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# Form **990-PF** Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2016 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 2015

For calendar y	ear 2015 or tax year beginning SEP	23, 2015	, and ending	DEC 31, 2015	
Name of foun	dation	A Employer identification	number		
JAMES	D GREENHECK FOUNDATIO	ON, INC.		47-5170750	
	eet (or P.O. box number if mail is not delivered to street ac	B Telephone number			
7501 C	COMMERCE DR			715-355-884	42
City or town,	state or province, country, and ZIP or foreign po	ostal code	······································	C if exemption application is pe	
WESTON					5
G Check all th	nat apply: X Initial return	Initial return of a f	ormer public charity	D 1 Foreign organizations,	, check here
	Final return	Amended return			
	Address change	Name change		2 Foreign organizations mee check here and attach con	nputation
H_Check type	of organization: X Section 501(c)(3) exi			E If private foundation stat	us was terminated
		Other taxable private founda	ation	under section 507(b)(1)(	A), check here
	value of all assets at end of year   J Accounting	<del>-</del>	Accrual	F If the foundation is in a 6	. —
		her (specify)		under section 507(b)(1)(	B), check here
▶\$ Part I Ana	2,991,299. (Part I, colur alysis of Revenue and Expenses		I		(d) a .
(The	total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
	essarily equal the amounts in column (a) )	3,000,000.		N/A	(cash basis only)
1 Cont	tributions, gifts, grants, etc., received  k I the foundation is not required to attach Sch. B	3,000,000.		N/A	
Intere	est on savings and temporary		l		
	dends and interest from securities				
5a Gros				<u> </u>	
ł <u>.</u>	ental income or (loss)	<del></del>			
6a Net g	ain or (loss) from sale of assets not on line 10				
b Gross	s sales price for all				
b Gross 7 Capit	al gain net income (from Part IV, line 2)	RECEIV	0.		
8 Net s	short-term capital gain		'n		
	me modifications s sales less returns	3 JAN 1 9			
10a and a	illowances	0, , 2		ļ	
1 -	Cost of goods sold	OGDEN			
ľ	s profit or (loss)	<u> </u>	<u> </u>	ļ —————	
ı	r income	3,000,000.	0.	<u></u>	
	I Add lines 1 through 11	3,000,000.	0.		0.
1	pensation of officers, directors, trustees, etc			<del> </del>	
l .	sion plans, employee benefits				
8 16a Lega		7,556.	0.	<u> </u>	7,556.
b Acco	ounting fees	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		T	
c Othe	r professional fees				
9 17 Inter	· ·				
b Acco c Othe 17 Inter 18 Taxe 19 Depr 20 Occu 21 Trave	s				
. <b>52 19</b> Depr	eciation and depletion				
20 Occu	ipancy				
71	el, conferences, and meetings			ļ	
22 Print	ting and publications	1 1 4 5			1 1 4 5
23 Other	r expenses STMT 2	1,145.	0.	<u> </u>	1,145.
<u>:</u>	1 operating and administrative	8,701.	0.		Q 701
	enses Add lines 13 through 23	8,701.	· · · · · · · · · · · · · · · · · · ·	<del> </del>	8,701.
23 0011	ributions, gifts, grants paid I expenses and disbursements			<del> </del>	<u>_</u>
	lines 24 and 25	8,701.	0.	1	8,701.
	ract line 26 from line 12:	0,701	- <u> </u>		<u> </u>
ſ	ss of revenue over expenses and disbursements	2,991,299.			
	nvestment income (if negative, enter -0-)		0.		
I	sted net income (if negative, enter -0-)			N/A	

Fo	m 99	00-PF (2015) JAMES D GREENHECK FOUNDA		47-	5170750	Page 2
Œ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of		
		Column Should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market V	
		Cash - non-interest-bearing		1,592,471.	1,592,	<u>471.</u>
		Savings and temporary cash investments				
	3	Accounts receivable				
		Less: allowance for doubtful accounts		·		
	4	Pledges receivable -				]
	1	Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	ł	disqualified persons				
	7	Other notes and loans receivable				
	Ì	Less: allowance for doubtful accounts				
ş	1	Inventories for sale or use				
Assets	1	Prepaid expenses and deferred charges				
•		Investments - U.S. and state government obligations				
	1	Investments - corporate stock				
	C	Investments - corporate bonds				
	11	Investments land, buildings and equipment basis	·			
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment: basis 1,168,253.		-1-150 -50		
		Less accumulated depreciation	0.	1,168,253.	1,168,	
	ı	Other assets (describe ► CONSTRUCTION IN PRO)	0.	230,575.	230,	575.
	16	Total assets (to be completed by all filers - see the		0 001 000	0 001	000
_		instructions. Also, see page 1, item I)	0.]_	2,991,299.	2,991,	<u> 299.</u>
	1	Accounts payable and accrued expenses				ì
	18	Grants payable	<del></del>			
es	19	Deferred revenue		<del></del>		j
ij	20	Loans from officers, directors, trustees, and other disqualified persons	<del></del>			[
Liabilities		Mortgages and other notes payable		<del></del>		
	22	Other liabilities (describe )	<del></del>			
	22	Total liabilities (add lines 17 through 22)	0.	0.		1
_	23	Foundations that follow SFAS 117, check here	<del></del>			į
		and complete lines 24 through 26 and lines 30 and 31.				
S	24	Unrestricted	0.	2,991,299.		
ž	25	Temporarily restricted	<del>-</del>	<u> </u>		Į.
ala	26	Permanently restricted				
d E		Foundations that do not follow SFAS 117, check here				j
Ē		and complete lines 27 through 31.				1
ō	27	Capital stock, trust principal, or current funds				
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund				Ì
Ass	29	Retained earnings, accumulated income, endowment, or other funds				ļ
Net Assets or Fund Balances	30	Total net assets or fund balances	0.	2,991,299.		İ
Z						)
	31	Total liabilities and net assets/fund balances	0.	2,991,299.		
P	art	Analysis of Changes in Net Assets or Fund Ba	lances	,		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	· · · · · · · · · · · · · · · · · · ·		
		t agree with end-of-year figure reported on prior year's return)		1		0.
		amount from Part I, line 27a		2	2,991,	
		increases not included in line 2 (itemize)		3		0.
4	Add I	ines 1, 2, and 3		4	2,991,	299.
5	Decre	eases not included in line 2 (itemize)	·	5		0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b). line 30	آء	2.991.	299.

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	1990-PF (2015) JAMES D GREENHECK FOUNDATION,	TNC		(0/b) 4040/a) ar		-5170		1	Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940				4948	- see in	struc	tions	<del></del>
1a	Exempt operating foundations described in section 4940(d)(2), check here and e				İ	1			
	Date of ruling or determination letter: (attach copy of letter if new			<b>I</b>	<u> </u>	<del></del>			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	<b>&gt;</b>	an	d enter 1%	1	<del> </del>			0.
	of Part I, line 27b								
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del>                                     </del>			لــِـا
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Ot	hers ent	ter	-0-)	2	<del> </del> -			0.
3	Add lines 1 and 2				3	<del> </del>			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers er	nter	-0-)	4	<del> </del> -			0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-				5				0.
	Credits/Payments:	1	ı		1	Ī			İ
	2015 estimated tax payments and 2014 overpayment credited to 2015	<u>6a</u>	╄	<u></u>		1			
	Exempt foreign organizations - tax withheld at source	6b	╄	<del></del>					
	Tax paid with application for extension of time to file (Form 8868)	6c	╄			1			
	Backup withholding erroneously withheld	<u>6</u> d			<b>-</b>	<del> </del>			
	Total credits and payments. Add lines 6a through 6d				7	<del>                                     </del>			0.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is atta	ached			8	<del> </del>			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			•	<u> 9</u>				0.
	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>			,	<u>  10</u>				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax			Refunded	- 11				
	rt VII-A Statements Regarding Activities							W1	N <sub>2</sub>
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation o	r di	d it participate or interve	ne in		<u> </u>	Yes	
	any political campaign?						<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (see	e in	structions for the definiti	on)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	d copie	es c	of any materials publis	hed or				
	distributed by the foundation in connection with the activities						<u> </u>		
	Did the foundation file Form 1120-POL for this year?						1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	•		•			1		
	(1) On the foundation. > \$ 0. (2) On foundation managers				•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	iture tax	( IM	posed on foundation					
	managers. ► \$0.						<u> </u>	<u> </u>	
2	Has the foundation engaged in any activities that have not previously been reported to the II	RS?					2		X
	If "Yes," attach a detailed description of the activities						1		İ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing		ent,	articles of incorporation	, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change						3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	r?				AT / 3	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?				•	N/A	4b	<u> </u>	
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						ŀ		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ither:					1		
	By language in the governing instrument, or						1		
	By state legislation that effectively amends the governing instrument so that no mandator	y direct	ion	s that conflict with the st	ate law		<u>-</u>	<b></b> -	<del></del>
	remain in the governing instrument?						6	Х	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	mplete	Pa	rt II, col (c), and Part	XV		7	_A_	
_		, 🛌							
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🟲	_				1		
	WI								
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)						<del></del>	V		
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 se				aiendar		<u> </u>	<u> </u>	X
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				CITIV	rm 4	9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a sched	ule listing	the	ir names and addresses	STM	4	10	<u> </u>	

Orm Pa	990-PF (2015) JAMES D GREENHECK FOUNDATION, INC. 47-517 rt VII-A   Statements Regarding Activities (continued)	<u>u/50</u>		Pa
Га	Tt VII-A   Statements Regarding Activities (continued)	<del></del>	Yes	т
11	At any time during the year, did the foundation, directly or indirectly, even a controlled entity within the manning of	}	162	
•	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)	,,		l
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	11		t
-	If "Yes," attach statement (see instructions)	12		l
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	t
	Website address ► N/A	[ 13 ]		L
14	The books are in care of ▶ DEAN LEE Telephone no. ▶ 715-3	55-88	342	_
	Located at ▶ 7501 COMMERCE DR, WESTON, WI ZIP+4 ▶5			_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	-
-	and enter the amount of tax-exempt interest received or accrued during the year	N	/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	T
	securities, or other financial account in a foreign country?	16		l
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	····		t
	foreign country	Ì		١
Pa	rt 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	Ī
1a	During the year did the foundation (either directly or indirectly):			T
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	<b>\</b> \		١
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			١
	a disqualified person?	1 1		l
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 .		l
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1 1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			İ
	for the benefit or use of a disqualified person)?			l
	(6) Agree to pay money or property to a government official? (Exception Check "No"	i i		l
	if the foundation agreed to make a grant to or to employ the official for a period after			ı
	termination of government service, if terminating within 90 days.)	] ]		Ì
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		I
	Organizations relying on a current notice regarding disaster assistance check here			I
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			1
	before the first day of the tax year beginning in 2015?	1c		l
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	} }		l
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1 1		ļ
	before 2015? Yes X No			
	If "Yes," list the years ▶,,,			
b	If "Yes," list the years \( \bigs \), \(  \), \(  \), \(  \), \(  \) (relating to incorrect \(  \)			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach	ļļ		1
	statement - see instructions.) N/A	2b		1
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			İ
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1 1		١
3a				
	during the year?	1		
	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	1		1
	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,	<u> </u>		1
	Form 4720, to determine if the foundation had excess business holdings in 2015)	3b		1
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	L		1
b				

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		\		
any voter registration drive?		_	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No	Ì	1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo				
the prevention of cruelty to children or animals?		-	es X No	i	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	•	n Regulations			ئــــاــــــا
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	<del></del>
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?	N	/A Ye	es Lino	ŀ	
If "Yes," attach the statement required by Regulations section 53 4945	` '		į	ļ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No	<del>_</del> }	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ļ	<u>6b</u>	X
If "Yes" to 6b, file Form 8870				1	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	<del>_</del>	
b If "Yes," did the foundation receive any proceeds or have any net income attributed attributed by the second of		anana Historia	N/A	7b	
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	ees, Foundation Man	lagers, Hignly			
1 List all officers, directors, trustees, foundation managers and their of	compensation.				
( ) Norman and odd and	(b) Title, and average hours per week devoted -	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e	e) Expense count, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	acc	llowances
JAMES D. GREENHECK	DIRECTOR/PRES	IDENT			
7501 COMMERCE DRIVE				1	
WESTON, WI 54476	0.00	0.	0.		0.
DEAN LEE	DIRECTOR/SECR	ETARY/TREA	ASURER	Ì	
7501 COMMERCE DRIVE			_		
WESTON, WI 54476	0.00	0.	0.		0.
		1			
	_			j	
				<u> </u>	
				1	
	<u> </u>		<u> </u>		
2 Compensation of five highest-paid employees (other than those inc	T	enter "NONE."	(d) Contributions to	<del></del>	1 Eventure
(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	acc	e) Expense count, other llowances
	devoted to position	(0, 100)	compensation	a	llowances
NONE			1		
		ļ	ļ	<del> </del>	
			]	1	
	<u> </u>	<b> </b>	ļ	—	
<del></del>				<b> </b>	
	1			1	
		<b></b>		<b>↓</b>	
	1				
	<u> </u>	l	L	Ь	
Total number of other employees paid over \$50,000					U

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Part VIII Information About Officers, Directors, Trustees, Foundation Man Paid Employees, and Contractors (continued)	agers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 1) po 0, 00, 100	(5) 55 (5)
		<del></del>
	·	
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u>▶</u> 0
<del></del>	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informa number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	tion such as the	Expenses
1 N/A		
2		
3		
	···	<u> </u>
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 lines 1 and 2	2.	Amount
1N/A		
2	· <del></del>	
All other program-related investments. See instructions.		
3		
×		
Total. Add lines 1 through 3	▶	0.
		Form <b>990-PF</b> (2015)

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

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8,701

8,701

3b

4

6

**b** Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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

Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

	(a) Corpus	(b) Years prior to 2014	(c) 2014	<b>(d)</b> 2015
Distributable amount for 2015 from Part XI, line 7				53,907.
2 Undistributed income, if any, as of the end of 2015	<del></del>			23,307.
a Enter amount for 2014 only			0.	
<b>b</b> Total for prior years:		0		
3 Excess distributions carryover, if any, to 2015:		0.		
<b>a</b> From 2010				
<b>b</b> From 2011				
<b>c</b> From 2012				
<b>d</b> From 2013			ľ	
e From 2014				
f Total of lines 3a through e	0.	·		<u></u>
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 8,701.				
a Applied to 2014, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				8,701.
d Applied to 2015 distributable amount  e Remaining amount distributed out of corpus	0.			0,701.
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a)	Ŭ.	<del></del>		
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</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.		<del></del>	0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2016				45,206.
7 Amounts treated as distributions out of				43,200
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election			1	
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
<b>b</b> Excess from 2012	ļ			
c Excess from 2013	İ			
d Excess from 2014	}			
e Excess from 2015				

Part XIV Private Operating Fo	GREENHECK	FOUNDATION,	INC.		170750 Page 10			
			<del></del>	N/A	<del></del>			
1 a If the foundation has received a ruling or								
foundation, and the ruling is effective for			<b>▶</b>	3	<del></del>			
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
2 a Enter the lesser of the adjusted net	Tax year	41.0044	Prior 3 years	(1) 0040	4 ,, <u>.</u> .,			
income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total			
investment return from Part X for								
each year listed								
<b>b</b> 85% of line 2a			<u> </u>					
c Qualifying distributions from Part XII,		1						
line 4 for each year listed								
<b>d</b> Amounts included in line 2c not								
used directly for active conduct of		1			}			
exempt activities								
e Qualifying distributions made directly					1			
for active conduct of exempt activities.								
Subtract line 2d from line 2c			<u> </u>		<u> </u>			
3 Complete 3a, b, or c for the								
alternative test relied upon; a "Assets" alternative test - enter;					1			
(1) Value of all assets								
(2) Value of assets qualifying								
under section 4942(j)(3)(B)(i)		1			1			
<b>b</b> "Endowment" alternative test - enter				,				
2/3 of minimum investment return shown in Part X, line 6 for each year								
listed				]				
c "Support" alternative test - enter;								
(1) Total support other than gross								
investment income (interest,								
dividends, rents, payments on								
securities loans (section 512(a)(5)), or royalties)				ļ	1			
(2) Support from general public		<del></del>	<del> </del>					
and 5 or more exempt								
organizations as provided in section 4942(j)(3)(B)(iii)								
(3) Largest amount of support from	<del></del>		<del></del>	<del>                                     </del>	<del>                                     </del>			
an exempt organization								
(4) Gross investment income	<del></del>	<del></del>	<del> </del>	<del>                                     </del>	<del> </del>			
Part XV   Supplementary Info	mation (Comple	ete this part only	if the foundation	had \$5,000 or mo	re in assets			
at any time during th								
1 Information Regarding Foundation		<del></del>						
a List any managers of the foundation who		e than 2% of the total con	tributions received by the	foundation before the clo	se of any tax			
year (but only if they have contributed m			and anone received by ane	Tobridation bolors till bio	oo or any tax			
JAMES D. GREENHECK								
b List any managers of the foundation who	own 10% or more of t	the stock of a corporation	(or an equally large portu	on of the ownership of a p	artnership or			
other entity) of which the foundation has			(or an equally large per a	o oo op op				
NONE								
2 Information Regarding Contribution	on, Grant, Gift, Loar	n, Scholarship, etc., P	rograms:		<del></del>			
Check here <b>X</b> if the foundation o				not accept unsolicited requ	uests for funds. If			
the foundation makes gifts, grants, etc. (								
a The name, address, and telephone numb	er or e-mail address of	the person to whom app	lications should be addres	ssed:				
,								
b The form in which applications should be	e submitted and inform	ation and materials they s	should include.					
c Any submission deadlines:								
		<del></del>		<del></del>				
d Any restrictions or limitations on awards	, such as by geographi	cal areas, charitable fields	, kinds of institutions, or	other factors:				

Form **990-PF** (2015)

Unrelated business income

Excluded by section 512, 513, or 514

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

Enter gross amounts unless otherwise indicated.	Unrelati	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	( <b>d)</b> Amount	Related or exempt function income
1 Program service revenue;	code	Amount	code	Amount	idiliction income
a			<u> </u>		
b			<u> </u>		
c					
d			T		
e			1		
1	ļ		<b> </b>		
g Fees and contracts from government agencies			†		
2 Membership dues and assessments	<b>—</b> —	<u> </u>	<del>                                     </del>	<del></del>	
	<del></del>		<del> </del>		
3 Interest on savings and temporary cash	Į.				
investments	<u> </u>	<del> </del>	<del> </del> -	<del> </del>	
4 Dividends and interest from securities			<del> </del> _		 
5 Net rental income or (loss) from real estate:	<u> </u>		ļ		
a Debt-financed property			ļ		
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal	ļ.				-
property	Ì		1		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			<del> </del>		<u> </u>
10 Gross profit or (loss) from sales of inventory	<b></b>		┼─	<del> </del>	
11 Other revenue:			┼┈─	<del> </del>	<del></del>
	1	ļ	-		
<u>a</u>	<u></u>		<del> </del>		
b	<u></u>		<b>├</b> ─	<del> </del>	
•	i .		1		
c		· · · · · · · · · · · · · · · · · · ·	+	<del> </del>	<del></del>
d					
de					
de  12 Subtotal. Add columns (b), (d), and (e)		0.			0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)		0.			0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to		emplishment of Ex	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to  Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incor	ne is reported	omplishment of Exon column (e) of Part XVI-A	empt	13 _ Purposes	0.

### Form 990-PF (2015) Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the or	organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of								Yes	No
	the Code	ode (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
а	Transfers	ers from the reporting foundation to a noncharitable exempt organization of:									L
	(1) Cash								1a(1)		X
	(2) Other	ther assets									X
b	Other tran	sactions:									
	(1) Sales	of assets to a noncharitat	ole exempt organizat	ion					1b(1)		_X_
	(2) Purch	nases of assets from a non	icharitable exempt o	rganization					1b(2)		X
	(3) Renta	(3) Rental of facilities, equipment, or other assets									
	(4) Reim	bursement arrangements							1b(4)		X
		s or loan guarantees							1b(5)		_X
	(6) Perfo	rmance of services or mer	mbership or fundrais	sing solicitation	ns				1b(6)		<u>X</u>
		f facilities, equipment, mai							_1c		X
ď		wer to any of the above is '								ets,	
		s given by the reporting fo			ed less tha	n fair market valu	ie in any transaction	or sharing arrangem	ent, show in		
/- X		i) the value of the goods, o				<del></del>			<del></del>		
a) L	ine no	(b) Amount involved	(c) Name of	noncharitable	e exempt c	organization	(d) Description	of transfers, transactions	s, and sharing arra	angemer	ts
				N/A	<del> </del>						
				<del> </del>	<del></del>	<del></del>	<del></del>				
								<del></del>			
	-+								· · · · · · · · · · · · · · · · · · ·		
						<del></del>	<del></del>				
			<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>			
			<del></del>		<del>-,</del>	<del></del>		<del></del>			
	-+-	<del></del>						<del></del>			
			<del></del>			<del></del>		<del></del>			
		<del></del>	<del></del>			<del></del>		<del></del>			
			<del></del>		<del></del>			<del></del>			
							<del></del>				
	$-\vdash$		<del> </del>				<del>-  </del>				
						<del></del>	-	***			
	lo the ferre										
2 <b>a</b>		ndation directly or indirect	-			ax-exempt organi	zations described			Γ <del>Υ</del>	No
L		501(c) of the Code (other		(3)) or in sect	ION 527 /				Yes	LA	טאו ר
0	n res, co	omplete the following sche (a) Name of orga			(h) Type	e of organization	·	(c) Description of rel	lationshin		
		N/A	unization		(6) 1960	or organization	<del> </del>	(a) bescription of ter	iationomp		
							<del> </del>	···	· · · · · ·		
								···-			
						·		····			
					ļ						
	Under	penalties of perjury, I declare th	nate bave examined this	retyrn, including	accompany	ing schedules and st	tatements, and to the be	st of my knowledge			
Sig	an and be	penaties of perjury, I declare the blief, it is true, correct, and comp	plete. Declaration of pre	parer other than	taxpayer) is	based on all informa	tion of which preparer h	OR PREST	May the IRS of return with the shown below	e prepar	er
Нè	re 🕨	Frull 1 X	True ChA		l l		ENT		X Yes	•	No
	Sur	nature of officer or trustee	<del>Paney</del>		Da	te	Title				
_		Print/Type preparer's nai	me	Preparer's s			Date	Check   If	PTIN		
	•	JEFFREY E.			J		1	self- employed			
Pa	id	CPA	,	JEFFRE	Y E.	STUBBE	11/16/16		P00017	798	
	eparer	Firm's name > WIP	FLI LLP	<u> </u>	<u> </u>			Firm's EIN ► 3			
	e Only	The state of the s									
	•	Firm's address ▶ PO	BOX 8010						<del></del>		
			USAU, WI		02-80	10		Phone no. 715	5.845.3	111	
_							<del></del>	,	Form 99		(2015)

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization

Employer identification number

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

	JAMES D GREENHECK FOUNDATION, INC.	47-5170750						
Organization type (che	eck 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 foundation	on						
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note. Only a section 50  General Rule	non is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  O1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp							
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution is any one contributor. Complete Parts I and II. See instructions for determining a cor							
For an organizations 509(a any one contrib	ration described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line libutor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the complete Parts I and II	13, 16a, or 16b, and that received from						
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.								
but it <b>must</b> answer "No	ion that is not covered by the General Rule and/or the Special Rules does not file So " on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ o meet 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.

Name of organization

Employer identification number

JAMES D GREENHECK FOUNDATION,	INC.	47-5170750

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES GREENHECK  1603 WESTON AVENUE  SCHOFIELD, WI 54476	\$3,000,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (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 )

Employer identification number

# JAMES D GREENHECK FOUNDATION, INC.

<u>47-5170750</u>

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

Schedule B	(Form 990, 990 EZ, or 990 PF) (2015)		Page 4
Name of orga	nization		Employer identification number
.TAMPC	D GREENHECK FOUNDATION,	TNC	47 5170750
Part III	Exclusively religious, charitable, etc., contril the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	outions to organizations described in se	47-5170750  ction 501(c)(7), (8), or (10) that total more than \$1,000 for line entry. For organizations or the year. (Enter this info pine) \$
	Use duplicate copies of Part III if additional	space is needed	of the year (cate this into once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b>T</b>	(e) Transfer of gift	
-	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(a) Transfer of gift	
		(e) Transfer of gift	
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
		(e) Transition of gift	
<u> </u>	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. 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, an	d ZIP + 4	Relationship of transferor to transferee
-			
[ .			

FORM 990-PF	LEGAL	FEES	S	TATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	7,556.	0.		7,556.
TO FM 990-PF, PG 1, LN 16A	7,556.	0.		7,556.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
INSURANCE MISCELLANEOUS	1,125.	0.		1,125.

FORM 990-PF	OTHER ASSETS		STATEMENT 3
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CONSTRUCTION IN PROGRESS	0.	230,575.	230,575.
TO FORM 990-PF, PART II, LINE 15	0.	230,575.	230,575.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 4
NAME OF CONTRIBUTOR	ADDRESS	
JAMES D GREENHECK	1603 WESTON AVE	

SCHOFIELD, WI 54476