

## 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



# EXTENDED TO NOVEMBER 15, 2 Return of Private Foundation

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

OMB No. 1545-0052

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue S DEC 18, 2015 For calendar year 2015 or tax year beginning , and ending DEC 31, 2015 Name of foundation A Employer identification number CRAMER FAMILY FOUNDATION 81-0939149 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number N7116 CTY RD A 920-887-1756 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here BEAVER DAM, WI 53916 G Check all that apply: X | Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 3,500,010. (Part I, column (d) must be on cash basis.) ▶\$ Analysis of Revenue and Expenses Part I (c) Adjusted net (d) Disbursements (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purposes (cash basis only) expenses per books income ıncome 3,500,010 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 3 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain-Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 3,500,010 Total. Add lines 1 through 11 0-RLVO. 0 0. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 0 0 0. 0 25 Contributions, gifts, grants paid 0. 26 Total expenses and disbursements. 0 0 Add lines 24 and 25 0. 27 Subtract line 26 from line 12: 3,500,010 2 Excess of revenue over expenses and disbursements

LHA For Paperwork Reduction Act Notice, see instructions.

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

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

Form **990-PF** 

Form **990-PF** (2015)

0.

N/A

For	m 99	00-PF (2015) CRAMER FAMILY FOUNDATION		81-0939149 Page 2			
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End of	<del>`</del>		
Ŀ			(a) Book Value	(b) Book Value	(c) Fair Market V		
	1	Cash - non-interest-bearing		3,500,010.	3,500,	010.	
	2	· · ·					
	3	Accounts receivable -					
		Less: allowance for doubtful accounts					
	4	Pledges receivable -					
	_	Less: allowance for doubtful accounts				<del></del>	
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	,	disqualified persons  Other notes and loans receivable				<del></del>	
	7	Less: allowance for doubtful accounts					
m	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As		Investments - U.S. and state government obligations					
	l	Investments - corporate stock					
	1	Investments - corporate bonds					
	1	Investments - land, buildings, and equipment basis					
	''	Less accumulated depreciation					
	12						
	13	Investments - other					
	1	Land, buildings, and equipment basis					
		Less accumulated depreciation					
	15	Other assets (describe ►					
		Total assets (to be completed by all filers - see the					
		instructions. Also, see page 1, item I)	0.	3,500,010.	3,500,	010.	
	17	Accounts payable and accrued expenses					
	18	Grants payable					
es	19	Deferred-revenue · · · ·			-		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
iab.	21	Mortgages and other notes payable					
_	22	Other liabilities (describe					
		To Live Live and Joseph 27 through 200	0.	0.			
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here					
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.					
S	24	Unrestricted	0.	3,500,010.			
Š	25	Temporarily restricted		3/300/0101			
3al	26	Permanently restricted					
Fund Balances	20	Foundations that do not follow SFAS 117, check here					
Ξ		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds					
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
Ass	29	Retained earnings, accumulated income, endowment, or other funds					
Net Assets or	30	Total net assets or fund balances	0.	3,500,010.			
_							
	31	Total liabilities and net assets/fund balances	0.	3,500,010.			
P	art	III Analysis of Changes in Net Assets or Fund Bal	ances				
	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 30	)				
•		st agree with end-of-year figure reported on prior year's return)		1		0.	
2	•	r amount from Part I, line 27a	2	3,500,			
		r increases not included in line 2 (itemize)	3		0.		
4 Add lines 1, 2, and 3					3,500,		
		eases not included in line 2 (itemize)		5		0.	
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mn (b), line 30	6	3,500,		
					Form <b>990-P</b>	<b>r</b> (2015)	

523521 11-24-15

	1990-PF (2015) CRAMER FAMILY FOUNDATION	81-	-09391	<u> 149</u>		Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see in	stru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   And enter 1%	1	<u> </u>			<u> </u>
	of Part I, line 27b	ľ				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	<b>↓</b>	_		0.
3	Add lines 1 and 2	3	<u> </u>			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1),trusts and taxable foundations only. Others enter -0-)	4	<b>↓</b>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5_	ļ	_		0.
	Credits/Payments:					
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6a					
	Exempt foreign organizations - tax withheld at source		1			
C	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d					_
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	. 8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del>                                     </del>			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11	<u> </u>			
	rt VII-A Statements Regarding Activities				V	NI.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte	rvene in	ļ.,	-	Yes	
	any political campaign?		-	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defi		-	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put	olished or				
	distributed by the foundation in connection with the activities.					7.5
	Did the foundation file Form 1120-POL for this year?		-	1c		<u>X</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$	0.				
е	Enter the reimbursement (if any)-paid by the foundation-during the year for political expenditure tax imposed on foundation	-	ļ	_		
_	managers. > \$ 0.		İ			x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		-	2		Λ
•	If "Yes," attach a detailed description of the activities.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporal	ion or				
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ion, or	-	3		х
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		-	-3 4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	ĸ	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	7.	'' <del>''</del>	5		X
J	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:					
Ŭ	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the</li> </ul>	state law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa	rt XV		7	X	_
•	= 10 the fourth factor at the factor at any time strong the fourth. 100, 000, present at the factor		<u> </u>			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	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)					
_				8b	Х	
9	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		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STMT	1 1	10	X	

X

3b

4a

N/A

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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

523551 11-24-15

Form 990-PF (2015) CRAMER FAMILY FOUNDATION	81-0	1939149 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1N/A	,	
2		
All other program-related investments. See instructions. 3		
Take Add Specification of the suits of the s		
Total. Add lines 1 through 3	<u> </u>	<u> </u>

523561 11-24-15

Form **990-PF** (2015)

F	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndatio	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	_ 1a	0.
b	Average of monthly cash balances	1b	3,500,010.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,500,010.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,500,010.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	52,500.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,447,510.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	6,612.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	nd certa	ain
1	Minimum investment return from Part X, line 6	1	6,612.
	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,612.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,612.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,612.
P	art XII Qualifying Distributions (see instructions)		<del></del>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	+	_1a	0.
-b		1b	0 •
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	_3a	
b	Cash distribution test (attach the required schedule)	_3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	_ 5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Moto. The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the foundation (	ausblaa	e for the coetion

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

·	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				6,612.
				0,012.
2 Undistributed income, if any, as of the end of 2015			0.	
a Enter amount for 2014 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:	<del></del>	<u>U•</u>		
a From 2010				
b From 2011				
c From 2012				
d From 2013	}			
e From 2014	0.			
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from Part XII, line 4: ►\$ 0.				
			0.	
a Applied to 2014, but not more than line 2a	· · · · · · · · · · · · · · · · · · ·			<u> </u>
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)	· · · · · · · · · · · · · · · · · · ·			
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				0.
d Applied to 2015 distributable amount	0.			
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:		-		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	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.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				6,612.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				-
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.			ł	
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012			1	
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				5 000 DE (0045)

Form **990-PF** (2015)

	FAMILY FOUN			81-09	39149 Page 10	
Part XIV Private Operating F	oundations (see in	structions and Part V	I-A, question 9)	N/A		
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating				
foundation, and the ruling is effective fo	r 2015, enter the date of	the ruling	<b>▶</b>			
<b>b</b> Check box to indicate whether the found	lation is a private operati	ng foundation described	ın section	4942(j)(3) or 49	42( <u>J)(5)</u>	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total	
investment return from Part X for						
each year listed						
<b>b</b> 85% of line 2a						
c Qualifying distributions from Part XII,	· · · · · · · · · · · · · · · · · · ·		<del> </del>			
line 4 for each year listed				}		
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities			<u> </u>			
e Qualifying distributions made directly				]		
for active conduct of exempt activities.						
Subtract line 2d from line 2c Complete 3a, b, or c for the						
alternative test relied upon:						
a "Assets" alternative test - enter:						
(1) Value of all assets						
(2) Value of assets qualifying under section 4942(1)(3)(B)(1)						
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:			<del>                                     </del>			
(1) Total support other than gross						
investment income (interest,						
dividends, rents, payments on						
securities loans (section						
512(a)(5)); or reyalties)	· · · · · · · · · · · · · · · · · · ·		<del>}</del>			
(2) Support from general public and 5 or more exempt						
organizations as provided in						
section 4942(j)(3)(B)(III)	<del></del>					
(3) Largest amount of support from						
an exempt organization			<del></del> -	<b> </b>	·	
(4) Gross investment income		4-46:	if the formulation	h = d &E 000 = 11 = 12	us in secolo	
Part XV Supplementary Info at any time during t			n the foundation	nau \$5,000 or mo	re in assets	
	<del></del>	40110113.7		<del></del>		
1 Information Regarding Foundatio	-			e 14 b.e. of 1		
a List any managers of the foundation who year (but only if they have contributed in			tributions received by the	toundation before the clos	e or any tax	
SEE STATEMENT 2						
b List any managers of the foundation who			(or an equally large portio	n of the ownership of a pa	rtnership or	
other entity) of which the foundation has	a 10% or greater interes	st.				
NONE		· · · · · · · · · · · · · · · · · · ·				
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:			
Check here $\blacktriangleright$ X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If						
the foundation makes gifts, grants, etc. (	see instructions) to indiv	iduals or organizations i	inder other conditions, co	mplete items 2a, b, c, and	d	
a The name, address, and telephone numb	er or e-mail address of t	he person to whom appl	cations should be addres	sed:		
<b>b</b> The form in which applications should b	e submitted and informat	on and materials they s	nould include:			
c Any submission deadlines:						
d Any restrictions or limitations on awards	. such as by geographica	ıl areas, charitable fields.	kınds of institutions, or o	ther factors:		
, <del></del>	,	,		-		

Total

Part XVI-A Analysis of Income-Producing Activities

Foton and a second seco	Unrelated	business income	Exclus	ded by section \$12, 513, or 514	(-)
Enter gros's amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	7 11100111	Turiotion modific
a	·				
b	1		<del> </del>		
C	1				<del> </del>
d	1 1		+	<del></del>	
e	1 1		┼─┤		
g Fees and contracts from government agencies			+		
g Fees and contracts from government agencies  2 Membership dues and assessments	<del>                                     </del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+		
3 Interest on savings and temporary cash			$\vdash$		
Investments					
4 Dividends and interest from securities			1		
5 Net rental income or (loss) from real estate:			<del>                                     </del>	<del></del>	
a Debt-financed property	<del></del>		<del>†</del>	· · · · · · · · · · · · · · · · · · ·	
b Not debt-financed property			†		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			<del>   </del>		
8 Gain or (loss) from sales of assets other			<del></del>		
than inventory					1
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:				<del></del>	
a					
b					
C					
d	1 1				
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	_ 0.
13 Total. Add line 12, columns (b), (d), and (e)					0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	nplishment of Ex	cempt	Purposes	
Line No. Explain below how each activity for which inco	ome is reported in	column (e) of Part XVI-A	contribi	uted importantly to the accor	nplishment of
the foundation's exempt purposes (other than					
				·	
	···				
					<del></del>
				· · · · · · · · · · · · · · · · · · ·	
				<del></del>	

1 Out the organization directly or indirectly organization of the following value any other organization described in section 591(c) of the Code (other than section 301(c)) organization or section 597, relating to policical organizations?  1 Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash (2) Other assets  1 1(1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to an oncharitable exempt organization (2) Purchases of assets form a noncharitable exempt organization (3) Rental of facilities, equipment, among the section of the sect	Part 2	XVII	Information Re Exempt Organ		nsfers To	and Transaction	s an	nd Relations	ships With No	ncharitabl	е	
a Transfers from the reporting foundation to a nonchartable exempt organization of:  (1) Cash (2) Other assests  (3) Other assests  (4) Purchases of assest is on noncharitable exempt organization  (5) Sides of assests to an noncharitable exempt organization  (6) Purchases of assest is from a noncharitable exempt organization  (7) Sides of assests to an noncharitable exempt organization  (8) Purchases of assests from a noncharitable exempt organization  (9) Reinburssment arrangements  (9) Lonar or long pursantess  (9) Amount myclved  (9) Name of noncharitable oxempt organization  (9) Amount myclved  (9) Name of noncharitable oxempt organization  (9) Amount myclved  (9) Name of noncharitable oxempt organization  (9) Amount myclved  (9) Name of organization  (9) Amount myclved  (9) Name of noncharitable oxempt organization  (9) Type of organization  (9) Description of relationship  N/A   (9) Investigating the solutions of purpless of pur	1 Did	the or	<del></del>		of the following	ng with any other organi	zation	described in sect	tion 501(c) of		Yes	No
(1) Clack (2) Other assets (2) Other sasets (3) Asiles of assets to a nonchartable exempt organization (1) Sales of assets from a nonchartable exempt organization (2) Perchase of assets from a nonchartable exempt organization (3) Restal of facilities, equipment, or other assets (3) Restal of facilities, equipment, or other assets (3) Loans or loan guarantees (3) Loans or loan guarantees (3) Loans or loan guarantees (4) Perchamance of services or membership or fundrationing soliculations (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundrationing soliculations (6) It was answer to any of the above is "visi," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services records.  (6) Amount it involved (6) Name of nonchartable exempt organization (9) Amount it involved (1) Perchamance of services (1) Amount it involved (1) Perchamance of services is records.  (2) No. Performance of services is records.  (3) Loans or loan guarantees (4) Loans or loan guarantees (5) Loans or loan guarantees (6) Amount it involved (6) Name of nonchartable exempt organizations (9) Amount it involved (1) Description of treaters, transactions, and shuring arrangements (1) Loans or loan guarantees (2) Loans or loan guarantees (3) Loans or loan guarantees (4) Loans or loan guarantees (1) Loans or loan guarantees (1) Loans or loan guarantees (2) Loans or loans guarantees (3) Loans or loans guarantees (4) Loans or loans guarantees (4) Loans or loans guarantees (5) Loans or loans guarantees (6) Loans or loans guarantees (1) Loans or loans guarantees (2) Loans or loans guarantees (3) Loans or loans guarantees (4) Loans or loans guarantees (5) Loans or loans guarantees (6) Loans or loans guarantees (1) Loans or loans guarantees (1) Loans or loans guarantees (1) Loans or loans guarantees (2) Loans or loans guarantees (3) Loans or loans g			•									
(2) Other assets b Other transactions:  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Remituresment arrangements  (5) Loans or loan guarantees  (6) Loans or loan guarantees  (7) Sales of assets in consideration of the assets of considerations  (8) Loans or loan guarantees  (9) Loans or loan guarantees  (10) Loans or loan guarantees  (11) Loans or loan guarantees  (12) Loans or loan guarantees  (13) Rental of loans guarantees  (14) It is asset to any of the above is "vise," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or paid amployees  (14) Loans or loans guarantees  (15) Loans or loans guarantees  (15) Loans or loans guarantees  (16) Loans or loans guarantees  (17) Loans guarantees  (18) Loans or loans guarantees  (18) Loans guaran	<b>a</b> Tra	nsfers	from the reporting found	ation to a noncharita	able exempt or	ganization of:						İ
b. Other transactions:  (1) Sales of assets from a nonchartable exempt organization  (2) Perchases of assets from a nonchartable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Rembursement arrangements  (5) Loans or loan guarantees  (6) Performance of services or membership or fundrasing solicitations  (7) It has no exemption or any of the above, size, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (3) Line no (1) Amount involved (2) Riam of nonchartable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  22 Is the foundation directly or indirectly affiliated with, or related to, one or more tax-eventy organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Amount involved (b) Riam of nonchartable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  (b) Type of organization (e) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship (e) Description of									-	1a(1)		
(1) Sales of assets to an oncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Ronal of facilities, equipment, or other assets (4) Rombursoment arrangements (5) Loans or loan quarantee (6) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) In the answer to any of the above is "ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation ecoaved testing the following schedule.  (9) Amount involved (9) Rame of noncharitable exempt organization (4) Description of transfers, and sharing arrangements.  (9) Amount involved (9) Rame of noncharitable exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) or in section 501(c) or in section 501(c)(3)) or in section 501(c) or in section 501(c) or in section 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(	(2)	Other	assets				-			1a(2)		<u> X</u>
(2) Purchases of assets from a noncharitable exempt organization (3) Rendal of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundrasing solicitations (7) Loans or loan quarantees (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) It was asset, or part of the above is "Yes", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax exampt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) organization (e) Description of relationship  N/A    District that for the Code (other than section 501(c)(3)) or in section 501(c)(3) or in section 501(c) organization (e) Description of relationship    N/A									i			
(a) Rembursement arrangements (b) Loars or loan guarantees (c) Performance of services or membership or fundrasing solicitations (e) Performance of services or membership or fundrasing solicitations (f) Performance of services or membership or fundrasing solicitations (g) Performance of services or membership or fundrasing solicitations (g) The answer to any of the above is Yes; complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services precised.  (a) Line no (b) Amount involved (c) Harrie of noncharitable exempt organization (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Harrie of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  **N/A**  2a Is the foundation directly or indirectly afflicited with, or related to, one or more tax-exampt organizations described in section 501(c) of the Code (other than section 501(c)3)) or in section \$277\$  **B. If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  **N/A**  **Under permatties of prigry, I decide that I have accomised the return, including accompanying schedule, and is determined, and to the leef of my knowledge.  **Intelligent Check**  **John Trues**  **John True	· ·										1	
(4) Reimburssment arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundrasing solicitations (7) Examing of facilities, equipment, making lasts, other assets, or paid employees (8) Performance of services or membership or fundrasing solicitations (9) Firm's paid (1) Firm's paid (2) Raine (1) Firm's paid (1) Firm's paid (1) Firm's paid (1) Firm's paid (1) Firm's paid (2) Fir	, ,				organization	•			•			
(6) Loans or loan guarantees (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) It is answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation develved less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (3) Leans no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  (b) Type of organization (c) Description of relationship  N/A  (c) Description of relationship  (d) Description of relationship  (e) Description of relationship  (e) Description of relationship  N/A  (i) Under penalties of pergury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge including the state of												
(6) Performance of services or membership or fundraising solicitations  c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees  of services given by the reporting foundation. If the foundation received lies than fair market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services genered.  (a) Line no (b) Amount involved (c) Name of noncharifable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b. If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Sign  Under penalties of perpy, I declare that I have examined the return, reclaring to the thing to the property in the property of the penalties of perpy, I declare that I have examined the return, reclaring to the penalties of perpy, I declare that I have examined the return, reclaring to the penalties of perpy, I declare that I have examined the return, reclaring to the penalties of perpy, I declare that I have examined the return, reclaring to the penalties of perpy, I declare that I have examined the return, reclaring to the penalties of perpy, I declare that I have examined the return, reclaring the penalties of perpy, I declare that I have examined the return, reclaring the penalties of perpy, I declare that I have examined the return, reclaring the penalties of perpy, I declare that I have examined the return, reclaring the penalties of which prepare that any trionvietage return with the perparent penalties of which prepare the any trionvietage return with the perparent penalties of the penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of penalties of pena				-		-						
c Sharing of facilities, equipment, malling lists, other assets, or paid employees  d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greetived.  (a) Line no  (b) Amount involved  (c) Name of nondrantable exempt organization  N/A  2a Is the foundation directly or indirectly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) organization  (c) Name of organization  (d) Description of transfers, transactions, and sharing arrangements  Yes X No  If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A   Under pleasities of peryary, i declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge in a continuous control of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-example organization of the code (other than tax-exam				mharchin ar fundra	icina colicitatio	one.		-		[		
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received (isses than fair market value on any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharidable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c))3) or in section 52??    Yes   X  No   If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Type of organization of organization of propagate riche than transport in source or with the propagation of the best of my knowledge in source content in the propagation of propagate riche than transport in the source of which prepare has any knowledge in source content in the propagation of propagate riche than transport in the source of organization of propagate riche than transport in the source of organization of which prepare has any knowledge in the content of the source of organization of propagate riche than transport in the source of organization of propagate riche than transport in the source of organization of propagate riche than transport in the source or of organization of propagate riche than transport in the source of organization of propagate riche than transport in the source of organization of propagate riche than transport in the source of organization of propagate riche than transport in the source or of organization of propagate riche than transport in the source of organization of propagate riche than transport in the source or of organization of propagate riche than transport in the source or of organization of propagate riche than transport in t									•		<b> </b>	
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharidable exempt organization (d) Description of transfers, transactions, and sharing sarrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c))(3)) or in section 527?  b. If 'Yes,' complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Under remaities of pepury, I declare that I have examined this return, including accompanying schedule and statements, and to the best of my knowledge and palated it is true, correct, palacompleta-productation of preparer (other than tax payer) is based on all information of which preparer has any knowledge and statements, and to the best of my knowledge and statem		_					d alway	ivs show the fair i	market value of the o		sets.	
(a) Lene no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  3 If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (e) Description of relationship  N/A  2 Under penalties of perjuny, Lectare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and statements are consistent of which prepare has any knowledge and statements are consistent of the code (other than tapayer) is based on all information of which prepare has any knowledge and statements, and to the best of my knowledge and statements, and to the best of my knowledge and statements are consistent of the code of the c	or s	service	s given by the reporting fo	oundation. If the fou	ındatıon receiv	ed less than fair market					,	
N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If Yes, complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign Here    Linder penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and the statements of the control o			·				. 1	(d) D				
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X   No   If Yes, complete the following schedule.  (a) Name of organization   (b) Type of organization   (c) Description of relationship	(a) Line ni	0	(b) Amount involved	(c) Name o		e exempt organization		(U) Description	n of transfers, transaction	ons, and sharing a	Tangeme	nts
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    b If "Yes," complete the following schedule.  (a) Name of organization   (b) Type of organization   (c) Description of relationship		-			N/A							
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    b If "Yes," complete the following schedule.  (a) Name of organization   (b) Type of organization   (c) Description of relationship		+			-			<del> </del>				
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    b If "Yes," complete the following schedule.  (a) Name of organization   (b) Type of organization   (c) Description of relationship												
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship    N/A		1										
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship    N/A												
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship    N/A												
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship    N/A												
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship    N/A												
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship    N/A												
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		_		-		<u> </u>						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes												
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		<u> </u>										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes		ļ							-			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes			-									
to Description of relationship    Column   Colu			<del>-</del>	-			ganızat	tions described		Yes	X	 ] No
(a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Peclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Peclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief. Tritle  Print/Type preparer's name  Preparer's signature  Date  Check if self- employed  JAMEY G. RAPPIS  Firm's name CLIFTONLARSONALLEN LLP  Firm's EIN V41-0746749				-	,, ,,							
Sign Here    Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Peclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)?    TRUSTEE			(a) Name of org	anızatıon		(b) Type of organizati	on		(c) Description of re	elationship		
Sign Here    And belief, it is true, correct, and complete-Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   May the if soliculas this return with the preparer shown below (see instr.)?   X Yes			N/A									
Sign Here    And belief, it is true, correct, and complete-Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   May the if soliculas this return with the preparer shown below (see instr.)?   X Yes				<del></del>								
Sign Here    And belief, it is true, correct, and complete-Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   May the if soliculas this return with the preparer shown below (see instr.)?   X Yes												
Sign Here    And belief, it is true, correct, and complete-Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   May the if soliculas this return with the preparer shown below (see instr.)?   X Yes							-				<del></del> -	
Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Date  Checkif PTIN  self- employed  Preparer  Preparer  Il/14/16  Prim's name ► CLIFTONLARSONALLEN LLP  Firm's name ► CLIFTONLARSONALLEN LLP								ion of which prepare	r has any knowledge	return with the shown below	e prepare (see inst	er tr)?
Paid Preparer Use Only    Self- employed   P00292065   P1/14/16   P00292065		Sign	ature of officer or trustee			Date	,	<del></del>				
Paid JAMEY G. RAPPIS 11/14/16 P00292065  Preparer Use Only Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749			Print/Type preparer's na	me	Preparer's s	ignature	D	Date	Check if	PTIN		
Preparer Use Only Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749									self- employed			
Use Only	OTHINI G. IGHT ID						1	1/14/16				
	_		Firm's name ► CLI	FTONLARSO	NALLEN	LLP			Firm's EIN ► 4	1-07467	49	
Firm's address ▶ 8215 GREENWAY BOULEVARD. SUITE 600	Use C	nly							<b> </b>			
							ITE	600		00) 660		00
MIDDLETON, WI 53562 Phone no. (608) 662-8600 Form <b>990-PF</b> (2015)			MI	DDLETON,	WT 232	04	<del></del>	<del> </del>	1 Phone no. (6			

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2015

Name of the organization	Employer identification number				
CF	81-0939149				
Organization type (check of	RAMER FAMILY FOUNDATION one):				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation				
	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				
• •	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.			
General Rule					
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	• •			
Special Rules					
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II				
year, total contribu	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				
year, contributions is checked, enter he purpose Do not co	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

### CRAMER FAMILY FOUNDATION

81-0939149

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID AND SONJA CRAMER  N7116 COUNTY TRUNK RD. A  BEAVER DAM, WI 53916	\$ 3,500,010.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### CRAMER FAMILY FOUNDATION

81-0939149

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

	(Form 990, 990-EZ, or 990-PF) (2015)		Page <sup>2</sup>				
Name of orga	nization		Employer identification number				
CRAMER Part III	the year from any one contributor. Complete a	columns (a) through (e) and the following I	81-0939149 ction 501(c)(7), (8), or (10) that total more than \$1,000 for line entry. For organizations				
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or less f al space is needed.	or the year (Enter this info once) 🏲 🦫				
(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, a	nd 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				
raiti							
		(e) Transfer of gift					
-	Transferee's name, address, a	nd 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, ar	nd 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				
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee				
-							

ORM 990-PF.

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

1

NAME OF CONTRIBUTOR

ADDRESS

DAVID CRAMER

N7116 COUNTY TRUNK RD A BEAVER DAM, WI 53916

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

2

NAME OF MANAGER

DAVID CRAMER SONJA CRAMER