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Form 990-PF

EXTENDED TO JULY 17, 2017

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

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. 2015 AUG 31, 2016

Ī	or ca	lenda	ar year 2015 or tax year beginning SEP	1, 2015	, and ending	AUG 31, 2016	
-			oundation			A Employer identification i	number
	T.T.78	דדכי	AU AREA CHAMBER FOUNDAT	TON TNC.		23-7117237	
-			street (or P O box number if mail is not delivered to street add		Room/suite	B Telephone number	
			BOX 1690			715-845-623	31
•			wn, state or province, country, and ZIP or foreign pos	stal code		C If exemption application is per	nding, check here
			AU , WI 54402-1690				
	G Ch	eck a	all that apply: Initial return	X Initial return of a for	mer public charity	D 1. Foreign organizations,	, check here
			Final return	Amended return		Foreign organizations mee check here and attach con	eting the 85% test,
			Address change	Name change	· · · · · · · · · · · · · · · · · · ·	7	
	H Ct		ype of organization: X Section 501(c)(3) exe		ion	E If private foundation stat under section 507(b)(1)(
				other taxable private foundat method: Cash	X Accrual	F If the foundation is in a 6	•
				er (specify)	[22] 7007001	under section 507(b)(1)(
	(irc		art II, col (c), line 16)		asis.)		
		t 1	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
			(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
		1	Contributions, gifts, grants, etc., received	252,500.		N/A	
			Check If the foundation is not required to attach Sch. B	100	100	<u> </u>	
		3	Interest on savings and temporary cash investments	123.	123	• <u> </u>	
		•	Dividends and interest from securities			 	
			Gross rents			-1	
2017		-	Net rental income or (loss)				
62	e		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	,			
€>	Revenue		Capital gain net income (from Part IV, line 2)		0	•	
AUG	Be	•	Net short-term capital gain				
A		9	Income modifications				
		10a	Gross sales less returns and allowances		······································	 	
SCANNED		_	Less Cost of goods sold				
Z		-	Gross profit or (loss)				
Ö			Other income Total. Add lines 1 through 11	252,623.	123		
ഗ		12 13	Compensation of officers, directors, trustees, etc	0.	0	•	0.
		14	Other employee salaries and wages				
			Pension plans, employee benefits				<u> </u>
	es	16a	Legal fees				
	ens	Ь	Accounting fees	1001			
	Ä	С	Other professional fees	CEIVED			
	Administrative Expenses	17	morest				-
	<u> </u>	18	Taxes Depreciation and depletion	<u> </u>			
	, vici	19	101		 		
	Ę	20 21	Occupancy Travel, conferences, and meetings	OEN, UT			
	A bue		Printing and publications				
			Other expenses STMT 1	64.	0	•	64.
	Operation	24			_		64
	į		expenses. Add lines 13 through 23	64.	0	•	64. 119,870.
	Ċ	25	Contributions, gifts, grants paid	119,870.			113,070.
		26		119,934.	0		119,934.
		-	Add lines 24 and 25	113,334.			
		27		132,689.			
			Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		123		
		1	Adjusted net income (if negative, enter -0-)			N/A	000 DE

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(a) List and des	cribe the kir	nd(s) of property sold (e.g. or common stock, 200 shs	., real estate,	income	(b)	How acc - Purch - Donat	juired ase ion	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					igsqcure				
b NO	NE				igspace				
<u>c</u>					\vdash				
<u>d</u>					\vdash				-
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		st or other basis	<u> </u>			(h) Gain or (loss) (e) plus (f) minus (
	 -	(or anomable)						(o) plus (i) minus (9)
b	 		 						
C	 						 -		
d									
<u>e</u>									
Complete only for assets show	ng gain in d	column (h) and owned by t	the foundation	on 12/31/69				I) Gains (Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				l. (k), but not less than Losses (from col. (1 -U-) or h))
<u>a</u>									
									·
	 -								
<u>d</u>	 			 					
<u>e</u>			l			-			
2 Capital gain net income or (net o	apıtal loss)	If gain, also enter If (loss), enter -0	r in Part I, line I- in Part I, line	7 : 7	}	2			
3 Net short-term capital gain or (le If gain, also enter in Part I, line & If (loss), enter -0- in Part I, line	3, column (d		nd (6):		}	3			
Part V Qualification (Jnder S	ection 4940(e) for	Reduced	Tax on Net	Inve	stme	nt Inc	ome	
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qu The enter the appropriate amount in	ction 4942 alify under	tax on the distributable an section 4940(e). Do not co	mplete this pa	rt					Yes X No
(a) Base period years Calendar year (or tax year begini	ning in)	(b) Adjusted qualifying dis	stributions	Net value of n	(c oncha		ise assets	Distrit (col. (b) div	(d) oution ratio rided by col. (c))
2014									
2013				 					
2012									
2011									
2010									
2 Total of line 1, column (d)3 Average distribution ratio for the	a 5-vear has	se period - divide the total	on line 2 hy 5	or by the number	r of ve	ars		2	
the foundation has been in exist			on mic 2 by o,	or by the number	, o. y.	,u. 0		3	
4 Enter the net value of noncharita	able-use ass	sets for 2015 from Part X,	line 5					4	
5 Multiply line 4 by line 3								5	
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6	
7 Add lines 5 and 6								7	······································
8 Enter qualifying distributions fro	om Part XII,	line 4						8	
If line 8 is equal to or greater th See the Part VI instructions.	an line 7, cl	neck the box in Part VI, line	e 1b, and comp	olete that part usi	ng a 1	% tax ra	ite.		

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	00011 (2010)	3 - 1 19 - c	11/2	43/	ions	age 4
		- 0		Suluci	10115	"
	exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					ļ
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					2.
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				
	of Part I, line 27b	1				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	- +	-			-0.
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				2.
	Add lines 1 and 2	3 4				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	5				2.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	`				<u></u>
	Credits/Payments: 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6a	1		*		\ \
	20 TO GOLINIA GA PAYMOND AND EACH PAYMON	,	44,	•		
	Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c 6c		7			
	Backup withholding erroneously withheld 6d				٨	
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty 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				2.
	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				
Pai	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	n .			Yes	No
	any political campaign?			1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	?	1	1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published				,	
	distributed by the foundation in connection with the activities		ľ			
c	Did the foundation file Form 1120-POL for this year?		ľ	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
٠	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				>	
Ū	managers. ► \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			-		<u> </u>
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		,_	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law		<u> </u>	X	\vdash
	remain in the governing instrument?			7	X	├
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV					
				ļ '		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	WICOO DE to the Attendar Consent (or designate)					
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	X	\vdash
	of each state as required by General Instruction G? If "No," attach explanation	ndar		90		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	iudi		9		Х
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	гит	r 2	10	Х	† <u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			rm 99 0		(2015)

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WAUSAU AREA CHAMBER FOUNDATION, INC.

Pa	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			37
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			v
	If "Yes," attach statement (see instructions)	12	Х	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		
	Website address ► WWW.WAUSAUCHAMBER.COM The books are in care of ► DAVID ECKMANN Telephone no. ► 715 – 84	5-6	231	
14	THO DOORS are all said of P	403	===	
	Located at ► PO BOX 1690, WAUSAU, WI Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
15	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
10	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country.	<u> </u>		
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
18	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No	1		
	a disquamed person?	×		
	(3) Furnish goods, services, or facilities to (or accept them word) a disqualities person.	i	ľ	
	(4) Pay compensation to, or pay or reinhourse the expenses of, a disquames person.		ļ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No	'		
	for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	ļ		
	h. If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	-	↓
	Organizations relying on a current notice regarding disaster assistance check here	1		
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1	╁┈┈	+
	before the first day of the tax year beginning in 2015?	1c		+^-
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No			
	Detore 2010*	1		
	If "Yes," list the years ▶			1
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b	_	
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		i	
;	Ba Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
	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	1		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, N/A	3b	\top	+-
	Form 4720 to determine if the foundation had excess business holdings in 2013.)	4a	1	X
	4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeonardy before the first day of the tax year beginning in 2015?	4b		Х
_	Had that need removed from Josephila y bottors the most day of the lawyers are an increased and the lawyers are all the lawyer	orm 9	90-PI	F (2015)

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Part VII-B Statements Regarding Activities for Which Fo	orm 4/20 May Be Re	equirea (continu	ied)	
5a During the year did the foundation pay or incur any amount to:				
(i) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ctly,		1
any voter registration drive?		☐ Ye	s 🗓 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•	☐ Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization			· · ·	
4945(d)(4)(A)? (see instructions)		X Ye	s No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo			
	or concentrational purposes, or re		s X No	
the prevention of cruelty to children or animals?	or the eventions described u		• [2]	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		ii negulations	 -	5b X
section 53.4945 or in a current notice regarding disaster assistance (see instruc				7
Organizations relying on a current notice regarding disaster assistance check he				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from				
expenditure responsibility for the grant?	EE STATEMENT 4	X Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945-]] [
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on			
a personal benefit contract?		☐ Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?			Sb X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly		
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their of	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	nours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
SEE STATEMENT 3		0.	0.	0.
DEF STATEMENT 2		<u> </u>		
				i
			İ	:
	<u> </u>			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contabutant	4.5
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(מ) ואמוווכ מווע מעעו כככ עו במטון בווווויטעכב במוע וווטוב ווומוו שטט,טטט	devoted to position	(C) Compensation	and deferred compensation	allowances
NONE				
]			
	1			
		 	·	
	†	1		
	 -	 	 	
	1			
	 	 	-	
	4			
	L			0
Total number of other employees paid over \$50,000				
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e (c) Compensation
NONE		<u> </u>
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	E	xpenses
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.	F	mount
1 <u>N/A</u>		
	-	
2		
	\dashv	
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	0.
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1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	119,934.
b	Program-related investments - total from Part IX-B	16	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	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	119,934.
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.
e	Adjusted qualifying distributions. Subtract line 5 from line 4	6	119,934.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years.

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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,	00.620	, , , , , , , , , , , , , , , , , , ,		+
line 7				12,316.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:	* * * * * * * * * * * * * * * * * * *	0.	,	**,
3 Excess distributions carryover, if any, to 2015:	· · · · · · · · · · · · · · · · · · ·	```		× .
a From 2010	**	, ,		4 , ,
b From 2011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	2 %	* *
c From 2012	·}	, *	*	, , , , , , , , , , , , , , , , , , ,
d From 2013	* ,	, ,		× × ×
e From 2014	*	*	,	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from	ļ			
Part XII, line 4: ►\$ 119,934.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	<u> </u>	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		;	12,316.
d Applied to 2015 distributable amount	107,618.		· · · · · · · · · · · · · · · · · · ·	12,510.
e Remaining amount distributed out of corpus	0.			0.
Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount		<u> </u>		
must be shown in column (a))	-			
6 Enter the net total of each column as indicated below:			•	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	107,618.			*
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		0.		
assessed			·	
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		, ,	<u>' </u>	
e Undistributed income for 2014. Subtract line			0.	
4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must		, .		İ
be distributed in 2016	* *	,		0.
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				
Subtract lines 7 and 8 from line 6a	107,618.	<u> </u>		-
10 Analysis of line 9:		,		
a Excess from 2011	-			* ,
b Excess from 2012	-	*	**	,
c Excess from 2013	-			*
d Excess from 2014	1			
e Excess from 2015 107,618	<u> </u>	<u> </u>		Form 990-PF (2015)

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Part XIV Private Operating I			-A, question 9)	N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective t		•	▶		
b Check box to indicate whether the four		ig foundation described i		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	T	
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			<u> </u>		
b 85% of line 2a	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
c Qualifying distributions from Part XII,					
line 4 for each year listed	<u> </u>		ļ	 -	
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	<u> </u>			-	
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter			<u> </u>		ļ
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(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 XV Supplementary Inf	ormation (Comple	te this part only	f the foundation	had \$5,000 or mo	re in assets
at any time during	the year-see instr	uctions.)			
Information Regarding Foundat List any managers of the foundation we year (but only if they have contributed NONE	ho have contributed more		ributions received by the	foundation before the clo	se of any tax
b List any managers of the foundation we other entity) of which the foundation has been seen as the foundation of the			or an equally large porti	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone nu	mber or e-mail address of t	he person to whom appl	cations should be addre	ssed:	
, , , , , , , , , , , , , , , , , , ,					
b The form in which applications should	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awa	ds, such as by geographic	al areas, charitable fields	kinds of institutions, or	other factors:	
6 7 mg 1906 follotte of militations of awar	as, sas, as sy goograpino				

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	**	
a Paid during the year				
WAUSAU-MARATHON COUNTY CHAMBER OF		501(C)(6)	SUPPORT OF THE BRANCH	
COMMERCE, INC.			- A SKILLS ACCELERATOR	
PO BOX 6190		1	COORDINATED BY THE	
WAUSAU, WI 54402-6190			WAUSAU REGION CHAMBER	
			OF COMMERCE. THE	45,297.
WAUSAU-MARATHON COUNTY CHAMBER OF		501(C)(6)	SUPPORT OF LEADERSHIP	
		501(0)(0)	1	
COMMERCE, INC.			EXCELLENCE SCHOLARSHIP	
PO BOX 6190			PROGRAM COORDINATED BY	
WAUSAU, WI 54402-6190			WAUSAU REGION CHAMBER OF COMMERCE. THE	16,500.
WAUSAU-MARATHON COUNTY CHAMBER OF		501(C)(6)	FOSTER ECONOMIC	
COMMERCE, INC.			DEVELOPMENT BY UNITING	
PO BOX 6190],	THE BUSINESS COMMUNITY	
WAUSAU, WI 54402-6190			AND EDUCATING THEM ON	
		 -	GOVERNMENT RELATED	58,073.
		1		
		!		
Total			▶ 3a	119,870.
b Approved for future payment				
NONE				
		-		
		1		
		 		
Total		 	> 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b			<u> </u>		
c	_				
d	_		↓		
e		<u> </u>	 		
f			 		
g Fees and contracts from government agencies	<u> </u>		 	<u> </u>	
2 Membership dues and assessments	<u> </u>		 		
3 Interest on savings and temporary cash			14	123.	
investments			1 4	143.	
Dividends and interest from securities Net rental income or (loss) from real estate:	<u> </u>		+-	· .	·····
a Debt-financed property	 	 	╁	* *	
b Not debt-financed property			+		
6 Net rental income or (loss) from personal			+		
property	ĺ		1	1	
7 Other investment income			 		
8 Gain or (loss) from sales of assets other			1		····
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	_		$oxed{oxed}$		
b			<u> </u>		
C	_	ļ	↓		
	1		₩		
d				ļ	
de			┿	100	
e		0.		123.	
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e)		0.			0 123
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)			13	
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations.)			13	
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	empt	13 : Purposes	123
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No Explain below how each activity for which in	to the Acco	omplishment of Ex	empt	13 : Purposes	123
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities	to the Acco	omplishment of Ex	empt	13 : Purposes	123
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d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No Explain below how each activity for which in	to the Acco	omplishment of Ex	empt	13 : Purposes	123
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No Explain below how each activity for which in	to the Acco	omplishment of Ex	empt	13 : Purposes	123
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No Explain below how each activity for which in	to the Acco	omplishment of Ex	empt	13 : Purposes	123
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d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No Explain below how each activity for which in	to the Acco	omplishment of Ex	empt	13 : Purposes	123
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No Explain below how each activity for which in	to the Acco	omplishment of Ex	empt	13 : Purposes	123
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d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No Explain below how each activity for which in	to the Acco	omplishment of Ex	empt	13 : Purposes	123
d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No Explain below how each activity for which in	to the Acco	omplishment of Ex	empt	13 : Purposes	123
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			<u> </u>			
			T-**			
			T			
			T			
			1			
					- -	
ın section	ndation directly or indirectly affiliated with, or 501(c) of the Code (other than section 501(c) omplete the following schedule.					X No
	(a) Name of organization	(b) Type of organization		c) Description of rela	tionship	
	N/A					
	^					
Sign Here	penalties of perjury, I dectare that I have examined the elief, it is true, correct, and compile to Declaration of proceedings of the elief of the e	s return, including accompanying schedules and steparer (other than taxpayer) is based on all informated in the second state of the second state of the second second second second second second second second second sec	atements, and to the bestion of which preparer has SECRE	s any knowledge	May the IRS discreturn with the prishown below (see	eparer
	Print/Type preparer's name	Preparer's signature	Date	Check if P	PTIN	
				self- employed		
Paid	MARY A. COATES, CPA	MARY A. COATES, C	07/14/17		P0013422	20
Preparer	Firm's name WIPFLI LLP			Firm's EIN ► 39	-0758449	}
Use Only						
	Firm's address ▶ PO BOX 8010)				
	WAUSAU, WI			Phone no. 715	.845.311	L1
					Form 990-	PF (2015

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

Employer identification number

	WZ	AUSAU ARE	A CHAMBER	FOUNDATION	INC.	23-7117237		
Organiza	ition type (check o	one).						
Filers of:		Section:						
Form 990) or 990-EZ	501(c)() (enter numbe	r) organization				
		4947(a)(I) nonexempt char	table trust not treated	as a private foundation			
		527 poli	ical organization					
Form 990)-PF	X 501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt char	table trust treated as a	private foundation			
		501(c)(3)	taxable private for	undation				
Note. Or					General Rule and a Special Ru	ule See instructions.		
General	Rule							
	-	=			the year, contributions totalin for determining a contributor	ng \$5,000 or more (in money or r's total contributions		
Special	Rules							
	sections 509(a)(1)	and 170(b)(1)(A)(or, during the yea	vi), that checked S ar, total contributio	chedule A (Form 990 c	r 990-EZ), Part II, line 13, 16a	t test of the regulations under i, or 16b, and that received from unt on (i) Form 990, Part VIII, line 1h,		
	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, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
but it mu	ust answer "No" or	n Part IV, line 2, o	of its Form 990; or		of its Form 990-EZ or on its	B (Form 990, 990-EZ, or 990-PF), Form 990-PF, Part I, line 2, to		

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

Name of or	ganization		Employer identification number
WAUSA	U AREA CHAMBER FOUNDATION, INC.		23-7117237
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
1	CHURCH MUTUAL INSURANCE COMPANY 3000 SCHUSTER LN MERRILL, WI 54452	\$\$,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution
		\$	Person Payroll Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Employer identification number

WAUSAU AREA CHAMBER FOUNDATION, INC.

23-7117237

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

aille 01 01yai			Employer Identification number
Part III	the year from any one contributor. Complete c	butions to organizations described in second	23-7117237 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 religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or less for 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, an	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1		(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
		(e) Transfer of gift	
	Transferse's name address or	Relationship of transferor to transferee	
-	Transferee's name, address, ar	IU ZIF + 4	netationship of paristeror to paristeree
(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	Relationship of transferor to transferee	

NAME OF RECIPIENT - WAUSAU-MARATHON COUNTY CHAMBER OF COMMERCE, INC.

FOSTER ECONOMIC DEVELOPMENT BY UNITING THE BUSINESS COMMUNITY AND

EDUCATING THEM ON GOVERNMENT RELATED ISSUES.

STRENGTHS.

CHURCH MUTUAL INSURANCE COMPANY

FORM · 990-PF	OTHER EXPENSES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE EXPENSES	64.	0.		64.	
TO FORM 990-PF, PG 1, LN 23	64.	0.		64.	
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S	TATEMENT 2	
NAME OF CONTRIBUTOR	ADDR	700			

3000 SCHUSTER LN MERRILL, WI 54452

FORM · 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 3	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
RANDY BALK PO BOX 1690 WAUSAU, WI 54402	PRESIDENT 1.00	0.	0.	0.	
LORI WEYERS PO BOX 1690 WAUSAU, WI 54402	VICE PRESIDENT 1.00	0.	0.	0.	
HUGH JONES PO BOX 1690 WAUSAU, WI 54402	TREASURER 1.00	0.	0.	0.	
MELISSA KAMPMANN PO BOX 1690 WAUSAU, WI 54402	CHAMBER REP 1.00	0.	0.	0.	
DONALD BOHLIN PO BOX 1690 WAUSAU, WI 54402	CHAMBER REP 1.00	0.	0.	0.	
MARCO ESPINOZA PO BOX 1690 WAUSAU, WI 54402	CHAMBER REP 1.00	0.	0.	0.	
ANN LUCAS PO BOX 1690 WAUSAU, WI 54402	DIRECTOR 1.00	0.	0.	0.	
LISA WESTPHAL PO BOX 1690 WAUSAU, WI 54402	DIRECTOR 1.00	0.	0.	0.	
FRED LUNDIN PO BOX 1690 WAUSAU, WI 54402	DIRECTOR 1.00	0.	0.	0.	
MARY JO JOHNSON PO BOX 1690 WAUSAU, WI 54402	DIRECTOR 1.00	0.	0.	0.	

0.

WAUSAU	AREA	CHAMBER	FOUNDATION,	INC.
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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0. 0. FORM .990-PF

EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT 4

GRANTEE'S NAME

WAUSAU-MARATHON COUNTY CHAMBER OF COMMERCE, INC.

GRANTEE'S ADDRESS

PO BOX 6190 WAUSAU, WI 54402-1690

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED VERIFICATION DATE 66,756. 12/18/15 66,756. 08/30/16

PURPOSE OF GRANT

SUPPORT OF THE BRANCH - A SKILLS ACCELERATOR - COORDINATED BY THE WAUSAU REGION CHAMBER OF COMMERCE. THE BRANCH IS A 'SKILLS ACCELERATOR' FOR COLLEGE STUDENTS HEADQUARTERED IN THE INFORMATION TECHNOLOGY ENTREPRENEURIAL CENTER (ITEC) AT NORTHCENTRAL TECHNICAL COLLEGE IN WAUSAU.

THE BRANCH HAS BEEN FORMED THROUGH A PARTNERSHIP BETWEEN THE WAUSAU REGION CHAMBER OF COMMERCE, NORTHCENTRAL TECHNICAL COLLEGE AND CHURCH MUTUAL INSURANCE COMPANY THAT TEACHES COLLABORATION, COMMUNICATION, CRITICAL THINKING AND CREATIVITY THROUGH THE EXERCISE OF ENTREPRENEURSHIP.

DATES OF REPORTS BY GRANTEE

8/30/16

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

THE FOUNDATION RECEIVES INVOICES STATING WHAT EACH EXPENDITURE IS USED FOR.

GRANTEE'S NAME

WAUSAU-MARATHON COUNTY CHAMBER OF COMMERCE, INC.

GRANTEE'S ADDRESS

PO BOX 6190 WAUSAU, WI 54402-1690

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED VERIFICATION DATE 16,500. 16,500. 09/22/15 09/22/15

PURPOSE OF GRANT

SUPPORT OF LEADERSHIP EXCELLENCE SCHOLARSHIP PROGRAM COORDINATED BY WAUSAU REGION CHAMBER OF COMMERCE. THE SCHOLARSHIPS OFFERED TO SMALL NON PROFIT ORGANIZATIONS ALLOWS THEM TO PARTICIPATE IN THE LEADERSHIP EXCELLENCE PROGRAM. THE LEADERSHIP EXCELLENCE PROGRAM IMPROVES YOUR ABILITY TO MANAGE CHANGE, CREATE SYNERGISTIC TEAMS AND UNCOVER POSITIVE SOLUTIONS. LEADERSHIP EXCELLENCE IS A MEANS TO SUCCESS, ACHIEVEMENT AND REACHING YOUR GOALS. IT IS AN INTERACTIVE LEADERSHIP PROGRAM DESIGNED TO DEVELOP YOUR PROFESSIONAL AND PERSONAL SELF, BASED ON YOUR STRENGTHS.

DATES OF REPORTS BY GRANTEE

9/22/15

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

THE FOUNDATION RECEIVES CONFIRMATION ON WHO RECEIVES THE SCHOLARSHIPS.

GRANTEE'S NAME

WAUSAU-MARATHON COUNTY CHAMBER OF COMMERCE, INC.

GRANTEE'S ADDRESS

PO BOX 6190 WAUSAU, WI 54402-1690

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED VERIFICATION DATE

58,073. 09/22/15

58,073.

08/30/16

PURPOSE OF GRANT

FOSTER ECONOMIC DEVELOPMENT BY UNITING THE BUSINESS COMMUNITY AND EDUCATING THEM ON GOVERNMENT RELATED ISSUES.

DATES OF REPORTS BY GRANTEE

8/30/16

ANY DIVERSION BY GRANTEE

NONE

RESULTS OF VERIFICATION

THE FOUNDATION RECEIVES INVOICES FOR EXPENDITURES MADE FOR THE PROGRAM.