

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



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491214006097

2016

OMB No 1545-0052

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

		ndar year 2016, or tax year beginning 01-01-20	16 , aı	nd en	ding 12-31-		
ΗI	S FIRST	INDATION FOUNDATION 5 WIELAND			37-1414330	entification numbe	ır
		d street (or P O box number if mail is not delivered to street address)	Room/suite				
	PO BOX 50					mber (see instructio	ns)
		n, state or province, country, and ZIP or foreign postal code , IL 61552			<b>C</b> If exemption	application is pendir	g, check here
G Cł	neck al	ll that apply	ormer public charity		<b>D 1.</b> Foreign or	ganızatıons, check h	ere $\square$
		☐ Final return ☐ Amended return	, ,			ganizations meeting	
		Address change Name change			·	k here and attach co	· —
l Ch	neck ty	pe of organization 🗹 Section 501(c)(3) exempt private for	oundation			ındatıon status was n 507(b)(1)(A), ched	
<u> </u>	Section	n 4947(a)(1) nonexempt charitable trust	private foundation				
of '	year <i>(f</i>	xet value of all assets at end from Part II, col (c),   \$\square\$ 3,964,284  \Boxed{I} Accounting method by the properties of the propert	✓ Cash	ıal		ition is in a 60-mont n 507(b)(1)(B), ched	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	[			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(в)	Net investment income	(c) Adjusted net income	for charitable purposes
		Contributions, gifts, grants, etc , received (attach	1,100,000				(cash basis only)
	1	schedule)	1,100,000	'			
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach					
	_	Sch B					
	3	Interest on savings and temporary cash investments  Dividends and interest from securities	77,833		77,833		
	5a	Gross rents	77,033	1	77,033		
	b	Net rental income or (loss)					
<u>.e</u>	6a	Net gain or (loss) from sale of assets not on line 10	-24,871				
Revenue	ь	Gross sales price for all assets on line 6a 581,372					
ž	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,152,962	:	77,833		
	13	Compensation of officers, directors, trustees, etc	0	1	0		C
	14	Other employee salaries and wages					
<b>S</b>	15	Pension plans, employee benefits					
S	16a	Legal fees (attach schedule)					
Š.	ь	Accounting fees (attach schedule)					
e F	C	Other professional fees (attach schedule)	10,613		10,613		C
<b>≥</b>	17	Interest				· ·	
Operating and Administrative Expenses	18	Taxes (attach schedule) (see instructions)		<u> </u>			
<u>=</u>	19	Depreciation (attach schedule) and depletion					
<u>=</u>	20	Occupancy					
ב ב	21	Travel, conferences, and meetings					
ਰ -	22	Printing and publications					
Ĕ	23	Other expenses (attach schedule)					
era	24	Total operating and administrative expenses.  Add lines 13 through 23	10,613		10,613		,
2	25	Contributions, gifts, grants paid	316,500	-	10,013		316,500
	26	Total expenses and disbursements. Add lines 24 and	310,300				310,300
		25	327,113	<u> </u>	10,613		316,500
	27	Subtract line 26 from line 12	025.040				
	a	Excess of revenue over expenses and disbursements	825,849	1			
	b	Net investment income (if negative, enter -0-)		<u> </u>	67,220		_
	C	Adjusted net income(if negative, enter -0-) work Reduction Act Notice, see instructions.		<u> </u>	NI 41335	, -	000 PE (2215)
υr	raper	work Reduction ACL NOTICE, See INSTRUCTIONS.		(	at No 11289X	. Foi	rm <b>990-PF</b> (2016)

2,220,163

3.040.616

3,040,616

3,040,616

3,040,616

2,569,134

3,964,284

3,964,284

3,964,284 3,964,284

2

3

4

5 6 3,040,616

3,964,284

3,964,284

Form **990-PF** (2016)

825,849

97,819

2,569,134

3,964,284

Investments—corporate bonds (attach schedule) . . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . .

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

**Analysis of Changes in Net Assets or Fund Balances** 

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Less accumulated depreciation (attach schedule) ▶

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -

Unrestricted . . . . .

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶ \_

Enter amount from Part I, line 27a . . . . . . . .

Other increases not included in line 2 (itemize) -

Temporarily restricted

C

11

12

13 14

15

16

17

18

19 20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )

1 a PUBLICALLY TRADED SECURITIES c

581,372

(f) Depreciation allowed (or allowable)

(j)

Adjusted basis

as of 12/31/69

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (k)

If gain, also enter in Part I, line 7

If (loss), enter -0- in Part I, line 7

Net value of noncharitable-use assets

3,004,309

2,512,332

2,182,337

1,607,000

1,192,857

2

4

5

6

7

Excess of col (i) over col (j), if any

(g)

Cost or other basis

plus expense of sale

606,243

2

**(I)** Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))

(h)

Gain or (loss)

(e) plus (f) minus (g)

-24,871

-24,871

-24.871

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income ) If section 4940(d)(2) applies, leave this part blank

(a) Base period years Calendar

year (or tax year beginning in) 2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

**7** Add lines 5 and 6 . . . .

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

3

(d)

Distribution ratio

(col (b) divided by col (c))

Yes 
 ✓ No

0 071861

0 230065

0 210325

0 258394

0 166950

0 937595

0 187519

3,808,234

714,116

714,788

316,500

Form 990-PF (2016)

672

If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0in Part I, line 8

Capital gain net income or (net capital loss)

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

**6** Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

215,894

578,000

459,000

415,239

199,148

d e

а b C d e

b C d e (e)

Gross sales price

FMV as of 12/31/69

If "Yes," attach the statement require	ea by Kegulations section 53	4945-5(a)			
<b>6a</b> Did the foundation, during the year,	eceive any funds, directly o	r indirectly, to pay premit	ims on		
a personal benefit contract?			· Yes ✓	No	
<b>b</b> Did the foundation, during the year,	pay premiums, directly or in	directly, on a personal be	nefit contract?	6b	No
If "Yes" to 6b, file Form 8870					
<b>7a</b> At any time during the tax year, was	the foundation a party to a	prohibited tax shelter trar	nsaction? Yes	No	
<b>b</b> If yes, did the foundation receive any	proceeds or have any net ii	ncome attributable to the	transaction?	7b	
Part VIII Information About O and Contractors	fficers, Directors, Trus	tees, Foundation Ma	nagers, Highly Paid En	nployees,	
1 List all officers, directors, trustee	s, foundation managers a	nd their compensation	(see instructions).		
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expens (e) other a	se account, allowances
	DIRECTOR	0	0		0
11820 W KEVIN CT BRIMFIELD, IL 61517	5 00				
	DIRECTOR 5 00	0	0		0
11820 W KEVIN CT BRIMFIELD, IL 61517	000				
2 Compensation of five highest-paid	l employees (other than t	hose included on line 1	—see instructions). If nor	ı ne, enter "N	IONE."
(a) Name and address of each employee par more than \$50,000	Title, and average	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation		e account,
NONE					
Total number of other employees paid ove	\$50,000				0
				Form <b>990</b>	- <b>PF</b> (2016)

Form 990-PF (2016)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		<del> </del>
2		<del> </del>
2		<del> </del>
2		
3		<del> </del>
		<del> </del>
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		<b>▶</b> 0
		Form <b>990-PF</b> (2016)

1a

1b

2

3a 3b

4

5

316,500

316.500

316,500

Form 990-PF (2016)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

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

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

1

2

3

4

5

Page 9

189.068

189.068

Form **990-PF** (2016)

0

Form 990-PF (20	016)
Part XIII	Und

**b** Total for prior years

c From 2013. .

From 2011. . . .

**b** From 2012. . . . .

**d** From 2014. . . .

XII, line 4 > \$

indicated below:

e From 2015. . . . .

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. . . . . .

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. . . . . . .

d Applied to 2016 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

**b** Excess from 2013. .

d Excess from 2015. . e Excess from 2016. . .

c Excess from 2014. . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

**b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount —see instructions . . . . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

istributed Income (see instructions)

139,705 336,411

352,441 455,523

67,660

336.411 352,441

455.523

67,660

127,432

(a) Corpus

Years prior to 2015

1,351,740

127.432

1,479,172

139,705

1,339,467

(b)

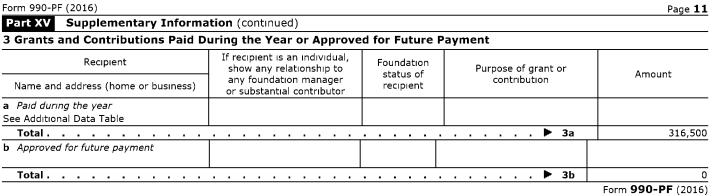
(c)

2015

FUNDS WILL BE DISTRIBUTED TO THE FOLLOWING GROUPS 1 FAITH BASED ORGANIZATIONS 2 SECULAR "GOOD WORKS ORGANIZATIONS WHOSE VALUES ALIGN WITH "FOUNDATION" 3 PEOPLE IN NEED SUFFERING BECAUSE OF OUTSIDE CIRCUMSTANCES COMPLETELY OUT OF

factors

THEIR CONTROL



	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Program	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
	and contracts from government agencies					
_	rship dues and assessments					
	st on savings and temporary cash ments					
	ds and interest from securities			14	77,833	
	tal income or (loss) from real estate					
	financed property ebt-financed property					
	ntal income or (loss) from personal property					
<b>7</b> Other in	nvestment income					
	r (loss) from sales of assets other than ory			18	-24,871	
	one or (loss) from special events			10	-24,071	
	profit or (loss) from sales of inventory					
	evenue a					
2 Subtota	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0		52,962	
3 Total.	Add line 12. columns (b), (d), and (e),			12	3	52.902
ee worksl	neet in line 13 instructions to verify calculation	ns )			3	52,962
See works Part XVI	Relationship of Activities to th  Explain below how each activity for which	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
ee works Part XVI	neet in line 13 instructions to verify calculation  Relationship of Activities to the	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
ee worksl Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
ee works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
ee works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
ee works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
See works Part XVI Line No.	Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns ) <b>e Accomplish</b> i income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	52,962

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Ш	alr VAT	Exempt Organi	zations										
1		rganization directly or in Code (other than section	directly engag							on 501		Yes	No
а		from the reporting foun		_			_		-	ŀ			
		n									1a(1)		No
	(2) Othe	er assets								. [	1a(2)		No
b	Other tra	nsactions											
	<b>(1)</b> Sale	s of assets to a nonchar	itable exempt	organızatı	ion.					[	1b(1)		No
	(2) Purc	chases of assets from a r	oncharitable (	exempt or	ganız	ation				[	1b(2)		No
	(3) Rent	tal of facilities, equipmer	nt, or other as	sets						[	1b(3)		No
	<b>(4)</b> Reim	nbursement arrangemen	ts							.	1b(4)		No
	<b>(5)</b> Loar	ns or loan guarantees.								.	1b(5)		No
	(6) Perfo	rmance of services or m	embership or	fundraisin	ıg sol	icitations				.	1b(6)		No
	_	of facilities, equipment, r								. [	1c		No
d		swer to any of the above											
		ods, other assets, or ser ansaction or sharing arra									=		
	· .	-			•				•				
(a	Line No	(b) Amount involved	(c) Name of r	noncharitable	e exe	mpt organization	(d) Des	cription of	transfers, transactions	, and shar	ıng arraı	ngemen	ts
	-												
<b>2</b> a		indation directly or indire	•	•		•				_	,		
		I in section 501(c) of the	•	than sectio	on 50	1(c)(3)) or in sect	ion 527?			∟	l Yes	<b>✓</b> N	0
b	If "Yes," o	complete the following s		1		N.T		1	(-) D	6			
		(a) Name of organization	on		( [	Type of organization	n		(c) Description	n or relatio	nsnip		
		der penalties of perjury,											
c:		my knowledge and belief ich preparer has any kno		rrect, and	com	olete Declaration	of prepar	er (otner	than taxpayer) is b	ased on a	all infor	mation	ı or
	ere 👠	*****	<b>-</b>			2017-07-19	<b>\</b> *	****		May the IR	S discus	s this re	eturn
• • •							— <b>)</b> <u>-</u>			with the pi			
		Signature of officer or t	rustee			Date	7 1	ıtle		(see instr	)? <b>'Y</b> Y	es ⊔ N	lo
		Print/Type preparer's	name	Preparer's	Sign	nature	Date			PTIN			
					-				Check if self-		P00324	762	
		SAMUEL A CIGELN	IK CPA				2017	employed ▶ □			10052	702	
	aid						201/	5, 15					
	eparei		TONLARSONA	LLEN LLP			•			Fırm's EI	N ▶41.	07467	49
U	se Only	·	14 CM/ ADAMC	CTE 4000						21		3, 10,	
		Firm's address ► 30	1 SW ADAMS	51E 1000	J					DI.	/=		455-
		PE	PEORIA, IL 61602						Phone no	(309)	671-4	4500	
									J.				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 95 NETWORK 8115 N KNOXVILLE AVE PC CHARITABLE 15,000 PEORIA, IL 61615

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

BLACK BUFFALO GLOBAL MINISTRIES PO BOX 280 SILVERTON, OR 97381	PC	CHARITABLE	5,000
CADRE MINISTRIES INTERNATIONAL BOX 278	PC	CHARITABLE	5,000

CADRE MINISTRIES INTERNATIONAL BOX 278 SYCAMORE, IL 60178	PC	CHARITABLE	
CAMP GOOD NEWS 26010 LIBERTY LANE	PC	CHARITABLE	

3a

SYCAMORE, IL 60178			
CAMP GOOD NEWS 26010 LIBERTY LANE WASHINGTON, IL 61571	PC	CHARITABLE	10,000

26010 LIBERTY LANE WASHINGTON, IL 61571			,
CHILD EVANGELISM FELLOWSHIP 708 E ARCHER	PC	CHARITABLE	50,000

CHILD EVANGELISM FELLOWSHIP 708 E ARCHER PEORIA, IL 61603	PC	CHARITABLE	50,000

708 E ARCHER PEORIA, IL 61603		
Total	 	316,500

form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CITI VISION INC 401 WEST 205TH STREET NEW YORK, NY 10034		PC	CHARITABLE	20,000
CRESCENT MINISTRIES 8445 KEYSTONE CROSSING INDIANAPOLIS, IN 46240		PC	CHARITABLE	25,000
DREAM CENTER PEORIA 714 HAMILTON BLVD PEORIA, IL 61603		PC	CHARITABLE	10,000
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 24 PEORIA, IL 61650		PC	CHARITABLE	5,000
HANDS OF LOVE MINISTRY 704 DEVON DR METAMORA, IL 61548		PC	CHARITABLE	5,000
Total				316,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
JESUS ON LINE PO BOX 1643 HIGLEY, AZ 85236		PC	CHARITABLE	5,000
LIFE SONG PO BOX 40 202 N FORD ST GRIDLEY, IL 61744		PC	CHARITABLE	10,000
NAVIGATORS PO BOX 6000 COLORADO SPRINGS, CO 80934		PC	CHARITABLE	15,000
PAACS PO BOX 1118 BRISTOL, TN 37621		PC	CHARITABLE	5,000
PEORIA CHRISTIAN SCHOOL 3506 N CALIFORNIA AVE PEORIA, IL 61603		PC	CHARITABLE	20,000
Total		,		316,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SALVATION ARMY 401 NE ADAMS ST PC CHARITABLE 7,500 PEORIA, IL 61603 PC CHARITABLE 10,000 SAMARITANS PURSE PO BOX 3000 POONE NO 30607

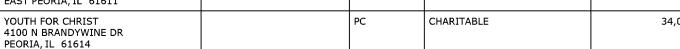
BOONE, NC 28607			
SMILE TRAIN PO BOX 96231 WASHINGTON, DC 200906231	PC	CHARITABLE	2,500
UNITY POINT FOUNDATION 221 NE GLEN OAK AVE PEORIA, IL 61636	PC	CHARITABLE	5,000

221 NE GLEN OAK AVE PEORIA, IL 61636			
VETERANS OF FOREIGN WARS 406 W 34TH ST KANSAS CITY, MO 64111	PC	CHARITABLE	2,500

	PEORIA, IL 01030			
	VETERANS OF FOREIGN WARS 406 W 34TH ST	PC	CHARITABLE	2,5
1	KANSAS CITY, MO 64111			

Total . . 316,500 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year WPEO RADIO FDN PC CHARITABLE 50,000 1708 HIGHVIEW ROAD EAST PEORIA. IL 61611 PC CHARITABLE 34,000



316,500 Total .

За

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN	: 93491214006097
TY 2016 Investments - Other	Schedule		
Name:	HIS FIRST FOUNDATION % JOHN S WIELAND		
EIN:	37-1414330		

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	2,324,103	2,324,103
ALTERNATIVE INVESTMENTS	FMV	245,031	245,031

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491214006097		
TY 2016 Other Increases Sche	TY 2016 Other Increases Schedule				
Name:	HIS FIRST FO	UNDATION			
	% JOHN S WI	ELAND			
EIN:	37-1414330				
De	escription		Amount		
UNREALIZED GAIN/(LOSS) ON INVESTM	ENT ASSETS		97,819		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491214006097
TY 2016 Other Professional I	Fees Schedu	le		
Name: HIS FIRST FOUNDATION				
% JOHN S WIELAND				
EIN	l: 37-1414330	1		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	10,613	10,613		0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491214006097						
Schedule B	Schedule of Contributors		OMB No 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF  Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at					
Name of the organizat HIS FIRST FOUNDATION	ion	Employer id	dentification number			
% JOHN S WIELAND		37-1414330				
Organization type (che	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	oundation				
	☐ 527 political organization					
Form 990-PF 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
<b>V</b>	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, cor r property) from any one contributor Complete Parts I and II See instructio					
Special Rules						
under sections to received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3-509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-Eny one contributor, during the year, total contributions of the greater of <b>(1)</b> \$ ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	EZ), Part II, line 13,	16a, or 16b, and that			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 690-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 690-EZ, or 990-PF)						
For Paperwork Reduction of for Form 990, 990-EZ, or 99		Schedule B (Form 990	), 990-EZ, or 990-PF) (2016)			

Schedule B (Form	1 990, 990-EZ, or 990-PF) (2016)		Page <b>2</b>
Name of organiza HIS FIRST FOUNDA % JOHN S WIELAN	ATION	Employer identification 37-1414330	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MH LOGISTICS		Person 🗸
1			Payroll
	PO BOX 50	\$ 1,100,000	Noncash
	MOSSVILLE, IL61552		(Complete Part II for noncash contributions )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•	l		Payroll
		\$	Noncash □
			Noncasii
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash □
			(Complete Part II for noncash contributions )

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page <b>3</b>
Name of organizatio HIS FIRST FOUNDATION		Employer identification number	
% JOHN S WIELAND		37-1414330	
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 99	90, 990-EZ, or 990-PF) (2016)		Page	∌ 4
Name of organization HIS FIRST FOUNDATION JOHN S WIELAND			Employer identification number 37-1414330	
than \$1,0 organizat the year.	00 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari- ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	ld
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee	<u>=</u>
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
No.iii arti				
_	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)