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Department of the Treasury Internal Revenue Service

### **Return of Private Foundation**

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

Open to Public Inspection

PAGE 1

	lendar year 2015 or tax year beginning			1	2/18, <b>201</b> !	5, and end			12/31, 20 15
	of foundation							A Employer identif	
HAU	SKE FAMILY FOUNDATION, INC.							47-498095	50
Number and street (or P.O box number if mail is not delivered				to street address) Room/sui			е	B Telephone numb	er (see instructions)
800	N MARSHALL STREET							(414) 22	23-1560
City o	r town, state or province, country, and ZIP or foreign po	stal code	е						-
								C If exemption applic pending, check here	ation is
MIL	WAUKEE, WI 53202							ponomig, anoun non	
G Che	eck all that apply X Initial return			Initial return	of a former	public cha	rity	D 1. Foreign organiza	itions, check here
	Final return			Amended re	turn			2 Foreign organiza	ations meeting the
	Address change			Name chang	e			85% test, check computation	here and attach
H Che	eck type of organization: X Section 501	(c)(3)	exe	mpt private	foundation			,	
	Section 4947(a)(1) nonexempt charitable trust		Oth	er taxable pi	rivate founda	ation			n status was terminated (1)(1)(A), check here
		ounting	g m	ethod X C	ash Ac	crual			s in a 60-month termination
end	<del> </del>	ther (							o)(1)(B), check here
		•	-	must be on ca	sh basis )		_		
Part	Analysis of Revenue and Expenses (The	/2	) Re	venue and					(d) Disbursements
	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	1 10	,	enses per	(b) Net inv		(c	) Adjusted net income	for charitable purposes
	may not necessarily equal the amounts in column (a) (see instructions) )		t	ooks	""			mcome	(cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule) .		13	,000,000				· -	
2	Check I if the foundation is not required to								
1 2 3 4 5a	Interest on savings and temporary cash investments.								
á   4	Dividends and interest from securities								
5 5a	Gross rents							_	
	Net gain or (loss) from sale of assets not on line 10								· · · · · · · · · · · · · · · · · · ·
<b>2</b> b									<del> </del>
<b>8</b> 7	Capital gain net income (from Part IV, line 2) .								
<b>ĕ</b> 8	Net short-term capital gain,								
Révenue W 2 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Income modifications								
<sup>ਉ7</sup>  10 a	Gross sales less returns and allowances								
Ь	Less. Cost of goods sold .								
- 1	Gross profit or (loss) (attach schedule)							_	
11	Other income (attach schedule)								
12	Total. Add lines 1 through 11		13	,000,000.					
13	Compensation of officers, directors, trustees, etc			٤٠, ٥,					
9 14	Other employee salaries and wages								
SE 15	Pension plans, employee benefits			RECE	IVED				
ΨI	Legal fees (attach schedule)			,					
ώ  b	Accounting fees (attach schedule)		8		2 0040	3-0SC			
	Other professional fees (attach schedule)		18	I YAM	9 2016	7			
E 17	Interest		$\Gamma$						
18	Taxes (attach schedule) (see instructions)			OGDF	M. UT				
E 19	Depreciation (attach schedule) and depletion.								
년 20	Occupancy								
<b>▼</b> 21	Travel, conferences, and meetings						-		
E 22	Printing and publications								
23	Other expenses (attach schedule) ATCH .1			15.		15.			
23 24 25	Total operating and administrative expenses.					,		•	
ē.	Add lines 13 through 23			15.	.]	15.			
O 25	Contributions, gifts, grants paid								
26	Total expenses and disbursements Add lines 24 and 25			15.		15.		-	(
27	Subtract line 26 from line 12								
	Excess of revenue over expenses and disbursements		12	,999,985.	,				
	Net investment income (if negative, enter -0-)			-		0.			
	Adjusted net income (if negative, enter -0-)								1
	perwork Reduction Act Notice, see instructions	3.			-			1	Form 990-PF (2015)

Part II		Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
	art II	amounts only. (See instructions )	(a) Book Value	(b) Book Value	
	1	Cash - non-interest-bearing		499,985.	
	2	Savings and temporary cash investments		12,500,000.	12,500,000.
		Accounts receivable			
		Less allowance for doubtful accounts			
		Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts >			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖		Investments - U S and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule)			
	11 <sup>C</sup>	Investments - corporate bonds (attach schedule)			
	• •	and equipment basis			
		Less accumulated depreciation (attach schedule)			<del> </del>
		Investments - mortgage loans			
		Investments - other (attach schedule)			
		equipment basis Less accumulated depreciation			
		(attach schedule)			<u> </u>
		Other assets (describe >)			
		Total assets (to be completed by all filers - see the		10 000 005	10 000 005
		instructions Also, see page 1, item I)	0.	12,999,985.	12,999,985.
		Accounts payable and accrued expenses	-		
,,		Grants payable			
Liabilities		Deferred revenue		<del></del>	
ቜ		Loans from officers, directors, trustees, and other disqualified persons, .			
<u>iā</u>		Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
$\dashv$		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
Jces		-			
ā		Unrestricted			
8		Temporarily restricted			
힏		Permanently restricted			
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, Check here and complete lines 27 through 31.			
히		Capital stock, trust principal, or current funds			
ន		Paid-in or capital surplus, or land, bldg, and equipment fund.	-		
ŝ		Retained earnings, accumulated income, endowment, or other funds		12,999,985.	
₹		Total net assets or fund balances (see instructions)	0.	12,999,985.	
흿		Total liabilities and net assets/fund balances (see			1
_		instructions)	0.	12,999,985.	
Р		Analysis of Changes in Net Assets or Fund Bala			
		I net assets or fund balances at beginning of year - Part		nust agree with	<del> </del>
		of-year figure reported on prior year's return).	• • • • • • • • • • • • • • • • • • • •	•	
2		r amount from Part I, line 27a			12,999,985.
		er increases not included in line 2 (itemize) ▶			
4		lines 1, 2, and 3			12,999,985.
5	Deci	reases not included in line 2 (itemize) ▶		5	
		I net assets or fund balances at end of year (line 4 minus	line 5) - Part II. column (b		12,999,985.
					Form <b>990-PF</b> (2015)

Pa	(a) List an	d describe the kind(s) of property sold trick warehouse, or common stock, 200	(e g , real estate,	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr )
1a						
b	· •					
_ <b>C</b>						
<u>d</u>						
<u>e</u>				ļ	<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
<u>a</u>				<del>-</del>		
<u>b</u>			<u> </u>		·	<del></del>
<u></u>						<del></del>
<u>d</u>		<del></del>		<del> </del>		
<u>e</u>	Complete only for assets	showing gain in column (h) and own	ed by the foundation on 12/31/69	<del>-</del>		<del></del>
-	(i) F M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Gains (Col (h) g (k), but not less t Losses (from co	han -0-) <b>or</b>
a						
b						
С						
d						
_ <b>e</b>	<u>,                                      </u>			ļ		
2	Capital gain net income	or (net capital loss)	f gaın, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
3		ain or (loss) as defined in sections				
	-		structions). If (loss), enter -0- in $\}$			
	Part I, line 8		J	3		
		- · · · · · · · · · · · · · · · · · · ·	educed Tax on Net Investment Inve			
Wa		Tours and part starts.	T AVAILABLE FOR INITIAL butable amount of any year in the b  Do not complete this part.		· 	Yes No
1	Enter the appropriate an	nount in each column for each ye	ar, see the instructions before makir	ng any ent	ries.	
Ca	(a) Base penod years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
	2014					·
	2013					
	2012					
	2011					<del>-</del>
	2010					
2	Average distribution ratio	o for the 5-year base period - divi	de the total on line 2 by 5, or by the ess than 5 years	3		
4	Enter the net value of no	ncharitable-use assets for 2015 f	rom Part X, line 5	4		_
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		<del></del>
7	Add lines 5 and 6			7		_
8	Enter qualifying distributions of great Vi instructions	ons from Part XII, line 4 reater than line 7, check the box	ın Part VI, line 1b, and complete	8 that part	using a 1% tax	rate. See the

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	<u>iction</u>	s)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 )							
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)							
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check							
	here  and enter 1% of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of $\mathcal J$							
	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							
3	Add lines 1 and 2			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			0.				
6	Credits/Payments							
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a							
Ь	Exempt foreign organizations - tax withheld at source							
C	Tax paid with application for extension of time to file (Form 8868) 6c							
_d	Backup withholding erroneously withheld			0				
7	Total credits and payments Add lines 6a through 6d			0.				
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached			0.				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u> </u>				
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid							
_	Enter the amount of line 10 to be Credited to 2016 estimated tax ► Refunded ► 11    **T VII-A Statements Regarding Activities							
		Γ :	· · ·	T				
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	Yes	No X				
<b>.</b>	participate or intervene in any political campaign?	ıa_						
U	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	15		<del></del>				
	published or distributed by the foundation in connection with the activities.							
C	·	1c		х				
	c Did the foundation file Form 1120-POL for this year?							
u	(1) On the foundation (1) any) or tax on point car experient tires (section 4533) imposed during the year							
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on							
	foundation managers > \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х				
_	If "Yes," attach a detailed description of the activities.	_	-					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of							
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х				
	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 during the year?	5		Х				
	If "Yes," attach the statement required by General Instruction T							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
	By language in the governing instrument, or							
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			1				
	conflict with the state law remain in the governing instrument?	6	X					
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			•				
	W1,							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		٠,					
	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b	X					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or							
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		i	.,				
	complete Part XIV	9		X				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		v					
	names and addresses ATCH 2	10	X	L				
	E <sub>r</sub>	- aa	0-PF	2015				

Par	t VII-A: Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	11	Yes	No X
42	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b></b>		
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
44	Website address ► N/A  The books are in care of ► KATHY S ROTTA  Telephone no ► 414-223	1-156	50	
14	Located at $\triangleright$ 330 E KILBOURN AVE, SUITE 1400 MILWAUKEE, WI ZIP+4 $\triangleright$ 53202			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			.1 1
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 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?			
	(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?			}
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			ĺ
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			Ì
	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 )			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			}
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here		-	
С	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?	1c		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))			
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?			
	If "Yes," list the years			
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			
_	▶			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			1
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			İ
_	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		
A2	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>x</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<del></del> ,
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		
		QQ		

(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other allowances
NONE				

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

3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE	
	NONE	
	<del></del>	
_		
otal	number of others receiving over \$50,000 for professional services	
	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 _1	N/A	
_		
2 _		
_		
_ 3		
· _		
<b>"</b> —		
	IX-B Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	NONE	
_		
_		
AH	other program related injunctionals. See instructions	
	other program-related investments. See instructions  NONE	

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn foundatio	ns,
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	
b	Average of monthly cash balances	1b	498,630.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	498,630.
е	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	
3	Subtract line 2 from line 1d	3	498,630.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	7,479.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	491,151.
6	Minimum investment return. Enter 5% of line 5	6	942.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	942.
2 a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI).	1	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	942.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	942.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	942.
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	
b	Program-related investments - total from Part IX-B	1b	
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:	<del>-</del>	
a	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	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	-	
_	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years		striet trie touridation

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Рa	rt XIII Undistributed Income (see instr	ructions)			
1	Distributable amount for 2015 from Part XI.	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
•	line 7			<del>"</del>	942.
2	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only.			•	
a L	Total for pnor years 20 13 ,20 12 ,20 11				<u></u>
	Excess distributions carryover, if any, to 2015				
	ı				
	From 2010				
	From 2011				
	From 2012				
	From 2013				
	From 2014				
	Total of lines 3a through e				
4	Qualifying distributions for 2015 from Part XII,				
	line 4 🕨 \$				
	Applied to 2014, but not more than line 2a			<u> </u>	
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
C	Treated as distributions out of corpus (Election				
	required - see instructions)	<del></del>			
	Applied to 2015 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015. (If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as		•		
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b				- ·
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				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2015 Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2016				942.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)		·		
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.	_			
	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9				
а	Excess from 2011				
b	Excess from 2012				
c	Excess from 2013				
d	Excess from 2014				
е	Excess from 2015				

		erating Foundations					NOT .	APPLICAB
та	If the foundation has foundation, and the rulin	•		•	~ I			
b	Check box to indicate	-		•	· · · · —	4942(	j)(3) or	4942(J)(5
_		Tax year	<u> </u>	Prior 3 years		<u></u>		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2	012	1 (	e) Total
	I or the minimum investment return from Part X for each year listed							
b	85% of line 2a					-		
	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							
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line							
3	2d from line 2c Complete 3a, b, or c for the	<u> </u>			-		-	
•	alternative test relied upon							
а	"Assets" alternative test - enter				1			
	(1) Value of all assets		<del></del>				-	
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test-				Ì			
	enter 2/3 of minimum invest- ment 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 sup-							
	port from an exempt organization							
	(4) Gross investment income							
Pa		ntary Information (Curing the year - see		t only if the founda	tion had \$	5,000 o	r more i	n assets a
1	Information Regardin		<del></del>		<del> </del>	_	_	<del></del> .
	List any managers of before the close of any	the foundation who h	ave contributed mo	re than 2% of the tota	al contributi	ons receiv	ved by th	e foundatio
	THOMAS J HA		,	, -, , - (-		(-/(-/-/-/		
	List any managers of	·	our 100/ or more	of the steel of a second				
	ownership of a partner	rship or other entity) of	which the foundation	n has a 10% or greater	interest.	an equali	y large p	ortion of th
	NONE							
2	Information Regardin	a Contribution, Grant	Gift, Loan, Scholars	hip, etc., Programs	_			
_		•			حاطمه	.:4!		
	unsolicited requests for other conditions, comp		ation makes gifts, gi	rants, etc (see instruc	tions) to inc	lividuals o	and does or organiz	ations unde
а	The name, address, a ATCH 4	nd telephone number	or e-mail address of	the person to whom ap	plications sh	ould be ad	dressed	
b	The form in which app	lications should be sub	mitted and informat	on and materials they	should inclu	de:		<u></u>
	ATCH 5							
С	Any submission deadli	nes·						
	NONE	mutations an asserta	augh as his see		- Li- E-13-	1d		<del></del>
a	Any restrictions or li factors	mitations on awards,	such as by geog	rapnicai areas, charita	adie fields,	kinds of	institutio	ns, or othe
	ATCH 6							

Part XV Supplementary Information (continued)									
3 Grants and Contributions Paid During the Year or Approved for Future Payment  Recipient  Recipient  Name and address (home or business)  Recipient  Status of recipient or substantial contributor  Name and address (home or business)  Recipient san individual, show any relationship to any foundation manager or substantial contributor									
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount					
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount					
Name and address (home or business)  a Paid during the year	show any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount					
		L							
			<u></u>						
b Approved for future payment			<b>▶</b> 3h						

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross amounts unless otherwise indicated			ated business income	Excluded by	y section 512, 513, or 514	(e)
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
_	service revenue		<u>-</u>			(See instructions)
	<del>-</del>		-	1		
			<u>.</u>	1		
				<del>-</del>		
				1		<del></del>
e f	-			-		
	and contracts from government agencies					
_	-					
	ship dues and assessments			-		-
	on savings and temporary cash investments			-		
	ds and interest from securities					<del></del>
	tal income or (loss) from real estate			_		
	debt-financed property					<del>-</del>
	al income or (loss) from personal property.		-			
	evestment income					
	loss) from sales of assets other than inventory					
•	ome or (loss) from special events				-	
	rofit or (loss) from sales of inventory.					
	evenue. a			_		
е						
12 Subtota	Add columns (b), (d), and (e)		-			
	dd line 12, columns (b), (d), and (e)				13	
(See works	heet in line 13 instructions to verify calc	ulations)				
Part XVI	-B Relationship of Activitie	s to the A	ccomplishment of E	xempt Pur	poses	
Line No.	Explain below how each activit	v for which	h income is reported i	n column (	e) of Part XVI-A contrib	uted importantly to the
▼	accomplishment of the foundation					· · · · · · · · · · · · · · · · · · ·
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بمبر		Exempt Orga	anizations		, io and	rianoa.		ana Rojatio	iompo	***************************************	Ciiaii	CON	
1 [	Did the	e organization direc		y engage	in any of	the follow	ing with	any other org	anization	described	, :-	Yes	No
J)	n sect	ion 501(c) of the C	ode (other than	n section	501(c)(3)	organızati	ons) or i	n section 527,	relating	to political	-13 %	8.1	3,
	_	zations?										****** a	
		ers from the reporti									1		.*:
		sh									1a(1)		Х
		ner assets	. <b></b>								1a(2)		Х
		ransactions:			_							4 *	-
(	1) Sal	es of assets to a n	oncharitable ex	empt orga	nization						1b(1)		Х
()	2) Pur	chases of assets fi	rom a nonchari	table exen	npt organiz	ation					1b(2)	<b></b>	X
(	3) Rei	ntal of facilities, equ	ipment, or othe	er assets	• • • • • •	• • • • •		• • • • • • •			1b(3)		X
(•	4) Kei	mbursement arrang	gements			• • • • •	• • • • •	• • • • • • • •		• • • • • •	1b(4)	_	X
(	5) LOS 6) Dos	ans or loan guarante	es				• • • • •	• • • • • • • •			1b(5)		X
( )	borne	formance of servic	es or members	onip or tun	oraising so	Discitations		• • • • • • •		• • • • • •	1b(6)	$\dashv$	X
4 1	tha	g of facilities, equip answer to any of t	he abovo is "V	os " com	assets, or	paid empi Sollowing	oyees .	Column (h)		نندندند	1c		
u ii	alue d	of the goods, other	assets or ser	vices aive	n hv the r	enorting	oundatio	on If the found	snoulu a dation re	nways snov	than t	aır m fəir m	arke
		n any transaction o											
(a) Line		(b) Amount involved	<del></del>		ole exempt or			Description of trans					
		N/A	(7)			yannization	N/F		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ollons, and she	mig arra	igemen	
-			<del>                                     </del>						· <u>-</u> ·				
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			<del>                                     </del>										
									<u> </u>				
		foundation directly									<del>-</del>		1
		ed in section 501(c		otner than	section 50	)1(c)(3)) o	r in sect	ion 52/7		٠ ١	Ye	s X	No
<u> </u>	res,	" complete the follo (a) Name of organization		1	(b) Type of o			T .	(a) Danasia				
		(a) Name of organization	<i>n</i> 1		(b) Type of C	nganization	*-	-	(c) Descrip	tion of relations	лір	——	
	-												
	-							-		·			
					-								
	Under	penalties of perjury, I decl	are that I have exam	nned this retu	ırn, ıncluding a	iccompanying	schedules a	nd statements, and t	o the best	of my knowledg	e and be	lief, it i	s true
Sian	correct	, and complete Declaration of	if preparer (other than	taxpayer) is ba	sed on all infori	mation of which	h preparer ha	as any knowledge					
Sign	В:	RUCE J BETTERS	ŝ				SEC	RETARY			discuss		return below
Here	Sygn	ature of officer of trustee	IA	D.	ate		Title			(see instructions	_	Yes	No
	L231	uce / Bel			5/6/	14				L	_=	=	=
 Paid		Print/Type preparer's na	ame	Pen	rer's signature	L.A	: 17	Date	Che	eckif F	MIT		
		REBEC¢A HART			WVL-1	TWI	h	5/6/16	self	f-employed I	20041	9157	<u>'</u>
Prepa		· · · · · · · · · · · · · · · · · · ·	ELOITTE TAX			J	0		Firm's EIN	▶86-10	6577	2	
Use C	nly		55 EAST WEL		ET	. •							
		MI	LWAUKEE,	WI (			5	3202	Phone no	414-27			
										For	99 <b>0</b> .	PF 🖟	2015

### Schedule B

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

### **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

Employer identification number

HAUSKE FAMILY FOUNDAT	TION, INC.	47-4980950					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion					
	501(c)(3) taxable private foundation						
Note. Only a section 501(c)(7), instructions	vered by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See					
General Rule							
_	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions property) from any one contributor. Complete Parts I and II. See instructions.						
Special Rules							
regulations under sec 13, 16a, or 16b, and	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1. tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 othat received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of <b>(1)</b>					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution. An organization that is 990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990; or check the box on line F certify that it does not meet the filing requirements of Schedule B (Form 99)	chedule B (Form 990, I of its Form 990-EZ or on its					

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 HAUSKE FAMILY FOUNDATION, INC.

Employer identification number 47-4980950

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	THOMAS J & KATHERINE D HAUSKE, JR  900 W BRADLEY ROAD  MILWAUKEE, WI 53217	\$\$\$	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 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 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)

Name of organization HAUSKE FAMILY FOUNDATION, INC.

Employer identification number

		_	_	_	_	_	_
47-	-4	9	8	o	9	5	U

Part II	Noncash Property (see instructions). Use duplicate copies of P	art ii ir additionai space is nee	eaea.
(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
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization HAUSKE FAMILY FOUNDATION, INC.

Employer identification number

•				47-4980950						
Part III	Exclusively religious, charitable, etc.,									
	(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 completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$									
	Use duplicate copies of Part III if addition			ee instructions.) ► \$						
(a) No.	Use duplicate copies of Part III if additio	nai space is neede	<del>2</del> 0.							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how glft is held						
Parti		<del></del>	_							
			. <del></del>							
			<del>-</del>							
		(e) Transf	er of gift							
	Transferee's name, address, and	ZIP + 4	Relation	elationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) llea	of aift	(d) Description of how gift is held						
Part I	(b) i dipose oi giit	(c) Use of gift		(d) bescription of now girt is field						
	(e) Transfer of gift									
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee						
			<u> </u>							
(a) No. from			_							
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee							
				· ·						
(a) No	<u> </u>			*						
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
Part I			<del></del>							
			_							
		(e) Transf	er of gift							
		710 . 4								
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee						
	·									

# FORM 990PF, PART I - OTHER EXPENSES

E	INVESTMENT	INCOME 15	
REVENUE	AND EXPENSES	PER BOOKS 15.	
		DESCRIPTION BANK FEES	

INCOME 15.	15.
PER BOOKS 15.	15.
	TOTALS

THOMAS J & KATHERINE D HAUSKE, JR 900 W BRADLEY ROAD MILWAUKEE, WI 53217 ATTACHMENT 2 PAGE 19 ATTACHMENT 3

CONTRIBUTIONS

BENEFIT PLANS

COMPENSATION

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

TO EMPLOYEE

0

0

PRESIDENT/DIRECTOR

800 N MARSHALL STREET

MILWAUKEE, WI 53202

THOMAS J HAUSKE, JR

NAME AND ADDRESS

0

0

VICE PRESIDENT/SECRETARY

1.00

800 N MARSHALL STREET

BRUCE BETTERS

MILWAUKEE, WI 53202

0

0

1.00

800 N MARSHALL STREET

KATHY ROTTA

MILWAUKEE, WI 53202

TREASURER

0

0

1.00

800 N MARSHALL STREET

KATHERINE D HAUSKE

MILWAUKEE, WI 53202

DIRECTOR

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0

DIRECTOR

800 N MARSHALL STREET

J. DOUGLAS GRAY

MILWAUKEE, WI 53202

GRAND TOTALS

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### FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

KATHY S ROTTA 800 N MARSHALL STREET MILWAUKEE, WI 53202 414 223 1560

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$\mathbf{A}$	11/2	۱ L . I	ни	P. I	1.1.	

## 990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

NO PARTICULAR FORM IS REQUIRED, HOWEVER APPLICATION NEEDS TO BE IN WRITING.

3 mm3	CHMF	13700 4
$\Delta \cap \cap \Delta$	CHNH	VI.I.

### 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

NONE, BUT ORGANIZATION'S PRESENT PLANS PRECLUDE EXTENSIVE CONSIDERATION OF UNSOLICITED REQUESTS.