

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form **990-PF**

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

OMB No 1545-0052

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public.

Information about Form 900-PF and its sociated instructions is at years free gov/form990of

	endar year 2015, or tax year beginning	<del></del>	, and ending	Α	/2/3// Employer iden	15	ımber
KAYM	NOND R & MARTHA G. WERNI 7425 PELICAN BAY B.		<b>,</b>	В	52- Telephone num	22:	5 46 5 8 structions)
	NAPLES, EL. 34			С	If exemption a	pplication is	s pending, check here
<b>G</b> Che	eck all that apply: Initial return Final return Address change	Initial return of a form Amended return Name change	mer public charity	D 1	Foreign organi Foreign organi	zations, che zations mee	eck here . ► [
H Che		1(c)(3) exempt private t	foundation private foundation		here and attac	h computat	ion
(fron	m Part II, column (c), line 16)	ounting method. XC		F	under section  If the foundation	507(b)(1)( <i>A</i> on is in a 6	A), check here .   O-month termination
Part I	3/4,/03.3%	column (d) must be of		- au	under section	507(b)(1)(E	3), check here .
Tarci	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investmen income	nt	(c) Adjuste		(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc, received (attach schedule) 2 Ck   if the foundation is not required to attach Sch B	63,538.00					
	3 Interest on savings and temporary cash investments 4 Dividends and interest from securities		18,4293	6			I I I I I I I I I I I I I I I I I I I
	5 a Gross rents						RECEIVED
R E V	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a	5,830.62				30.1	MAR 0 7 2016
E	7 Capital gain net income (from Part IV, line 2) .  8 Net short-term capital gain		<u> </u>	_		-1"-	
E	9 Income modifications					NATION OF THE	DGDEN, UT
	b Less Cost of goods sold						
	11 Other income (attach schedule)	69,368.02	18, 419 36				
	12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc.		\				1
	14 Other employee salaries and wages .	====	<del></del>	$\dashv$	<del>/</del>		+\
1	15 Pension plans, employee benefits						
\ A	16a Legal fees (attach schedule)			$-\Gamma$			
) M	<b>b</b> Accounting fees (attach sch) <b>c</b> Other prof fees (attach sch)						<del>                                     </del>
N I	17 Interest		<del></del>	<del></del>	$-\!\!\!\!-\!\!\!\!\!+$		<del> </del>
O PERAT	18 Taxes (attach scheduleXsee instrs)	327.48	<del></del>	$\dashv$			<del> </del>
RRA	19 Depreciation (attach	JA 110		$\neg$			<del>                                     </del>
1 11	schedule) and depletion  20 Occupancy					<del>/</del>	<u> </u>
N V G E	21 Travel, conferences, and meetings		<del></del>	-		<del></del>	<del> </del>
A E	22 Printing and publications			<del></del>			<del>                                     </del>
A E X P E	23 Other expenses (attach schedule)	)			<del></del>		
N S E	Total operating and administrative expenses. Add lines 13 through 23	2174				_/	<del> </del>
3	25 Contributions, gifts, grants paid	78, 49 2,59					78,492
	Total expenses and disbursements. Add lines 24 and 25	78,720.05					
	27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements	9,352.03					
	<b>b</b> Net investment income (if negative, enter -0 )		18,429.3	6			
	C Adjusted net income (if negative, enter -0-)				0		<u>L</u>
RAA FO	or Paperwork Reduction Act Notice, see ins	tructions	TEEA0504L 12/0	04/15			Form <b>990-PF</b> (201

Par	FII I	Balance Sheets Attached schedules and amounts in the dicolumn should be for end-of-year amounts (See instructions)	escription s only	Beginning of year	End	of year
				(a) Book Value	(b) Book Value	(c) Fair Market Value
	1					
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
	1	Less: allowance for doubtful accounts ▶		1		
	4	Pledges receivable	. – – – -			
		Less: allowance for doubtful accounts ▶		-		*
	5	Grants receivable			-	/
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	١ ـ	·	•			
Δ	7	Other notes and loans receivable (attach sch)	·	-		
Ŝ	_	Less allowance for doubtful accounts		ļ		<del> </del>
A S E T	8	Inventories for sale or use	•			
Ŧ	9	Prepaid expenses and deferred charges				<del> </del>
S	10 a	a Investments — U.S and state government obligations (attach schedule)				
	1	<b>b</b> Investments — corporate stock (attach schedule)	,		7	
	(	c Investments — corporate bonds (attach schedule)				
	11	Investments — land, buildings, and equipment: basis.				
		Less. accumulated depreciation (attach schedule)				
	12	Investments – mortgage loans.	<del>-</del>		<del></del>	<del> </del>
	13		•••	<del></del>	<del> </del>	<del> </del>
	14		• •	<b>-</b>		
	1-7	Less: accumulated depreciation (attach schedule)				
	1=	Other assets (describe >	· <u>/</u>	<del></del>		<del></del>
		`	· <sup>-</sup>	498.829.	542,110.	5 76,706.38
$\overline{}$	17	Accounts payable and accrued expenses	<u> </u>	1 (8.0)	3 10,110.	3 76, 706.50
Ī	18	Grants payable	•	<del></del>		+
A B	19	Deferred revenue	•	<del></del>		-
Ţ	20	Loans from officers, directors, trustees, & other disqualified person		<del></del>		-
L	21	Mortgages and other notes payable (attach schedule) .	13		<del></del>	-
Т	22	Other liabilities (describe	٠.,			_
I E S	22		'		-	-{
<u>s</u>	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here				
	!	and complete lines 24 through 26 and lines 30 and	31.			
NF	24	Unrestricted			T	
E U T N	25	Temporarily restricted				
D	26	Permanently restricted .				
A B S A L A		Foundations that do not follow SFAS 117, check he and complete lines 27 through 31.	re 🕨			
ĔĹ	27	Capital stock, trust principal, or current funds				
SN	28	Paid-in or capital surplus, or land, bldg., and equipment fund .				
OE	29	Retained earnings, accumulated income, endowment, or other funds	3 ,			
RS	30	Total net assets or fund balances (see instructions)				
	31	Total liabilities and net assets/fund balances (see instructions)		636,957,	576.706.	
Dark	· [][]	Analysis of Changes in Net Assets or Fund	l Ralanc	05 05	J 16, 100.	
						<del></del>
1	Total	I net assets or fund balances at beginning of year — F of-year figure reported on prior year's return).	Part II, colu	ımn (a), line 30 (must a		1219/7
		or-year ligure reported on prior year's return; er amount from Part I, line 27a	•		$\frac{1}{1+60}$	( ) ( ) ( ) ( ) ( )
			•		···	7,332.
		Increases not included in line 2 (itemize).			3	1177105
		lines 1, 2, and 3		• • •	4	bd 1,605
		ases not included in line 2 (itemize)	_MAR_		MEGNT VE 5	50,899
6	ıota	I net assets or fund balances at end of year (line 4 mi	Rus line 5)	- Part II, column (b),	line 30 . 6	5 76, 106

Par	t IV Capital Gains and I	osses for Tax on Investme	nt Income			
	(a) List and describe	e the kind(s) of property sold (e.g., se; or common stock, 200 shares M	real estate,	(b) How acquir		(d) Date sold (mo , day, yr )
				D — Donatioi		
1 a	<del></del>					
	<del></del>		<del></del>			
	<del></del>		- A Mar			
.— <u>e</u>			CKM.		<del>-  </del>	
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other ba	ISIS	(h) Gain or	(loss)
	(-)	(or allowable)	plus expense phase	le	(e) plus (f) n	
a	<u> </u>	( N	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
t		70	1/4/10	)))		
		2/10	001 - 10			
		20 100				
e	<del></del>					
		ing gail in column (h) and owned			(I) Gains (Col	
	(i) F.M.V. as of 12/31/69	G Adjusted basis	(k) Excless of col (i) over col. (i), if any		gain minus col. (k), t than -0-) or Losses (f	
a	1	, ,				
	<u> </u>		<b>/</b>			
				$\overline{}$		
					<b>\</b> /	
e	· · · · · · · · · · · · · · · · · · ·	<u> </u>			$\Delta$	<del></del> -
2	Capital gain net income or (ne		o enter in Part I, line 7 Iter -0- in Part I, line 7	- ],	, —	
3	Not chart torm capital gain or	L	_	<u> </u>	2	
3	, ,	(loss) as defined in sections 1222(	· ``			
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions).	If (loss), enter -0-	-   ,	3 4 582	0.02
Par		r Section 4940(e) for Reduce	ed Tay on Net Investm		10 10 10 10 10 10 10 10 10 10 10 10 10 1	UIUX
		oundations subject to the section 4940				
-		·	(4) (4)	,		
It se	ction 4940(d)(2) applies, leave t	this part blank.				
Was	the foundation liable for the sec	ction 4942 tax on the distributable a	amount of any year in the b	ase period?	. Yes	No
lf 'Υ∈	es,' the foundation does not qua	alify under section 4940(e) Do not	complete this part.			
1	Enter the appropriate amount in	each column for each year, see the in	structions before making any	entries		
	(a) Base period years	Adjusted qualifying distribute and	(c)	}	(d)	ratio
	Calendar year (or tax year	Adjusted qualifying distributions	Net value of noncharitable-use as	sets (c	Distribution • ol. (b) divided by	
	beginning in)	W Vis	(1, 1) 2			
	2014	Me	111 /2 / KOV		<del></del>	- <del></del>
	2013	1) 1.		/		
	2012	100	-//\1\2\/	- 1	4	
	2011	100	W 6 //	~9	<del>-217</del>	90 b
	2010		///	<u> </u>	<u> </u>	10.0
2	Total of line 1, column (d)	Oh. //			2 0	
_		as 5 year base pared divide the	total on the 2 by Der by t	<del>                                     </del>	A MG	101
3 	number of years the foundation	ne 5-year base period — divide the n has been in existence if less than	Styparking Zby Chi	: He	$_{3}$   10,4	12,
	-	'	0000000 V/C			
4	Enter the net value of nonchar	itable-use assets for 2015 from Pa	rt X, line 5		-	
5	Multiply line 4 by line 3		4		5	
_	E . 10/ 6	(18) ( David L. L. a. 07b)	18,429.		.   /	04 19
6	Enter 1% of net investment inc	come (1% of Part I, line 2/b)	$(\nu_j, \nu_j)$			01.41
7	Add lines 5 and 6			\ ;	,	
,	Aud IIIIOS J aliu U , , ,		•	<u> </u>	·	
8	Enter qualifying distributions fr	om Part XII, line 4		8	3	
	If line 8 is equal to or greater that	n line 7, check the box in Part VI, line	e 1b, and complete that part	using a 1% ta	rate. See the	

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	s)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here . F and enter 'N/A' on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary – see instrs)	1/0	، مسو	a
k		<u> 8</u>	138	<u> </u>
,	check here. ► and enter 1% of Part I, line 27b			
<b>√</b> (	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
2	foundations only Others enter -0-)	268	10	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4	<u>ታይ¤</u>		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	100 4	120	<u> </u>
6	Credits/Payments:	10	-	ļ
	2015 estimated tax pmts and 2014 overpayment credited to 2015			
Ŀ	Exempt foreign organizations – tax withheld at source 6b			
(	: Tax paid with application for extension of time to file (Form 8868) 6 c			
(	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> 184</u>	29	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax.			
	t VII-A   Statements Regarding Activities		Vaa	Na
1 a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a	Yes	No
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1 b		<b>V</b>
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
(	Did the foundation file Form 1120-POL for this year?	1 c		<i>y</i>
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		,
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		-
ŀ	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b		1
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<b>V</b>
	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 conflict with the state law remain in the governing instrument?	6	<b>v</b> .	
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	<b>V</b>	
8 8	Enter the states to which the foundation reports or with which it is registered (see instructions)			
I	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>	8 b	/	
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,' complete Part XIV	9	<u> </u>	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10	<b>✓</b>	
EAA	Fo	rm 990	DF /2	2015\

Part VII-A Statements Regarding Activities (continued)			
At any time during the year, did the foundation, directly or indirectly, own a control within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instruction	led entity s) .	11	/
12 Did the foundation make a distribution to a donor advised fund over which the foundation advisory privileges? If 'Yes,' attach statement (see instructions)	or a disqualified person had	12	1
13 Did the foundation comply with the public inspection requirements for its annual re Website address	turns and exemption application?	13 🗸	
14 The books are in care of FRY MOIND R. WFRNIG	Telephone no. > 239.4	593 - 7	198
Located at \ 7 \( \sqrt{15 PFLICAN_BAY_BLYD_\( \sqrt{15 by} \) \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PLS FZIP + 4 - 39/68 1041 - Check here		- L = . -
and enter the amount of tax-exempt interest received or accrued during the year			
At any time during calendar year 2015, did the foundation have an interest in or a signatularly bank, securities, or other financial account in a foreign country?.	re or other authority over a	16 Yes	s No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If enter the name of the foreign country	f 'Yes,'		
Part VII-B Statements Regarding Activities for Which Form 4720 Ma	y Be Required		
File Form 4720 if any item is checked in the 'Yes' column, unless an exception ap	plies.	Yes	No
1 a During the year did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified personal	U /	<b>'</b>	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it disqualified person?	from) a		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified per			
(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 a for the benefit or use of a disqualified person)?	available Yes No		
(6) Agree to pay money or property to a government official? (Exception. Check 'N foundation agreed to make a grant to or to employ the official for a period after terminof government service, if terminating within 90 days )	lo' if the nation Yes No		
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the excel Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance	otions described in e (see instructions)?	1 b	
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 t that were not corrected before the first day of the tax year beginning in 2015?	han excepted acts,	1 c	
2 Taxes on failure to distribute income (section 4942) (does not apply for years the for private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	oundation was a		
a At the end of tax year 2015, did the foundation have any undistributed income (line and 6e, Part XIII) for tax year(s) beginning before 2015?	s 6d . Yes No		
If 'Yes,' list the years ► 20 _ , 20 _ , 20 _ , 20			
b Are there any years listed in 2a for which the foundation is not applying the provision (relating to incorrect valuation of assets) to the year's undistributed income? (If apply all years listed, answer 'No' and attach statement — see instructions).	olying section 4942(à)(2) to	2 b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in	2a, list the years here		
20,20,20			
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes No		
<b>b</b> If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or long by the Commissioner under section 4943(c)//)) to dispose of holdings acquired by (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule Codetermine if the foundation had excess business holdings in 2015.)	by the foundation ger period approved lift or bequest, or c, Form 4720, to	3 b	
4a Did the foundation invest during the year any amount in a manner that would jeopar charitable purposes?		4 a	
<b>b</b> Did the foundation make any proestment in a prior year (but after December 31, 196 jeopardize its charitable purpose that had not been removed from jeopardy before the first the tax year beginning in 2015?	9) that could day of	4 b	
ВАА	Form	990-PF	(2015)

Form	990-PF	(2015)

1	P	а	n	Δ	1

Part VII-B   Statements Regarding Activit	ios for Which Form	4720 May Pa Dag	uirad (aantinuad)		
5 a During the year did the foundation pay or incl		ii 4/20 May be ked	uirea (continuea)		
(1) Carry on propaganda, or otherwise attempt	•	on (section 4945(e))?	Yes	No	
<ul><li>(2) Influence the outcome of any specific pub.</li><li>on, directly or indirectly, any voter registration.</li></ul>	olic election (see section ation drive?	n 4955); or to carry	. Tyes D	VNo	
(3) Provide a grant to an individual for travel,	, study, or other similar	purposes?	Yes	No	j
(4) Provide a grant to an organization other t in section 4945(d)(4)(A)? (see instructions	han a charitable, etc, o s)	rganization described	Yes	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientifion of cruelty to children	c, literary, or or animals?	. ∏Yes ☑	No	
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep	otions e	5 b	
Organizations relying on a current notice rega			▶ □		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	isibility for the grant? .		Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d).			
<b>6 a</b> Did the foundation, during the year, receive a on a personal benefit contract?	• •		·· Yes	No	
<b>b</b> Did the foundation, during the year, pay prem	iiums, directly or indired	ctly, on a personal bene	fit contract?	6 b	
If 'Yes' to 6b, file Form 8870.  7a At any time during the tax year, was the found	dation a narty to a prob	whited tay shelter trans-	oction? [Vac []	Ńο	
<b>b</b> If 'Yes,' did the foundation receive any process				7 b	
Part VIII Information About Officers, D					
and Contractors	,	•	<b>5</b> , <b>.5</b> . <b>5</b>	,	
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see ins	tructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	account, owances
RAYMOIND R. WERNIG				_	
7425 PELICAN BAY BLYD 1504_ NAPLES : 21 - 34106	PRES 4	0	$\circ$		<b>)</b>
BUNG THE G. WERNIG	<b>,</b>				
_ 2415 PELICITY BAYL BLYD -1504_	VP ,		42		
NIT PLES FL -3415	Vr /	<i>D</i>	0	$\cup$	
R. MIPRK WERNIG					
730 FIDGE CREST RD	TRX 1	$\cap$	(2)	m	
JT K ROM, 01110 1/9303	-/ NO -!	<i>U</i>			
2 Compensation of five highest-paid employees (or	ther than those included	on line 1 – see instruction	ns). If none, enter 'NONE.	<u></u>	<del></del>
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	account, wances
					_,
	NONE				
					<del></del>
Total number of other employees paid over \$50,000					
Total Hulliper of other chiphoyees baid over \$30.000	4 .		, -1		

		_
Form 990-PF (2015)  Part VIII Information About Officers, Directors, Trustees, Foundar and Contractors (continued)	tion Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (see instr	ructions) If none, enter 'NONE'	<del></del>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	(a) type of solving	(c) compensation
		<del></del>
/		
/		
Total number of others receiving over \$50,000 for professional services	▶	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in organizations and other beneficiaries served, conferences convened, research papers produced, etc.	formation such as the number of	Expenses
1		
2		
3		
³		
4		
·		
Part IX-B Summary of Program-Related Investments (see instruction	ons)	
Describe the two largest program-related investments made by the foundation during the ta	x year on lines 1 and 2.	Amount
1		
2		

Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
	·
2	
All other program-related investments. See instructions	
3	
Total./Add lines 1 through 3	
BAA	Form <b>990-PF</b> (2015)

Par	Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign 1	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities.	1 a	635.000,
	Average of monthly cash balances	1 b	
C	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	635,000
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	635,000
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 for charitable activities. Enter 1-1/2% of line 3 for charitable was	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5	6	
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► and do not complete this part.)	ting fo	oundations
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2015 from Part VI, line 5 2a		
Ŀ	Income tax for 2015 (This does not include the tax from Part VI) 2b	1 !	
C	Add lines 2a and 2b	2 c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	
Par	t XII Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	
	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.	2	
3 a	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, time 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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years.	ndation	
BAA			Form <b>990-PF</b> (2015)

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

•	(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	( <b>d)</b> 2015
1\ Distributable amount for 2015 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2015	•			
a Enter amount for 2014 only				
<b>b</b> Total for prior years: 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2015.				
<b>a</b> From 2010 .				
<b>b</b> From 2011 \ .				
c From 2012				
<b>d</b> From 2013 . <b>e</b> From 2014 .				
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from Part				
XII, line 4: \\$				
a Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior year	······································			
(Election required — see instructions).	arsi			
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus	\ <u> </u>			
5 Excess distributions carryover applied to 2015				
(If an amount appears in column (d), the same amount must be shown in column (a)	, \			
Same amount must be shown in column (a)	'  <b>\</b>			
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	-			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistribute	ed		***************************************	
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				
		<del>  \                                   </del>		
e Undistributed income for 2014 Subtract line 4a from line 2a. Taxable amount — see instructions				
f Undertributed income for 2015 C. L				
f Undistributed income for 2015 Subtract line 4d and 5 from line 1. This amount must be	S			
distributed in 2016				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(a)(3) (Election				
may be required — see instructions) .	<del> </del>		<del>\</del>	
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	t			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a				
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:				
a Excess from 2011.				
<b>b</b> Excess from 2012	-			
c Excess from 2013				
d Excess from 2014	7			
e Excess from 2015				`
ΛΛ			······································	

Part	XIV Private Operating Founda	<b>ations</b> (see instr	ructions and Par	t VII-A, question	9)	
1a	If the foundation has received a rulin	g or determinatio	n letter that it is a	a private operating		
	foundation, and the ruling is effective for					
b			te operating found		section	3) or 🔲 4942(J)(5
2a	Enter the lesser of the adjusted net income from Rart I or the minimum	Tax year		Prior 3 years	,	(e) Total
	investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	each year listed					<del></del>
b	85% of line 2a					
С	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 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
_	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter <sup>2</sup> / <sub>3</sub> of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part		n (Complete t	his part only if	the foundation h	ad \$5.000 or mo	re in assets at
	any time during the year –				•	
1	Information Regarding Foundation					······································
а	List any managers of the foundation velocities before the close of any tax year (but o	vho have contrib	uted more than 2 <sup>st</sup>	% of the total cont han \$5,000). (See s	ributions received bection 507(d)(2).)	by the foundation
	RAYMOND 2. WERN G	- MARTHA	( VALED NIG.	- STIPOUNE	- 0 - 1-11-0 mil	۵
b	List any managers of the foundation	who own 10% o	or more of the sto	ck of a corporation	n (or an equally lar	ge portion of the
	ownership of a partnership or other er					<b>5</b> • • • • • • • • • • • • • • • • • • •
2	Information Regarding Contribution	, Grant, Gift, Loa	an, Scholarship,	etc., Programs:		
	Check here ▶ ☐ if the foundation of unsolicited requests for funds, If the foundation of the foundati	only makes cont oundation makes	ributions to prese	elected charitable		
	other conditions, complete items 2a, b	o, c, and d.				
а	The name, address, and telephone nu	mber or e-mail ad	ddress of the pers	on to whom applic	ations should be ac	ldressed:
	RAYMONO R WERNIG The form in which applications should	- 7425	PI=LIEMU BE	HUBLUD 150	4 - NAPLES	FL-34108
b	The form in which applications should	be submitted an	d information and	materials they sho	uld include:	
		ETTER				
C	Any submission deadlines:					
		NONE				
	Any restrictions or limitations on aw	ards, such as b	y geographical a	reas, charitable fie	elds, kinds of instit	tutions, or other
	factors:	1.11.0	2 0	· · · · · ·	1	
	Ohis Florida -	Catholis	think - Hy	Jet West	Mary	
			U		<b>∕</b> Fo	orm <b>990-PF</b> (2014)

Part XV   Supplementary Information (Co 3 Grants and Contributions Paid During the You	ear or Approved for Fut	ure Paymen	nt	
	If recipient is an individual.		1	Γ
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	1 61	
a Paid during the year	first with	ol ol	the bound of the second of the	
				78,492
Total			► 3a	
<b>b</b> Approved for future payment				

Form <b>990-PF</b> (2015)					Page 1
Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Excluded by	section 512, 513, or 514	
Program service revenue:	(a) (b) Business Amount code		(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions.)
a			- couc		<del></del>
b					
c					<del> </del>
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities .					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal Acoperty				_	
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events.					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	-				
b					
C	\				
d		<del></del>		<del></del>	
e 12 Coltate Add as to see (1) (1)	<del>  \                                   </del>				<u> </u>
12 Subtotal. Add columns (b), (d), and (e)		<del>,</del>			
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculating	ons )			13 _	
	<del></del>				
Part XVI-B Relationship of Activities to the		·	•		
Line No. Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is reporte t purposes (othei	ed in column (e) of f r than by providing t	Part XVI-A of funds for su	ontributed importantly ch purposes). (See in	y to the structions )
				<del></del> .	
	4				
			<del></del>		
			$\overline{}$		
			$\overline{}$		·
		8.5	<del></del>	***	···
		<del>.</del>	$\overline{}$	<u> </u>	
				<del>\</del>	
		•		<del>\</del>	
		*			
		···			
		·	-		
		<del>***</del> **			
			····	- 4	

Part X	VII Information Reg	garding Transf zations	ers To and Transaction	ns and Relationshi	ps With Noncha	ritable		
	<del>\.</del>						Yes	No
1 Di de re	d the organization directly escribed in section 501(c) lating to political organiza	or indirectly enga of the Code (other tions?	ge in any of the following wi than section 501(c)(3) orga	th any other organization nizations) or in section	on 527,			
	- \ ' · · · ·		oncharitable exempt organiz	ration of				
	Cash		· -			1 - (1)		
•	Other assets	••••			• • • • •	1 a (1)		
• .	ther transactions:				• • •	1 a (2)		
	· · · · · · · · · · · · · · · · · · ·							
	Sales of assets to a nor					1 b (1)		
			exempt organization	•		1 b (2)		
•	Rental of facilities, equip	•	sets	• • • • • •		1 b (3)		
•	Reimbursement arrange					1 b (4)		
	) Loans or loan guarantee	1				1 b (5)		
	Performance of services	<b>\</b>			· · · · · · · · · · · · · · · · · · ·	1 b (6)		
<b>c</b> Sł	naring of facilities, equipm	ent, mailing lists,	other assets, or paid employ	rees		1 c		
ar	ly transaction or sharing a	rrangement, show	nplete the following schedule reporting foundation. If the four in column (d) the value of the incharitable exempt organization	he goods, other assets,	ways show the fair m n fair market value in or services received nsfers, transactions, and s			
(a) Line	no (b) Amount involved	(C) Name of no	icharitable exempt organization	(u) Description of tra	nsiers, transactions, and s	naring arran	igentent	5
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						<del></del>
			<del>\</del>					
				1	·			
de		of the Code (other	h, or related to, one or more to than section 501(c)(3)) or in		\	Yes		No
	(a) Name of organizati	ion	(b) Type of organization	(6	Description of rela	tionship		
				,				
			- 49-40-1	· <del></del> -				
						· · ·		
	Under penalties of perjury, I declar correct, and complete Declaration	re that I have examined of preparer (other than	this return, including accompanying so taxpayer) is based on all information of	thedules and statements, and to of which preparer has any know	o the best of my knowledge rledge			
Sign Here	Signature of officer or trustee	Herni	g 2/15/16 Date	Presile	nt	May the li this return preparer s (see instri	n with th shown b	e elow ?
	Print/Type preparer's nai	me	Preparer's signature	Date	Chook 4	PTIN	, 03	No
	1	n		_ = ===	Crieck			
Paid	<del></del>	V			self-employed			
Prepar		MAILE			Firm's EIN ►			
Use O	nly Firm's address 💆 🖊		•		_			
					Phone no			
BAA						Form <b>990</b>	)-PF (	2015)

#### Schedule B (Form 990, 990-EZ, 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, 990-PF) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No 1545-0047

KAYMOND K MAR	ITHA G.	VIL-RAIG	FOUN PA	7104	52-2254658
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)(	) (enter numbe	-		
	4947(a)(1) r	nonexempt charita	able trust not	treated as a p	orivate foundation
	527 political	lorganization			
Form 990-PF	<b>□</b> E01(0)(2) 0	cempt private four			
FOIII 550-F1	===				
	<b>三</b>	nonexempt charita		ted as a priva	te foundation
	501(c)(3) ta	xable private four	ıdatıon		
Check if your organization is covered by the General	Rule or a Special	Rule.			<del></del>
Note. Only a section 501(c)(7), (8), or (10) organ	nization can che	eck boxes for both	the General	Rule and a Sp	pecial Rule. See instructions.
General Rule					
For an organization filing Form 990, 990-EZ, property) from any one contributor. Complet	or 990-PF that e Parts I and II.	received, during See instructions	the year, cont for determini	ributions total ng a contributi	ing \$5,000 or more (in money or or's total contributions.
Special Rules					
For an organization described in section 501 under sections 509(a)(1) and 170(b)(1)(A)(vi), the received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990	hat checked Sche e vear. total cor	edule A (Form 990 atributions of the o	or 990-EZ), Pa preater of (1)	irt II. line 13. 10	6a, or 16b, and that
For an organization described in section 501 during the year, total contributions of more t purposes, or for the prevention of cruelty to	han \$1,000 <i>exci</i>	<i>lusivelv</i> for religioi	us, charitable,	. scientific. lite	om any one contributor, erary, or educational
For an organization described in section 501 during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete an it received nonexclusively religious, charitable	religious, charite total contribute ny of the parts i	table, etc., purpos ons that were rec unless the <b>Genera</b>	ses, but no su eived during t il Rule applies	ch contribution he year for ar s to this organ	ns totaled more than n <i>exclusively</i> religious, nization because
Caution. An organization that is not covered by 990-PF), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it does not meet the	filing requireme	ents of Schedule E	3 (Form 990, 9	990-EZ, or 99	edule B (Form 990, 990-EZ, or 190-EZ or on its Form 990-PF, 0-PF). Form 990, 990-EZ, or 990-PF) (2015

of

of Part I

Name of org	RAYMONIA R MARTHA G. WIFRNIG FOUNDA	710V	mployer identification number 52, 2254658
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	ıs needed.	. ,
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	MABTHA G WERNIG 7425 PELICAN BAY RIVO 1504 IYAPLES FL: 34108	\$ 27,119.0	Person Payroll Moncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RAYMOND B JALERNIG 7425 PELKNIN BIH BLYD 7504 INAPLES FL: 34108	\$_30,950.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STEPHAINIE P. WERNIG 5508 N. 134" ST. OM AltN: NE - 68164	\$3.213.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>	Msc_6JFTs	s_2,256	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Moncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

of Part II

Name of organ	AYMOND R. MARTHA G. WERNIG FOULLDAT DN	1	identification number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	350 SHARES - PNC FINC SYCS GP	\$ 27,119.00	2/25/2015
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_2	1800 SAMRES - LENOVO GELTO	\$_30,450.w	2/25/2019
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_3	75 SHARES MICOSOST	\$ 3,213.w	4/21/2015
(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
		\$	<b>  </b>
(a) No. from Part I	(b)  Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
<b></b>		\$	
BAA	Sch	edule B (Form 990, 990	)-EZ, or 990-PF) (2015)

RAYMOND R- MARTH G. WERNIG FRADATION - 52, 2254658 page 1 - Line 25 - Paid Out Cash Stewarts Caring Place- 500. 00 Lorenzo Walker Institute - 3,000. W Tranciscan Friais 100 00 Litercy Val of Collier Coty. 500 w Salvatus army 1000 10 The Churchill School . 250 w The Oak Clinic 2500.no Sum mi Health System 1000.W Mrsc - Churcho etc 500 00 9.350.00

See Page 19. MS Statement 12/3,/15

2015 RAYMOND R. WERNIG FOUNDATION - 52-2254658 Page 1- Line 25. Securtes Paid Out Catholic Charities - 4,539,84 - It 1/29/16 49, 593, 25 - In 4/24/15 Stan Hywett Hall Guardian Rol Litem \_ 4,941, 10 - Ltn 61.115 St. Vincent Fundation 10,668,48 - LIn 5/2015 69, 142.57 Total Cash + Stock - 78,720.05

## 2015 RAYMOND R + MARTHA 6 IXIERNIG FOUNDATION - 52-2254658

Part 1 - Line 3 ? 10 indends 10,196.11
449.54

Line 4 Interest - 1,708.35
4510

See M5 Statement page 7 Partna phys Dist. 6,016.95

Therest rec from 13.41
185 yr 2015

18,4,29.36

Lin 6 A

Capital hains - 5,830.02

Line 6B Line 10 B

Cross Sales -

261,056.42

Totalorgast -

256,095.40

See MS Statement prog 14

Line 18 See M5 Statem pag 19

Taxas paid -

1RS - 216.22 State 0/7L - 61.26

# . Part 1 - Line 1 - Contratations Beoresed

Martha G Wernig - 250 Share PIE - 8, 665.00

Raymird R Wernig - 1000 Shaw \_ 30,450.00 LENOVO GP 500.00

Styphanie Wernig - 75 Sharer - 3,213 10

Mise gifts - (less than 2.000) - 2,256.

A 63,538.00