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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c);527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B cr		2015 calendar year, or tax year beginning SEP 1, 2015 and ending	<u>AUG 31, 20</u>	10	
	heck if	C Name of organization	D Employer ide	ntificati	on number
<u> </u>	¬Addres	MILWAUKEE SIMPHONI ORCHESTRA FOUNDATION			
	_change	TRUST		4.54	
<u> </u>	Name  change				5515
<u> </u>	initial   return	Number and street (or P.O. box if mail is not delivered to street address)  Room/su	· ·		1 6010
L	Final return/ termin-	1101 N. MARKET STREET 100		<u>4-29</u>	1-6010
	termin- ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		5,203,029.
<u> </u>	_ireturn	MIDWAUREE, WI 33202	H(a) Is this a gro		
L	Application pending		for subordin	ates?	Yes X No
		SAME AS C ABOVE	H(b) Are all subordin		
					(see instructions)
		e: ► WWW.MSO.ORG	H(c) Group exem		
			ar of formation: 199	I M St	ate of legal domicile: WI
Ра		Summary	<del></del>		
စ္		Briefly describe the organization's mission or most significant activities. TO SUPPOR	RT THE PROG	RAMS	OF THE
Governance	_	ILWAUKEE SYMPHONY ORCHESTRA, INC.			
ern		Check this box 🕨 🔛 if the organization discontinued its operations or disposed of m	ore than 25% of its n	et asset	
્રું		lumber of voting members of the governing body (Part VI, line 1a)		3	
8		lumber of independent voting members of the governing body (Part VI, line 1b)		4	7
ies		otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
Activities &		otal number of volunteers (estimate if necessary)		6	7
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	<u>b</u> !	let unrelated business taxable income from Form 990-T, line 34		7b	0.
			Prior Year	_	Current Year
e l		Contributions and grants (Part VIII, line 1h)	59,36		62,194.
Revenue		Program service revenue (Part VIII, line 2g)	000 50	0.	0.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	829,58		539,451.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	000.05	0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	888,95		601,645.
- 1		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	688,70		730,075.
		Senefits paid to or for members (Part IX, column (A), line 4)		0.	<u> </u>
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	ĺ	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
S.		otal fundraising expenses (Part IX, column (D), line 25)	00.05	-	00 001
	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	88,95		92,291.
		otal expenses Add lines 13-17 (must equal Part   X,(column)(A),(line)25)	777,65		<u>822,366.</u>
ای	19	Revenue less expenses Subtract line 18 from line 12	111,29		-220,721.
100			Beginning of Current Y		End of Year
Sala	20		14,810,94		<u>15,195,614.</u>
덜	21		14 010 01	2.	500.
י⊨י	22	Net assets or fund balances Subtract line 21 from line 20 1 1 1 T	14,810,94	5.1_	<u>15,195,114.</u>
麷		Signature Block	<del></del>	<del></del>	<del></del>
Pa		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat		of my kn	owledge and belief, it is
Unde			rar baa aau kaaukladaa		
<b>Pa</b> Jnde		and complete Declaration of preparer (other than officer) is based on all information of which preparer	rer nas any knowledge.	101	
Pa Unde true,	correct	and complete Declaration of preparer (other than officer) is based on all information of which prepared	x i	19/2	017
Pa Unde true,	correct	and complete Declaration of preparer (other than officer) is based on all information of which prepared Signature of officer	Date	19/2	017
Pa Unde true, Sign	correct	and complete Declaration of preparer (other than officer) is based on all information of which prepared in the signature of officer ROBERT WEBSTER, AUTHORIZED TRUSTEE	x i	19/2	017
Pa Unde true,	correct	and complete Declaration of preparer (other than officer) is based on all information of which prepared in the signature of officer  ROBERT WEBSTER, AUTHORIZED TRUSTEE Type or print name and title	Date 1	19/2	OI 7
Pa Unde true, Sign Here	correct 1 e	And complete Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer  ROBERT WEBSTER, AUTHORIZED TRUSTEE Type or print name and title  Print/Type preparer's name  Preparer's signature	Date Che		PTIN
Pa Jnde rue, Sign Here	correct 1 e	ROBERT WEBSTER, AUTHORIZED TRUSTEE Type or print name and title  Print/Type preparer's name  BRYAN L. PAUTSCH, CPA  BRYAN L. PAUTSCH, CPA  Print/Type based on all information of which preparer  BRYAN L. PAUTSCH, CPA  BRYAN L. PAUTSCH, CPA  BRYAN L. PAUTSCH, CPA  BRYAN L. PAUTSCH, CPA	Date   Che   Che	employed	P00034913
Pa Inderue, Sign Here	correct n e	ROBERT WEBSTER, AUTHORIZED TRUSTEE Type or print name and title  Print/Type preparer's name  RYAN L. PAUTSCH, CPA  BRYAN L. PAUTSCH, CPA  Firm's name  SIKICH LLP	Date Che	employed	1
Pa Unde true, Sign Here Paid Prep	correct n e	And complete Declaration of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of the preparer (other than officer) is based on all information of the preparer (ot	Date   Che   Che	employed	P00034913 6-3168081
Pa Jnde rue, Sign Here Paid Prep Jse	e arer Only	ROBERT WEBSTER, AUTHORIZED TRUSTEE Type or print name and title  Print/Type preparer's name  BRYAN L. PAUTSCH, CPA  Firm's name  SIKICH LLP  Firm's address  13400 BISHOPS LANE, SUITE 300  BROOKFIELD, WI 53005	Date   Che   Che	employed	P00034913 6-3168081 )754-9400
Pa Jnde rue, Sign Here	e arer Only	And complete Declaration of preparer (other than officer) is based on all information of which preparer (other than officer)  ROBERT WEBSTER, AUTHORIZED TRUSTEE Type or print name and title  Print/Type preparer's name  RYAN L. PAUTSCH, CPA  Firm's name  SIKICH LLP  Firm's address  13400 BISHOPS LANE, SUITE 300  BROOKFIELD, WI 53005  S discuss this return with the preparer shown above? (see instructions)	Date   Che   Che	employed	P00034913 6-3168081 )754-9400 X Yes No
Pad Under Under Sign Here Paid Prep Use	e arer Only	ROBERT WEBSTER, AUTHORIZED TRUSTEE Type or print name and title  Print/Type preparer's name  RYAN L. PAUTSCH, CPA  BRYAN L. PAUTSCH, CPA  Firm's name  SIKICH LLP  Firm's address  13400 BISHOPS LANE, SUITE 300  BROOKFIELD, WI 53005  S discuss this return with the preparer shown above? (see instructions)	Date   Che   Che	employed	P00034913 6-3168081 )754-9400
Under true, Sign Here Paid Prep Use	e arer Only	And complete Declaration of preparer (other than officer) is based on all information of which preparer (other than officer)  ROBERT WEBSTER, AUTHORIZED TRUSTEE Type or print name and title  Print/Type preparer's name  RYAN L. PAUTSCH, CPA  Firm's name  SIKICH LLP  Firm's address  13400 BISHOPS LANE, SUITE 300  BROOKFIELD, WI 53005  S discuss this return with the preparer shown above? (see instructions)	Date   Che   Che	employed	P00034913 6-3168081 )754-9400 X Yes No

Form 990 (2015)

Form 990 (2015) TRUST
Part IV Checklist of Required Schedules

	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5 _		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_ X _
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		•
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	<u> </u>	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		-21
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ x_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			Γ
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u></u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
		Form	990	(2015)

Form 990 (2015) TRUST

Part IV Checklist of Required Schedules (continued)

,	,		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			!
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u> </u>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			ĺ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	Instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		-	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_ X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		ĺ
	Part V, line 1	34	X	ļ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>_</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2015

	990 (2015) TRUST 39-1715	515	Page	<u> 5</u>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	_		卫
		Y	es N	lo_
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	}		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			_
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u>-                                    </u>	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		١.	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_	.	-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	2	<u>K</u> _
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			·
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<b>AL</b>		
_	were not tax deductible?	6b		—
7	Organizations that may receive deductible contributions under section 170(c).	7a	,	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
·	to file Form 8282?	7c	١,	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	3	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			_
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	ľ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_  _	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ĺ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u> _
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form 9	<b>90</b> (20	115)

39-1715515

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			_
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			- <del></del> -
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ť	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
	The occurrence of the minimum and the period of the first minimum of the occurrence of the minimum occurrence of the minimum occurrence of the minimum occurrence of the occur		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	,,,,,	-	
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
ь				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
-	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
h	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶WI			
., 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
. •	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CATHERINE KIEKHOFER - 414-291-6010			
	11.04 17 17 17 17 17 17 17 17 17 17 17 17 17			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organiz		Jiga	ai iiZč			mpel	ısal					
<b>(A)</b> Name and Title	(B)			Pos	C) itior	1		(D)	(E)	(F) Estimated		
Name and Title	Average hours per	(do not check more than one box, unless person is both an officer and a director/trustee)			ore than one		Reportable compensation	Reportable compensation				
	week						from	from related	amount of other			
	(list any	ţ		Г				the	organizations	compensation		
	hours for	direc				- -		organization	(W-2/1099-MISC)	from the		
	related	ee ot	stee		i	usate		(W-2/1099-MISC)	`	organization		
	organizations	<u>=</u>	lal tr	Ì	oyee	e d				and related		
	below	Individual trustee or director	Institutional trustee	 	Кеу етріоуее	esto	je je			organizations		
	line)	힐	ınstı	Officer	Çe,	Highest compensated employee	Former					
(1) ELIZABETH ELSER	1.00											
TRUSTEE		X				<u> </u>		0.	0.	0.		
(2) KAREN GUY	1.00											
TRUSTEE		X	L		L	ļ		0.	0.	0.		
(3) CHARLES KRAUSE	1.00			ļ	ļ							
TRUSTEE		X	ļ					0.	0.	0.		
(4) BRUCE LANING	1.00	]										
TRUSTEE		X	L_				L	0.	0.	0.		
(5) ALLEN RIESELBACH	1.00											
TRUSTEE		X	_					0.	0.	0.		
(6) ROBERT WEBSTER	1.00											
AUTHORIZED TRUSTEE		X				ļ		0.	0.	0.		
(7) WILLIAM NASGOVITZ	1.00	}				1	}					
TRUSTEE		X	L.					0.	0.	0.		
		Į			İ							
			L			<u> </u>						
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			<u> </u>				<u>L</u>	<u> </u>	<u> </u>			

532007 12-16-15

to Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines than at 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is line 12° // "Yes," complete Schedule J for such individual  To any person listed on line 1a, is the sum of reportable compensation from the organization of the compensation from the organization and related organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization of the compensation from the organization and related organization of individual for services		t VII   Section A. Officers, Directors, Trus (A)	(B) (C)						<u> </u>	(D)	(E)	(F)		
1b Sub-total c Total from continuation sheets to Part VII, Section A D. 0. 0. d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address NONE    Description of services   Compensation   Co		Name and title	hours per week (list any hours for related organizations	offi	not c , unle cer an	heck ss pe	more rson irecto	than is bot or/trus	h an tee)	compensation from the organization	compensation from related organizations		amount other compense from th organiza and rela	of ation ne tion ted
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N				Individu	Institutio	Officer	Key emp	Highest	Former				organizat	ions
c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N														
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N				-										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N				-										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N				_										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N							-					-		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N							-							
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N	1h	Sub-total		<u></u>						0		0		0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.  Yes N  Jid the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a° /f "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° /f "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or writhin the organization's tax year  (A)  Name and business address  NONE  Description of services  Compensation	С	Total from continuation sheets to Part V	/II, Section A							0.		0.		0.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual sisted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? It were rendered to the calendar year ending with or within the organization's tax year  (A)  Name and business address  NONE  Description of services  Compensation		Total number of individuals (including but	not limited to th	ose	liste	ed al	bove	e) wh	10 re					0.
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation		compensation from the organization				-	_						Yes	No.
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  NONE  Description of services  Compensation	3			uste	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on		3	х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Name and business address  NONE  Description of services  Compensation	4										the organization		4	Х
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Compensation  Compensation  Compensation	5	Did any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	unr/			dual for services			
the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  NONE  (B)  Compensation  Compensation	Sec	tion B. Independent Contractors							_					X
Name and business address NONE Description of services Compensation	1											ensa	ation from	
			s address	NO	ONE	3				(B) Description of s	ervices	C		on
2 Total number of independent contractors (including but not limited to those listed above) who received more than														
2 Total number of independent contractors (including but not limited to those listed above) who received more than												-		
2 Total number of independent contractors (including but not limited to those listed above) who received more than						-			-					
2 Total number of independent contractors (including but not limited to those listed above) who received more than									-					
Total number of independent contractors (including but not limited to those listed above) who received more than						_			-					
2 rotal number of independent contractors (including but not limited to those listed above) who received more than		Takal number of a decreased the second	(malicales = 1				<u></u>				and the second			
\$100,000 of compensation from the organization   0	2		-	ot lii	mite	a to		_	sted	above) who received m	ore than			

Pa	rt VII	I Statement of Rever	nue					
		. Check if Schedule O conf	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
arar our	b	Membership dues	1b					
Am	С	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d					
ıs,	е	Government grants (contribut	tions) 1e					
rijo Pr S	f	All other contributions, gifts, gran	nts, and					
th the		similar amounts not included abo	ove 1f	62,194.				
ont od (		Noncash contributions included in lines	s 1a-1f \$					
<u>5 6</u>	h	Total. Add lines 1a-1f			62 194.			<del>-</del>
				Business Code				
ice	2 a							<del></del>
ue n	b			<u> </u>	<del></del>			<del> </del>
Program Service Revenue	C .							<del> </del>
gra Re	d							<del></del>
Pro	e							
_		All other program service reverse Total. Add lines 2a-2f	enue	<b></b>			_ <del></del>	+
_	3	Investment income (including	dividends inter					+
		other similar amounts)	aiviacrias, iritor	oot, and ►	397.982.			397,982.
1	4	Income from investment of ta	x-exempt bond	proceeds	331,302.			357,202.
	5	Royalties		<b>&gt;</b>	<u> </u>			
		,	(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)			·			
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	4,742,853					
į	b	Less: cost or other basis						
		and sales expenses	4,601,384					
		Gain or (loss)	141,469					
		Net gain or (loss)			141,469.			141,469.
e	8 a	Gross income from fundraisin						
Other Revenue		including \$contributions reported on line						
Be		Part IV, line 18						
je	h	Less direct expenses	a b					
ŏ		Net income or (loss) from fund	-	<b></b>				
		Gross income from gaming ac	-		· · · · · · · · · · · · · · · · · · ·			<b>†</b>
Ì	-	Part IV, line 19	а					
	b	Less direct expenses	b					
{	С	Net income or (loss) from gan	ning activities			_		
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less. cost of goods sold	b					Ì
}	<u> </u>	Net income or (loss) from sale	es of inventory	<b>•</b>				
		Miscellaneous Revenu	ie	<b>Business Code</b>				
	11 a							<del></del>
	b							
	С							
İ	d				<del>_</del>			<del>_</del>
		Total. Add lines 11a-11d						<del> </del>
	12_	Total revenue. See instructions.			601 645.	0.	0	539 451.

Form 990 (2015) TRUST 39-1715515 Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D)** Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 730,075. 730,075 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) a Management Legal b Accounting С Lobbying ď Professional fundraising services. See Part IV, line 17 83,355. 83,355. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 8,936 8,936. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b e All other expenses 822,366. 730,075. 92,291 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

532010 12-16-15

Check here

Form 990 (2015)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2015)

ons) TRUST

Part X	Check if Schedule O contains a response or note to any line in this Part X			
	y noun and a superior or note to any me and a superior	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	200 070	1	500 450
2	Savings and temporary cash investments	380,379.	2	699,450.
3	Pledges and grants receivable, net	24,953.	3	9,970.
4	Accounts receivable, net	42,414.	4	31,850.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>ا</u> ي	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	
₹   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	14,210,699.	11	14,301,844.
12	Investments - other securities See Part IV, line 11		12	
13	Investments · program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	152,500.	15	152,500
16	Total assets. Add lines 1 through 15 (must equal line 34)	14,810,945.	_16	15,195,614.
17	Accounts payable and accrued expenses		17	500.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
စ္မ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons			
Liabilities	Complete Part II of Schedule L		22	· · · · · · · · · · · · · · · · · · ·
ے 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	500
	Organizations that follow SFAS 117 (ASC 958), check here ▶			
Ses	complete lines 27 through 29, and lines 33 and 34.	405 603	_	(11 (20
E 27	Unrestricted net assets	425,683.		611,620
평   28 B	Temporarily restricted net assets	681,306.		817,344.
면 29	Permanently restricted net assets	13,703,956.	29	13,766,150
<u>.</u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
50	and complete lines 30 through 34.		_	
왕 30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 27 28 82 30 31 32 22 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds	14 010 045	32	15 105 114
33	Total net assets or fund balances	14,810,945.	33_	15,195,114
34	Total liabilities and net assets/fund balances	<u>14,810,945.</u>	34	15,195,614.

Form **990** (2015)

Form	n 990 (2015) TRUST	39-173	<u>1551</u> 5	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets		·		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	82	2,3	<u>66.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u>-22</u>	0,7	<u>21.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	L <b>4</b> ,81	0,9	<u>45.</u>
5	Net unrealized gains (losses) on investments	5	60	4,8	90.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	L5,19	5,1	14.
Pa	rt XII Financial Statements and Reporting	· · · · ·			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or guidite, explain why in Schedule O and describe any stans taken to undergo such audite		امدا		i

532012

Form **990** (2015)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Name of the organization MILWAUKEE SYMPHONY ORCHESTRA FOUNDATION

Inspection Employer identification number

	TRUS	ST				]	39- <u>1715515</u>
Part I	Reason for Public	Charity Status (A	All organizations must co	omplete th	ıs part ) Se	e instructions	
The organ	nization is not a private found						
1 🗀	A church, convention of ch					)(A)(i).	
2	A school described in sect	tion 170(b)(1)(A)(ii). (A	Attach Schedule E (Forr	n 990 or 99	90-EZ))		
з 🔲	A hospital or a cooperative					i).	
4	A medical research organiz	· ·				•	the hospital's name,
_	city, and state	•	•			The state of the s	,
5	An organization operated f	or the benefit of a col	llege or university owne	d or operat	ted by a go	overnmental unit descri	bed in
	section 170(b)(1)(A)(iv). (				, 3		
6	A federal, state, or local go		nental unit described in	section 17	70(h)(1)(A)	(v)	
7 🔚	An organization that norma						I nublic described in
•			illiai part of its support	nom a gov	emmenta	driit or from the genera	i pablic described in
۰ [	section 170(b)(1)(A)(vi). (C		AVAVail (Complete Der	+ II \			
8	A community trust describ						
9 L	An organization that norma		· ·	-			= -
	activities related to its exer		•			* *	
	income and unrelated busi		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	aπer June 30, 1975
[	See section 509(a)(2). (Co	·					
10	An organization organized	•	-	-			_
11 X	An organization organized		*			=	
	more publicly supported of	•	, ,, ,				Check the box in
_	lines 11a through 11d that	• •			-		
a	☐ Type I. A supporting org	anızatıon operated, s	upervised, or controlled	by its sup	ported org	anızatıon(s), typıcally b	y giving
	the supported organizati	on(s) the power to re	gularly appoint or elect	a majority o	of the direc	ctors or trustees of the	supporting
_	organization You must	complete Part IV, Se	ections A and B.				
b	☐ Type II. A supporting org	ganization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by h	aving
	control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or manage the su	pported
	organization(s) You mus	st complete Part IV,	Sections A and C.				
С	Type III functionally into	egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integra	ted with,
	its supported organization	on(s) (see instructions	You must complete	Part IV, Se	ctions A,	D, and E.	
d X	Type III non-functionall	y integrated. A supp	orting organization ope	rated in co	nnection v	vith its supported organ	nization(s)
	that is not functionally in	tegrated. The organiz	ation generally must sa	tisfy a disti	ribution red	quirement and an atten	tiveness
	requirement (see instruc	-	· ·	•			
е 🗆	Check this box if the org		•	-			ľ
	functionally integrated, c					,, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	
f Ent	er the number of supported	• •	, ,	5 0			1
	vide the following informatio	-	ed organization(s)				
	(i) Name of supported	(ii) EIN	(III) Type of organization	(IV) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	organization		(described on lines 1-9	listed i governing (		support (see	other support (see
			above (see instructions))	Yes	No	instructions)	instructions)
MTT.WZ	UKEE SYMPHONY			1			
	STRA, INC.	39-6023436	7	x		730,075	
<u> </u>	BIRA, INC.	33.0023430		<u> </u>		130,013	
	······································						
					'	i	
		<del>                                     </del>					<del> </del>
				ļ		<del> </del>	
		1					
Total		1		1		730,075	.  0.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 TRUST

39-1715515 Page 2

(Complete only if you check fails to qualify under the test	ked the box on line 5	5, 7, or 8 of Part I o	or if the organizatio			=
Section A. Public Support	_ <del></del>	_ <del>_</del>				
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and	(a) 2011	(0) 2012	(6) 2013	(u) 2014	(e) 2015	(i) Total
membership fees received (Do not				[		
include any "unusual grants ")						
2 Tax revenues levied for the organ-			<del></del>		<del></del>	
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to	. ]			ĺ		
the organization without charge						
4 Total. Add lines 1 through 3		<del></del>	<del></del>		<del></del>	
<u>-</u>		<u> </u>				
5 The portion of total contributions						
by each person (other than a governmental unit or publicly		J	j			
supported organization) included						
on line 1 that exceeds 2% of the		J	J	}		
amount shown on line 11,						
column (f)		}		j		
6 Public support. Subtract line 5 from line				-		
Section B. Total Support	<u> </u>	<u> </u>		l	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	(a) 2011	(0) 2012	(0) 2013	(u) 2014	(e) 2013	(I) Total
8 Gross income from interest.		-				
dividends, payments received on		}				
securities loans, rents, royalties						
and income from similar sources				]		
9 Net income from unrelated busines	e					
activities, whether or not the	<sup>3</sup>					
business is regularly carried on						
10 Other income Do not include gain	<del></del>		<del>  -</del>	<del>                                     </del>		<del></del>
or loss from the sale of capital						
assets (Explain in Part VI.)					1	
• •	,					
<ul><li>11 Total support. Add lines 7 through 10</li><li>12 Gross receipts from related activities</li></ul>		ions)	L	·	12	L
13 First five years, If the Form 990 is	•	•	rd fourth or fifth to	ay year as a secti		
organization, check this box and st	•	o mai, accord, th	ia, iourai, or mart	an your as a section	0.1.001(0)(0)	▶ [
Section C. Computation of Pul		rcentage	<u>-</u>		<del></del>	
14 Public support percentage for 2015	<del></del>	- <del></del>	column (fl)		14	9/
15 Public support percentage from 20		· ·	001011111 (1))		15	%
16a 33 1/3% support test - 2015. If the			on line 13, and line	14 is 33 1/3% or		
stop here. The organization qualifie	-			111000 17070 01	THOIS, SHOOK WIID D	<b>▶</b> □
b 33 1/3% support test - 2014. If the		•		l line 15 is 33 1/39	% or more check the	nis box
and stop here. The organization qu	-			1 line 13 is 33 1/3.	of more, check a	II3 DO∧
•	• •	• • • •		a 13 162 or 16h	and line 1/1 is 100/	or more
17a 10% -facts-and-circumstances to	•	=				
and if the organization meets the "f			· -	·	art viriow the orgal	ıızatıvı I
meets the "facts-and-circumstance	•	•		=	170 and line 15 in	10% or
b 10% -facts-and-circumstances to						
more, and if the organization meets						" <u> </u>

Schedule A (Form 990 or 990-EZ) 2015

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

# Schedule A (Form 990 or 990-EZ) 2015 TRUST Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II I	If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")						
2 Gross receipts from admissions,		İ	1			1
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the			j			
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-		ĺ				
iness under section 513				<u> </u>		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		j	J		j	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		1	1	}		
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that		<u>[</u>	]			
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support		·		<u> </u>		<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	<u> </u>	1 1				
10a Gross income from interest,						
dividends, payments received on		}				
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b				<u> </u>		
11 Net income from unrelated business				<del> </del>	<del>                                     </del>	
activities not included in line 10b,					!	
whether or not the business is regularly carried on						
12 Other income Do not include gain				1-	1	
or loss from the sale of capital						
assets (Explain in Part VI )	<del></del>			<del> </del>	<del> </del>	
13 Total support (Add lines 9, 10c, 11, and 12)	the example of the	a first second thu	rd fourth or fifth t	Law year on a cost		L
14 First five years. If the Form 990 is for	the organization	s urst, second, um	a, iourin, or min i	ax year as a secu	on 50 I(c)(3) organiz	zation,
check this box and stop here Section C. Computation of Public	c Support Po	rcontago	<del></del>		_ <del></del>	
			(6)		145	
15 Public support percentage for 2015 (lin		•	column (t))		15	9/
16 Public support percentage from 2014 Section D. Computation of Inves					16	
					T I	
17 Investment income percentage for 20			ne 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2015. If the c						17 is not
more than 33 1/3%, check this box an	=					<b>▶</b> L
b 33 1/3% support tests - 2014. If the						
line 18 is not more than 33 1/3%, chec		=		=		
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

# Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

documents? If "No" describe in Part VI how the class or purpose, describe the designation If h  2 Did the organization have any supported organ	ization that does not have an IRS determination of status in Part VI how the organization determined that the supported	2	Yes X	No
documents? If "No" describe in Part VI how the class or purpose, describe the designation. If h 2 Did the organization have any supported organ under section 509(a)(1) or (2)? If "Yes," explain	e supported organizations are designated. If designated by storic and continuing relationship, explain.  It is in Part VI how the organization determined that the supported or (2)  ation described in section 501(c)(4), (5), or (6)? If "Yes," answer	2	X	
class or purpose, describe the designation. If h  Did the organization have any supported organ under section 509(a)(1) or (2)? If "Yes," explain	storic and continuing relationship, explain. inzation that does not have an IRS determination of status in Part VI how the organization determined that the supported or (2) ation described in section 501(c)(4), (5), or (6)? If "Yes," answer	2	X	
2 Did the organization have any supported organ under section 509(a)(1) or (2)? If "Yes," explain	ization that does not have an IRS determination of status in Part VI how the organization determined that the supported or (2) ation described in section 501(c)(4), (5), or (6)? If "Yes," answer	2	X	
under section 509(a)(1) or (2)? If "Yes," explain	in <b>Part VI</b> how the organization determined that the supported or (2) ation described in section 501(c)(4), (5), or (6)? If "Yes," answer			ļ
	or (2) ation described in section 501(c)(4), (5), or (6)? If "Yes," answer			
organization was described in section 509(a)(1)	ation described in section 501(c)(4), (5), or (6)? If "Yes," answer		}	
		20		X
-	ed organization qualified under section 501(c)(4), (5), or (6) and	2 -	:	
(b) and (c) below	ed organization qualified under section 501(c)(4), (5), or (6) and	3a		X
				ĺ
satisfied the public support tests under section	1509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
organization made the determination		3b		
c Did the organization ensure that all support to	such organizations was used exclusively for section 170(c)(2)(B)		1	ĺ
purposes? If "Yes," explain in Part VI what con	trols the organization put in place to ensure such use	3c	ļ	<b> </b>
4a Was any supported organization not organized	in the United States ("foreign supported organization")? If			1
"Yes," and if you checked 11a or 11b in Part I,	answer (b) and (c) below.	<u>4a</u>		X
<b>b</b> Did the organization have ultimate control and	discretion in deciding whether to make grants to the foreign			l
supported organization? If "Yes," describe in P	art VI how the organization had such control and discretion			
despite being controlled or supervised by or in	connection with its supported organizations.	4b		
c Did the organization support any foreign support	orted organization that does not have an IRS determination		1	1
under sections 501(c)(3) and 509(a)(1) or (2)? In	"Yes," explain in Part VI what controls the organization used			1
to ensure that all support to the foreign suppor	ted organization was used exclusively for section 170(c)(2)(B)			
purposes		4c		
5a Did the organization add, substitute, or remove	any supported organizations during the tax year? If "Yes,"		[	ĺ
answer (b) and (c) below (if applicable) Also, pr	ovide detail in <b>Part VI,</b> including (i) the names and EIN			
numbers of the supported organizations added	, substituted, or removed, (ii) the reasons for each such action;			1
(III) the authority under the organization's organ	ızıng document authorızıng such action, and (ıv) how the action			
was accomplished (such as by amendment to t	he organizing document)	_5a		X
b Type I or Type II only. Was any added or subs	tituted supported organization part of a class already			
designated in the organization's organizing do	cument?	<u>5</u> b		L
c Substitutions only. Was the substitution the r	esult of an event beyond the organization's control?	5c	<u> </u>	
6 Did the organization provide support (whether	in the form of grants or the provision of services or facilities) to			
anyone other than (i) its supported organization	ns, (II) Individuals that are part of the charitable class	İ		
	nizations, or (iii) other supporting organizations that also			İ
support or benefit one or more of the filing orga	anization's supported organizations? If "Yes," provide detail in			
Part VI.		<u>_</u> 6		X
7 Did the organization provide a grant, loan, com	pensation, or other similar payment to a substantial contributor			
	ber of a substantial contributor, or a 35% controlled entity with	İ	1	
	mplete Part I of Schedule L (Form 990 or 990-EZ)	7		Х
-	ed person (as defined in section 4958) not described in line 7?			
If "Yes," complete Part I of Schedule L (Form 9	90 or 990-EZ)	8		X
	rectly at any time during the tax year by one or more			
	6 (other than foundation managers and organizations described			
in section 509(a)(1) or (2))? If "Yes," provide de	•	9a		X
	ed in line 9a) hold a controlling interest in any entity in which			
the supporting organization had an interest? If		9b		Х
	have an ownership interest in, or derive any personal benefit			
	on also had an interest? If "Yes," provide detail in Part VI.	9c		х
	siness holdings rules of section 4943 because of section		T	_= <u>-</u> _
-	ganizations, and all Type III non-functionally integrated			
supporting organizations)? If "Yes," answer 10		10a		X
	sholdings in the tax year? (Use Schedule C, Form 4720, to		1	

determine whether the organization had excess business holdings)

		<u> 171551</u>	<u>5 Pa</u>	<u>age 5</u>
Pa	rt IV   Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		_ <u>x</u> _
	A family member of a person described in (a) above?	_11b		<u>X</u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations		T	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
		F	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>.</u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		X
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	X	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		_	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ns):		
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	e instructions	<u>;)                                    </u>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	.		
~	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
	The state of the s			

39-1715515 Page 6 Schedule A (Form 990 or 990-EZ) 2015 TRUST Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 0. 1 0. Net short-term capital gain 0. 0. Recoveries of prior-year distributions 2 397,982. 3 443,991. 3 Other gross income (see instructions) 397,982. 443,991. 4 Add lines 1 through 3 4 0. 0. 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 88,957 92,921. maintenance of property held for production of income (see instructions) 6 7 0. Other expenses (see instructions) 305,061. 355,034. 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 14,256,272. 14,581,026. a Average monthly value of securities 1a 399,428. 539,915. b Average monthly cash balances 1b 152,500. 152,685. c Fair market value of other non-exempt-use assets 10 15,133,139. 14,948,687. 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other 0. factors (explain in detail in Part VI) 0. 0 Acquisition indebtedness applicable to non-exempt-use assets 2 15,133,139. 14,948,687. Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 226,997. 224,230. 14,906,142 14,724,457. Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 521,715 6 515,356. Multiply line 5 by 035 Recoveries of prior-year distributions 0. 0. 7 521,715. 515,356. 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 355,034. 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 301,779. 2 Enter 85% of line 1 521,715. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 521,715. Enter greater of line 2 or line 3 4 5 0. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 521,715. emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Schedule A (Form 990 or 990-EZ) 2015 TRUST 39-1715515 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year 730,075. Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 730,075. Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive 730,075. (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 521,715. 100% Line 8 amount divided by Line 9 amount (iii) (i) (ii) Underdistributions Distributable **Excess Distributions** Amount for 2015 Section E - Distribution Allocations (see instructions) Pre-2015 521,715. Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015. b C d From 2013 178,943. e From 2014 178,943. f Total of lines 3a through e g Applied to underdistributions of prior years 178,943 h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2015 from Section D. 730,075 a Applied to underdistributions of prior years 342,772. **b** Applied to 2015 distributable amount 387,303. c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2016. Add lines 3j 387,303. and 4c Breakdown of line 7: c Excess from 2013 d Excess from 2014 387,303.

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015 TRUST	39-1715515 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Pase Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this passes (See instructions)	, Section B, lines 1 and 2, Part IV, Section C, art V, line 1, Part V, Section B, line 1e, Part V,
SCHEDULE A, PART IV, SECTION D, LINE 2 & LINE 3	
MILWAUKEE SYMPHONY ORCHESTRA FOUNDATIONS TRUST AND	MILWAUKEE SYMPHONY
ORCHESTRA, INC. HAVE A CLOSE AND CONTINUOUS WORKIN	G RELATIONSHIP
TOGETHER. A MSO, INC. MEMBER ATTENDS THE BOARD OF	DIRECTORS MEETING
FOR MSO FOUNDATIONS TRUST, DISCUSSES THE CONCERNS	OF MSO, INC. WITH MSO
FOUNDATIONS TRUST ON A REGULAR BASIS, HELPS MANAGE	THE TIMING OF THE
DISTRIBUTIONS OF GRANTS, AND DISCUSSES THE INVESTM	ENT POLICY FOR MSO
FOUNDATIONS TRUST.	
SCHEDULE A, PART V, SECTION D, LINE 8	
MILWAUKEE SYMPHONY ORCHESTRA FOUNDATION TRUST'S SU	PPORT IS NECESSARY TO
AVOID THE INTERRUPTION OF GENERAL OPERATIONS OF MS	O, INC.

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

MILWAUKEE SYMPHONY ORCHESTRA FOUNDATION TRUST

Employer identification number 39-1715515

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
-	Amount of expenses incurred in monitoring, inspecting, hand	ding of wolst-see and sef-sees	
7	► \$	alling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve eatisfy the requirements of contion 170	7/5\/4\/D\(\)
	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	
3	include, if applicable, the text of the footnote to the organiza		
	conservation easements	men e maneral etatemente that december	and digamental accounting for
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		,
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	it and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	•	,,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • •	<b>▶</b> \$
	Assets included in Form 990, Part X		•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

	dule D (Form 990) 2015 TRUST						<u> 15515</u>	
Pai	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	<u>er Simil</u>	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accession (check all that apply).	on, and other record	s, check any of the	following that are a	significant	use of its	collection i	tems
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	empt purp	ose in Pari	t XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be ma						Yes	No_
Pai	reported an amount on Form 990, Par		ete if the organization	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
1a	is the organization an agent, trustee, custodi	an or other intermed	lary for contribution	s or other assets no	t included			
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo				-	L	」 Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII							
Pai	t V Endowment Funds. Complete if		swered "Yes" on Fo		10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	14,810,945.	15,718,288.	14,407,904.	13,	777,494.	13,0	80,673.
b	Contributions	62,194.	59,368.	61,349.		414,536.	1	.71 <u>.887.</u>
C	Net investment earnings, gains, and losses	1,144,341.	-189,054.	1,966,708.	1.0	006,749.		11,307.
d	Grants or scholarships	730,075.	688,701.	631,326.	·	704,478.	6	25 <u>968.</u>
е	Other expenditures for facilities							
	and programs	83,355.	81,026.	86,293.		79,343.		<u>53,186.</u>
f	Administrative expenses	8,936.	7,930.	54.		7,054.		7,219.
g	End of year balance	15,195,114.	14,810,945.	15,718,288.	14,4	407,904.	13,7	77,494.
2	Provide the estimated percentage of the curr	•		)) held as.				
а	Board designated or quasi-endowment	4.00	_%					
b	Permanent endowment ► 90.60	% F40						
С		5.40 %						
_	The percentages on lines 2a, 2b, and 2c short	•						
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held al	na administered for	the organi	zation	<u></u>	N. N.
	by:							es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	ad an Sahadula D2				3a(ii)	- <del></del>
4	Describe in Part XIII the intended uses of the	•					3b	
_	t VI Land, Buildings, and Equipm		witherit fulfus	·				
	Complete if the organization answered		Part IV line 11a S	see Form 990. Part X	line 10			
	Description of property	(a) Cost or ot basis (investm	ther (b) Cost	or other (c) A	Accumulate epreciation	II.	(d) Book v	/alue
4.	Land	2200 (111700117	2000	(J) Ut	-p. 001011011	·	<del></del>	
	Buildings							
b	Leasehold improvements							
d	Equipment						·····	
	Other							
	. Add lines 1a through 1e (Column (d) must ed	gual Form 990 Part	X. column (R) line 1	0c.)				0.
<u>ı vıal</u>	, riga into ta anough to toolainii laj illast et	quair onin 000, rait	r, colorrii (D), iii e T	<del></del>				<del></del> -

Schedule D (Form 990) 2015

	(Form 990) 2015 TRUST			39-1715515 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b See Form 990, Part	X, line 12
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation	on Cost or end-of-year market value
(1) Financia	al derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)			<del>"</del>	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	o) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 000. Part IV June 1	1a Can Form COO Dort \	/ line 12
	(a) Description of investment	(b) Book value		on: Cost or end-of-year market value
	(a) Booding and arrestment	(b) Book Value	(c) Metriod or valuati	on. Obst of end of your market value
<u>(1)</u>				
(2)		<del> </del>	<del></del>	
(3)			<del></del>	<del></del>
(4)				
(5)				
(6)		<del> </del>		
(7)			- <del> </del>	
(8)				
(9)				
	o) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		1d See Form 990, Part 3	X, line 15
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) lin	e 15 )	·····	<b></b>
Part X	Other Liabilities.		<del></del>	
الـــــــــا	Complete if the organization answered "Yes"	on Form 990. Part IV line 1	1e or 11f See Form 990	Part X line 25
1.	(a) Description of liability		) Book value	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	eral income taxes		,,=====================================	
(2)	erai income taxes			
(3)		<del></del>		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total, (Colui	mn (b) must equal Form 990, Part X, col (B) lin	e 25 ) ▶	i	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2015	Open to Public Inspection
_	_

OMB No 1545-0047

tification number -1715515 **2** 

Jepartment	repartment of the Treasury	Altach to Form 890.	
nternal Reve	nternal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	lusb
Vame of	lame of the organization		Employer identificat
		TRUST	39-17
Part I	General Inforn	Part I General Information on Grants and Assistance	
1 Doc	s the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
crit	eria used to award	criteria used to award the grants or assistance?	X Yes

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	itoring the use of grant	funds in the United	States		£ 000		-
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	S5,000 Part II cal	<b>Examons and Domestic</b> The duplicated if additing	s <b>Governments.</b> ഠ onal space is need	ompiete ir tne orga led	Inization answered "	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ed if additional space is needed	IV, IINe Z1, Tor any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	{
MILWAUKEE SYMPHONY ORCHESTRA, INC. 1101 N MARKET ST, STE 100 MILWAUKEE, WI 53202	39-6023436	501(C)(3)	730.075.	0			TO FURTHER PROGRAMS	ļ
	:							
								[
								{
								į
<ul> <li>Enter total number of section 501(c)(3) and government organizations is</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	and government o	rganizations listed in the 1 table	isted in the line 1 table					110
LHA For Paperwork Reduction Act Notice, see the Instructions for Forn	, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2015)	15)

Page 2

39-1715515

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed MILWAUKEE SYMPHONY ORCHESTRA FOUNDATION TRUST Schedule I (Form 990) (2015)

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
Part IV Supplemental Information. Provide the information required in		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	dditional information	
PART I, LINE 2:					
THE MILWAUKEE SYMPHONY ORCHESTRA FOUNDATION	OUNDATIO	N TRUST MAKES	KES GRANTS	TO THE	
MILWAUKEE SYMPHONY ORCHESTRA, INC.	P.	FURTHER ITS PR	PROGRAMS. QU	QUARTERLY	
UPDATES ALONG WITH AN ANNUAL INDEPENDENT	PENDENT A	AUDIT REPORT ARE	T ARE REVIEWED	EWED BY THE	
FOUNDATION TRUST REGARDING THE ACTIVITIES OF THE MILWAUKEE SYMPHONY	rivities (	OF THE MIL	WAUKEE SYM	PHONY	
ORCHESTRA.	;				

## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2015
Open to Public Inspection

MILWAUKEE SYMPHONY ORCHESTRA FOUNDATION Employer identification number Name of the organization TRUST 39-1715515 FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE 990 IS PROVIDED TO THE TRUSTEES BEFORE IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION TRUST REVIEWS COMPLIANCE WITH CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

**SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

Attach to Form 990.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047

Open to Public Inspection

(g) Section 512(b)(13) S. Employer identification number × controlled entity? Direct controlling Yes 39-1715515 entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Ξ Direct controlling entity End-of-year assets Public charity status (if section 501(c)(3)) LINE 7 ▶ Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Total income Exempt Code section 501(C)(3) Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) MILWAUKEE SYMPHONY ORCHESTRA FOUNDATION MISCONSIN Primary activity Primary activity MUSIC PERFORMANCE <u>e</u> 39-6023436, 1101 N. MARKET ST, STE 100, Name, address, and EIN (if applicable) MILWAUKEE SYMPHONY ORCHESTRA, INC. Name, address, and EIN TRUST of related organization of disregarded entity MILWAUKEE, WI 53202 Name of the organization Department of the Treasury Internal Revenue Service Part II Part I

32

Schedule R (Form 990) 2015

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INE 11D,

O-III

501(C)(3)

WISCONSIN

SUPPORT MSO, INC

MILWAUKEE SYMPHONY ORCHESTRA ENDOWMENT TRUST - 39-6096874, 1101 N. MARKET ST, STE 100

53202

MILWAUKEE, WI

TRUST Schedule R (Form 990) 2015

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

Page 2

39-1715515

General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Yes No 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)  $\equiv$ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>e</u> Name, address, and EIN of related organization Part IV

(i) Share of Percentage styley(3) entrolled end-of-year ownership entrolled assets Yes No			Schedule R (Form 990) 2015
(C corp, S corp, or trust)  (e)  (f)  (f)  (f)  (c)  (f)  (c)  (f)			
(d) (e)  Direct controlling Type of entity (C corp, S corp, or trust)			
(C) Legal domicile (state or foreign country)			33
(b) Primary activity			
(a) Name, address, and EIN of related organization			32.162 09-08-15

532162 09-08-15

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# MILWAUKEE SYMPHONY ORCHESTRA FOUNDATION TRUST

Schedule R (Form 990) 2015 TRUST

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	윋
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	ın Parts II:IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			19	•	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<del>Q</del>	×	}
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				16		×
						l
<ul><li>f Dividends from related organization(s)</li></ul>				=	1	×
g Sale of assets to related organization(s)				1g		×
				Ŧ		×
i Exchange of assets with related organization(s)				1i		×
j Lease of facilities, equipment, or other assets to related organization(s)				Ę		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			1n		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9		×
n. Reimbilisement paid to related organization(s) for expenses				Ę		×
				-	-	¦×
				2		:
r Other transfer of cash or property to related organization(s)				11		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	ns line, including covered	formation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	( <b>c)</b> Amount involved	(d) Method of determining amount involved	involved		
(1)						]
(2)						
(3)				:		
(4)						ļ
(5)						
(9)						
532163 09-08-15	34		Schedu	Schedule R (Form 990) 201	, (066 r	S

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39-1715515

Schedule R (Form 990) 2015

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

532164 09-08-15

Schedule R (Form 990) 2015