified person? Yes 2 (1) Furnish cools assumes as facilities to (as escent them from) a disqualified escent?	_		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Yes		1 1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? [] Yes [] (5) Transfer any income or assets to a disqualified person (or make any of either available	NO		
	for the benefit or use of a disqualified person)?	7 No	1 1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	טאו ב		
	If the foundation agreed to make a grant to or to employ the official for a period after	4		
	termination of government service, if terminating within 90 days.)	₹ 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	<u> </u>		
'		N/A 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, that were not corrected			
	before the first day of the tax year beginning in 2015?	10		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)):			
i	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?	∑ No □		
	If "Yes," list the years >,,,,,		ļ į	
1	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.)	V/A 2b		
1	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>		1 1	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	_		
	during the year?	⊊ 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,			
	- · · · · · · · · · · · · · · · · · · ·	N/A <u>3b</u>	 	
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_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?	4b		X
		Form 99 0	v-PF ((2015)

orm 990,PF (2015) ATTN: C SCHROCK & E SCHR	OCK		<u>47-25073</u>	88 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be	Required (contin	ued)	- , - ,
5a During the year did the foundation pay or incur any amount to:	- 40.45(-)\0	<u></u>		1 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🔀 No	
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indir		. चि.,	
any voter registration drive?	2		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		16	00 LA 3	[[
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in Section	<u></u>	es X No	
4945(d)(4)(A)? (see instructions)	or adventional autopage or		NO LAL S	i
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	dar the avaentings described		ON LAJ 85	1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	iii negulaliolis	N/A	5b
Organizations relying on a current notice regarding disaster assistance (see insult	•		N/A	30
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		unnd		
expenditure responsibility for the grant?			es 🔲 No	1 1
If "Yes," attach the statement required by Regulations section 53.494		1/A	"5 0N 8:	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •]	1 1
a personal benefit contract?	pay premiums on		s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	vareanal hanafit contract?	T&		6b X
If "Yes" to 6b, file Form 8870.	oersonal benefit contract?		-	6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s	chalter transaction?	□ v _e	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b
Part VIII Information About Officers, Directors, Trust		anagers Highly		
Paid Employees, and Contractors		g,g	•	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	allowances
		1		
SEE STATEMENT 6	<u> </u>	0.	0.	0.
		<u> </u>		
	ļ			
	<u> </u>			
2 Compensation of five highest-paid employees (other than those inc	, - · · · · · · · · · · · · · · · · · · 	, enter "NONE."	(d) Contributions to	(-) [vnana
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	ļ`,	compensation	allowances
NONE	1			
		-		
	-			
	 		-	
	-			
	 	 		
	-			
	 	+		
	<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000				000 PF (0045)
			Form	990-PF (2015)

RED OAK FOUNDATION, INC.

RED OAK FOUNDATION, INC. ATTN: C SCHROCK & E SCHROCK

Form 990-PF (2015) ATTN: C SCHROCK & E SCHROCK	47-2	507388	Page 7
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) Com	pensation
NONE			
Total number of others receiving over \$50,000 for professional services		▶	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produce	I information such as the ed, 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 line	es 1 and 2.	Amount	
1 <u>N/A</u>			
			•
	-		0.
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	D		0.

Form **990-PF** (2015)

47-2507388 ATTN: C SCHROCK & E SCHROCK Page 8 Form 990-PF (2015) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1 1,952,482. a Average monthly fair market value of securities 1a Average of monthly cash balances 1b c Fair market value of all other assets 1¢ 1,952,482. Total (add lines 1a, b, and c) 1d d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 1,952, 482. Subtract line 2 from line 1d 3 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 29,287. 4 1,923,195. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 96,160. ĥ 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.) 96,160. Minimum investment return from Part X, line 6 1 1 Tax on investment income for 2015 from Part VI, line 5 846. 2a Income tax for 2015. (This does not include the tax from Part VI.) 2b b Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 314. 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 98,550. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 98,550. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Form **990-PF** (2015)

846.

704.

5

6

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Form 990-PF (2015)

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,		round prior to 2011	2017	
line 7				95,314.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			3,871.	
b Total for prior years:				
France distributions correspond to 2015:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011 c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 98,550.				
a Applied to 2014, but not more than line 2a			3,871.	
b Applied to undistributed income of prior			373.20	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				94,679.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015				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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				44-
be distributed in 2016				635.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)				
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	0.	İ		
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				
				Form 000 DE (0015)

RED OAK FOUNDATION, INC.

	SCHROCK &				<u> 507388 </u>	Page 1
Part XIV Private Operating Fo	oundations (see ins	structions and Part V	/II-A, question 9)	N/A		_
1 a If the foundation has received a ruling or	determination letter that	it is a private operating	ı			
foundation, and the ruling is effective for	2015, enter the date of t	he ruling	.			
b Check box to indicate whether the found	ation is a private operatir	ng foundation described	I in section	4942(j)(3) or4	942(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,				-	 	
	İ				İ	
line 4 for each year listed				 	 	
d Amounts included in line 2c not			1			
used directly for active conduct of	İ				1	
exempt activities		 	<u> </u>		<u> </u>	
e Qualifying distributions made directly						
for active conduct of exempt activities.						
Subtract line 2d from line 2c				<u> </u>		
3 Complete 3a, b, or c for the						
alternative test relied upon: a "Assets" alternative test - enter:					}	
(1) Value of all assets			l"			
(2) Value of assets qualifying						
under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter				† <u> </u>	<u> </u>	
2/3 of minimum investment return						
shown in Part X, line 6 for each year listed					1	
c "Support" alternative test - enter:		-		 -		
 Total support other than gross investment income (interest, 						
dividends, rents, payments on						
securities loans (section						
512(a)(5)), or royalties)		-			ļ	_
(2) Support from general public						
and 5 or more exempt organizations as provided in						
section 4942(j)(3)(B)(III)					<u>L</u>	
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income						
Part XV Supplementary Info	rmation (Comple	te this part only	, if the foundation	n had \$5,000 or m	ore in assets	 }
at any time during t						
1 Information Regarding Foundation	n Managers:					
a List any managers of the foundation wh	_	than 2% of the total co	ntributions received by the	e foundation before the cle	ose of any tay	
year (but only if they have contributed n			intributions received by the	. Iodildation before the ch	JSC OF ATTY TAX	
SEE STATEMENT 7	.,,,	, ,, ,,				
b List any managers of the foundation wh	o own 10% or more of th	a stock of a corporation	n (or an equally large port	on of the ownership of a	northorobin or	
other entity) of which the foundation ha			ii (oi aii equaliy large port	ion of the ownership of a p	partifici Strip of	
	· · · · · · · · · · · · · · · · · ·					
NONE		Cabalanahin ata I				
2 Information Regarding Contribut Check here ► X If the foundation of			_		wanta famfirada 16	
the foundation makes gifts, grants, etc.						
						
a The name, address, and telephone num	per or e-mail address of	tne person to wnom ap	plications should be addre	essed:		
			 			
b The form in which applications should be	ie submitted and informa	ition and materials they	should include:			
Any cubmicaion deadliness						
c Any submission deadlines:						
d Any restrictions or limitations on award	s. such as by geographic	al areas, charitable field	s. kinds of institutions or	other factors:		
Carry security of analysis of analysis	-,, -, -, -, -, -, -, -, -, -,	,,	, 5			

47-2507388 Page 11

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Yea		rayment	 	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a Faid during the year				
UNIVERITY OF MICHIGAN		PUBLIC CHARITY	PUBLIC CHARITY	
3003 SOUTH STATE STREET, SUITE 8000				
ANN ARBOR, MI 48109-1288		-		25,000
CHICAGO PUBLIC LIBRARY FOUNDATION		PUBLIC CHARITY	PUBLIC CHARTTY	
20 NORTH MICHIGAN AVENUE, SUITE 520			TOBLIC CHARTII	
CHICAGO IL 60602-4805				15,000
THE NEVILLE PUBLIC MUSEUM FOUNDATION,		PUBLIC CHARITY	PUBLIC CHARITY	
INC. 210 MUSEUM PLACE/PO BOX 325				
GREEN BAY, WI 54305				10,000
		i		
CHICAGO ARCHITECTURE FOUNDATION 224 SOUTH MICHIGAN AVENUE		PUBLIC CHARITY	PUBLIC CHARITY	
CHICAGO, IL 60604-2527				5,000
CENTER FOR URBAN RENEWAL AND		PUBLIC CHARITY	PUBLIC CHARITY	
EDUCATION (CURE) 1317 F STREET NW, SUITE 900				
WASHINGTON DC 20004				5,000
total SEE CONT b Approved for future payment	INUATION SHEE	T(S)	▶ 3a	98,550
a reproved for fature payment				
NONE				
NONE				
	 -			
Total	<u> </u>		▶ 3b	
				m 990-PF (2015

Form 990-PF (2015)

ATTN: C SCHROCK & E SCHROCK

Enter gross amounts unless otherwise indicated.	Unrelated t	usiness income		y section 512, 513, or 514	(e)
4 Dansey and the same	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code	 	Code		
1	— 				
b			- - -		
d				-	
e		· · · · · · · · · · · · · · · · · · ·			
g Fees and contracts from government agencies				-	
2 Membership dues and assessments	-				
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	62,943.	
5 Net rental income or (loss) from real estate:		· · · · · · · · · · · · · · · · · · ·			
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property			1 1		
7 Other investment income					26,27
8 Gain or (loss) from sales of assets other					
than inventory					-10,84
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory		<u> </u>			
1 Other revenue:]]		
a					
b					
c	_				
d					<u> </u>
e					
		į	0.	62,943.	15,42
2 Subtotal. Add columns (b), (d), and (e)	<u> </u>				
3 Total. Add line 12, columns (b), (d), and (e)	<u></u>		<u> </u>	13	78,36
3 Total. Add line 12, columns (b), (d), and (e)	S.)			13	78,36
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation			Exempt Pu		78,36
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition	es to the Accon	nplishment of		ırposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Accon	nplishment of	/I-A contributed	ırposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Explain below how each activity for which the foundation's exempt purposes (other	income is reported in c	nplishment of	/I-A contributed	ırposes	
3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	income is reported in c	nplishment of	/I-A contributed	ırposes	
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Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Explain below how each activity for which the foundation's exempt purposes (other	income is reported in c	nplishment of	/I-A contributed	ırposes	
Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Explain below how each activity for which the foundation's exempt purposes (other	income is reported in c	nplishment of	/I-A contributed	ırposes	
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B Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Explain below how each activity for which the foundation's exempt purposes (other	income is reported in c	nplishment of	/I-A contributed	ırposes	

Firm's address ▶ 2360 DUCK CREEK PARKWAY

GREEN BAY, WI 54303-3300

Form 99 Part	0-PF (2015) ATTN:	C SCHROC egarding Trans	K & E	SCHROCK and Transactions a	47-2 nd Relationships With None	507388 haritable	<u>P</u> :	age 13
	Exempt Organ						··-	
	d the organization directly or ind						Yes	No
	Code (other than section 501(c				zations?		:	
	ansfers from the reporting found	dation to a noncharitat	ole exempt or	ganization of:				
•) Cash					1a(1)	<u> </u>	X
• •	Other assets					1a(2)		X
	her transactions:	able avamet arganizat	ıon.			45/41		
	 Sales of assets to a noncharital Purchases of assets from a no 					1b(1)		X
	Rental of facilities, equipment,		ryanization			1b(2) 1b(3)		X
•) Reimbursement arrangements	<u> </u>				1b(4)		X
•) Loans or loan guarantees					1b(5)	<u> </u>	X
	Performance of services or m	embership or fundrais	sing solicitatio	ins		1b(6)		X
	aring of facilities, equipment, m					10		X
					yays show the fair market value of the goo		ets.	<u>,</u>
or	services given by the reporting	foundation. If the four	idation receiv	ed less than fair market valui	e in any transaction or sharing arrangeme	nt, show in	•	
co	lumn (d) the value of the goods,	, other assets, or servi	ices received.					
(a) Line	no (b) Amount involved	(c) Name of		e exempt organization	(d) Description of transfers, transactions,	and sharing an	rangeme	ents
			<u> N/A</u>					
		<u> </u>			<u> </u>			
								
		 _ -			 	 _		
					 			
								
	-		-,-					
		-						
		-		"	 			
					 			
	-				 	 -		
								
	 							
	-							
2a Is	the foundation directly or indire	ctly affiliated with, or r	elated to, one	or more tax-exempt organiz	ations described			
เก	section 501(c) of the Code (other	er than section 501(c)	(3)) or in sec	tion 527?		Yes	X	□No
<u>b lf</u>	"Yes," complete the following sci				_ 			
	(a) Name of or	ganization		(b) Type of organization	(c) Description of relat	ionship		
	N/A							
	Linder penalties of periury 1 declare	e that I have examined this	s return includir	ng accompanying schedules and	statements, and to the best of my knowledge			
Sign	and belief, it is true, correct, and co	omplete Declaration of pro	eparer (other tha	n taxpayer) is based on all informa	ation of which preparer has any knowledge PRESIDENT/EXECU	May the IRS or return with the	e prepar	rer
Here	Charles a	. Schrock		03/06/2016	TIVE DIRECTOR	shown below X Yes	(see ins	ר'
	Signature of officer or truste			Date	Title	A Tes		_ No
	Print/Type preparer's r		Prepare 's s	ignature C		ΓIN		
	· · · · · · · · · · · · · · · · · · ·		/ . _h	(,)/?	self- employed			
Paid	WILLIAM O	• EVENSON	LIMIL	4 Wem	2/19/16 30 5 5	P00053	568	
Prep	parer Firm's name ► HAT		CPAS,	LLP	Firm's EIN ► 39			

Form **990-PF** (2015)

Phone no. 920.336.9850

Use Only

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.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

RED OAK FOUNDATION, INC.

ATTN: C SCHROCK & E SCHROCK

Employer identification number

<u>47-2507388</u>

Organiz	ation type (check o	ne)
Filers of	f:	Section:
Form 99	0 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	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
	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. See instructions.
	For an organization	of filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III
	year, contributions is checked, enter his purpose. Do not co	exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., etc., contributions totaling \$5,000 or more during the year.
but it m i	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization

RED OAK FOUNDATION, INC.

ATTN: C SCHROCK & E SCHROCK

Employer identification number

47-2507388

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES SCHROCK PO BOX 136 FLORENCE, WI 54121	\$11,516.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ELIZABETH SCHROCK PO BOX 136 FLORENCE, WI 54121	\$11,516.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

Name of organization

RED OAK FOUNDATION, INC.

ATTN: C SCHROCK & E SCHROCK

Employer identification number

47-2507388

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	24.0.000.004
	WEC ENERGY GROUP INC (WEC)		
_1			
}		\ss	_10/08/15
(a)		(c)	_
No.	(b) Description of noncash property given	FMV (or estimate)	(d)
art	Description of noncasti property given	(see instructions)	Date received
	WEC ENERGY GROUP INC (WEC)		
_2			
		\$ 5,219.	10/08/15
(a)			
No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate)	Date received
art I		(see instructions)	
1			
		_{\$}	
		• [
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(see instructions)	Date received
arti			
ļ			
		\$	
(a) No.	(b)	(c)	/ al\
rom	(D) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Caranipalian at Managan property given	(see instructions)	22.01000.760
		\$	
(a)			
No.	(b)	(c)	(d)
rom	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
art I		(see man actions)	
{			
ł		1	

ame of organia				Employer identification number	
	FOUNDATION, INC.			47 0507200	
Part III	SCHROCK & E SCHROCK Exclusively religious, charitable, etc., contribut the year from any one contributor. Complete colui completing Part III, enter the total of exclusively religious, chuse duplicate copies of Part III if additional signals.	MAS (a) through (e) and the follow antable, etc., contributions of \$1,000 or	WING line entry, For organization	ns	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
		(e) Transfer of giff	t		
	Transferee's name, address, and a	ZIP + 4	Relationship of tra	insferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
Part I	(a) a speed of gill	(6) 655 6. gm	(4, 263	an passing of the Wight Land	
		(e) Transfer of gift			
	Transferee's name, address, and a	ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
	(e) Transfer of gift				
-	Transferee's name, address, and a	ZIP + 4	Relationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
-					
	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
l l					

FORM 990-PF	DIVIDEND	AND INTI	EREST	FROM SECU	RITIES	STAT	EMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME			
BAIRD BAIRD	62,884 59		0.	62,884 59		84. 59.		
TO PART I, LINE 4 =	62,943	·	0.	62,943	62,9	43.		
FORM 990-PF		OTHER	INCO	ME		STAT	EMENT	2
DESCRIPTION			RE		(B) NET INVEST		(C) DJUSTE T INCO	
		_		26,272.	26,27	2.		
BAIRD								
TOTAL TO FORM 990-PF	, PART I,	LINE 11		26,272.	26,27	2.		
	, PART I,	LINE 11	ring 1		26,27		EMENT	3
TOTAL TO FORM 990-PF	, PART I,	=	NE'		(C) ADJUSTEI NET INCO	STAT	EMENT (D) HARITA PURPOS	BLE
TOTAL TO FORM 990-PF FORM 990-PF	, PART I,	ACCOUN' (A) EXPENSES	NE' S MEI	FEES (B) T INVEST-	(C) ADJUSTEI NET INCOI	STAT	(D) HARITA	BLE
TOTAL TO FORM 990-PF FORM 990-PF DESCRIPTION		ACCOUNT (A) EXPENSES PER BOOKS	NE'	FEES (B) T INVEST- NT INCOME	(C) ADJUSTEI NET INCOI	STAT	(D) HARITA	BLE ES
TOTAL TO FORM 990-PF FORM 990-PF DESCRIPTION ACCOUNTING FEES		ACCOUN' (A) EXPENSES PER BOOKS 1,37!	NE'	FEES (B) T INVEST- NT INCOME 1,375.	(C) ADJUSTEI NET INCOI	STAT	(D) HARITA	BLE ES 0.
TOTAL TO FORM 990-PF FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1		ACCOUNT (A) EXPENSES PER BOOKS 1,37!	NE'	FEES (B) T INVEST- NT INCOME 1,375.	(C) ADJUSTEI NET INCOI	STAT	(D) HARITA PURPOS	BLE ES 0.
TOTAL TO FORM 990-PF FORM 990-PF DESCRIPTION ACCOUNTING FEES TO FORM 990-PF, PG 1 FORM 990-PF		ACCOUNT (A) EXPENSES PER BOOKS 1,37! 1,37! OTHER (A) EXPENSES	NE' EXPE	(B) T INVEST- NT INCOME 1,375. 1,375. NSES (B) T INVEST-	(C) ADJUSTEI NET INCOM	STAT	(D) HARITA PURPOS EMENT (D) HARITA	BLE ES 0.

FORM 990-PF	OTHER INVESTM	ENTS	STAT	EMENT 5	
DESCRIPTION	VALUAT METHO			MARKET ALUE	
BAIRD STATEMENT ON FILE	COST	1,123,1	150. 1	1,011,312.	
TOTAL TO FORM 990-PF, PART II,	LINE 13	1,123,1	150. 1	,011,312.	
	LIST OF OFFICE		STAT	EMENT 6	
NAME AND ADDRESS		ND COMPEN- /WK SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
CHARLES SCHROCK PO BOX 136 FLORENCE , WI 54121-0136	PRESIDENT 2.00	/EXECUTIVE DIREC		0.	
ELIZABETH SCHROCK PO BOX 136 FLORENCE , WI 54121-0136	VICE PRES	IDENT	. 0.	0.	
KEN SCHROCK PO BOX 136 FLORENCE , WI 54121-0136	SECRETARY 2.00	0.	0.	0.	
KAREN SIMRING PO BOX 136 FLORENCE , WI 54121-0136	TREASURER 2.00	0.	0.	0.	
CHARLES SCHROCK PO BOX 136 FLORENCE , WI 54121-0136	DIRECTOR 2.00	0.	0.	0.	
ELIZABETH SCHROCK PO BOX 136 FLORENCE , WI 54121-0136	DIRECTOR 2.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII	0.	0.	0.	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

CHARLES SCHROCK ELIZABETH SCHROCK

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or contribution Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient FISHER HOUSE WISCONSIN, INC. PUBLIC CHARITY PUBLIC CHARITY 5000 W NATIONAL AVENUE MILWAUKEE WI 53295 5,000. PUPPIES BEHIND BARS PUBLIC CHARITY PUBLIC CHARITY 263 WEST 38TH STREET, 4TH FL 5,000. NEW YORK, NY 10018 PUBLIC CHARITY PUBLIC CHARITY THE STATE COLLEGE CHORAL SOCIETY PO BOX 675 STATE COLLEGE PA 16804 5,000. THE SCHOOL DISTRICT OF FLORENCE PUBLIC CHARITY PUBLIC CHARITY COUNTY PO BOX 440 FLORENCE, WI 54121 3 500. ALMOST HOME ANIMAL SHELTER PUBLIC CHARITY PUBLIC CHARITY 5060 LINCOLN STREET QUINNESEC MI 49876 3,000. PUBLIC CHARITY PUBLIC CHARITY FLORENCE COUNTY FAIR PO BOX 704 FLORENCE WI 54121 2,500. THE NATIONAL WW II MUSEUM PUBLIC CHARITY PUBLIC CHARITY 945 MAGAZINE STREET NEW ORLEANS, LA 70130-3813 2,500. THE YOUNG PEOPLE'S PROJECT PUBLIC CHARITY PUBLIC CHARITY 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139 2,500. THE ALGEBRA PROJECT PUBLIC CHARITY PUBLIC CHARITY 99 BISHOP ALLEN DRIVE CAMBRIDGE MA 02139 2,500. CHARTER TOWNSHIP OF MERIDIAN PUBLIC CHARITY PUBLIC CHARITY 5151 MARSH ROAD OKEMOS MI 48864-1198 1,500. Total from continuation sheets 38,550,

RED OAK FOUNDATION, INC. ATTN: C SCHROCK & E SCHROCK 47-2507388 Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Purpose of grant or contribution Foundation any foundation manager or substantial contributor status of **Amount** Name and address (home or business) recipient DUDLEY BIRDER CHORALE PUBLIC CHARITY PUBLIC CHARITY 100 GRANT STREET DE PERE, WI 54115-2099 1,500. PUBLIC CHARITY PUBLIC CHARITY WILD RIVERS INTERPRETIVE CENTER 5628 FORESTRY DRIVE FLORENCE WI 54121 1,500. HARRIS NATURE CENTER FOUNDATION PUBLIC CHARITY PUBLIC CHARITY 3998 VAN ATTA RD. OKEMOS MI 48864 1,000. HILLSDALE COLLEGE PUBLIC CHARITY PUBLIC CHARITY 33 EAST COLLEGE STREET HILLSDALE, MI 49242 500. JUDICIAL WATCH PUBLIC CHARITY PUBLIC CHARITY 425 THIRD STREET SW, SUITE 800 WASHINGTON, DC 20024 500. THE CHANTELLES C/O BARB SEIDE PUBLIC CHARITY PUBLIC CHARITY 1082 VALLEY VIEW DRIVE GREEN BAY, WI 54304 <u>5</u>00. CHARITY NAVIGATOR PUBLIC CHARITY PUBLIC CHARITY 139 HARRISTOWN ROAD, SUITE 101 GLEN ROCK NJ 07452 50.

Total from continuation sheets