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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491310004207

OMB No 1545-0052

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. 2016

Open to Public Inspection

For	caler	ndar year 2016, or tax year beginning 01-01-20)16 , aı	nd ending 12-31-	2016	
		indation EY FOUNDATION		A Employer id	entification numbe	r
		RIVATE BANK		38-6055168		
		l street (or P O box number if mail is not delivered to street address) OODWARD AVE	Room/suite	B Telephone nu	mber (see instructio	ns)
	1501 11			(248) 566-471	5	
		, state or province, country, and ZIP or foreign postal code M, MI 48009		C If exemption	application is pendin	g, check here
G Cł	neck all	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign or	ganizations, check h	ere . \square
		☐ Final return ☐ Amended return			rganizations meeting	
		Address change Name change			k here and attach co	· —
_		pe of organization Section 501(c)(3) exempt private			undation status was f n 507(b)(1)(A), chec	
		1 4947(a)(1) nonexempt charitable trust U Other taxable	·			
of	year <i>(f</i> .	tet value of all assets at end from Part II, col (c), \$ 3,367,341 J Accounting method ☐ Other (specify) (Part I, column (d) must	Cash Accru		ation is in a 60-mont n 507(b)(1)(B), chec	
Dа	rt I	Analysis of Revenue and Expenses (The total		<u> </u>		(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net	for charitable purposes
		equal the amounts in column (a) (see instructions))	books	mcome	llicome	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	85,099			
	2	Check ▶ ☐ If the foundation is not required to attach				
	3	Sch B	17,208	17,208		
Revenue	4	Dividends and interest from securities	44,669			
	5a	Gross rents				
	ь	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10	96,790			
	b	Gross sales price for all assets on line 6a 1,051,561 Capital gain net income (from Part IV, line 2)		96,790		
	7 8	Net short-term capital gain		90,790		-
	9	Income modifications				
	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	243,766	158,667		
	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages				
es	15	Pension plans, employee benefits				
Sué	16a	Legal fees (attach schedule)				
ă.	ь	Accounting fees (attach schedule)				
ė E	С	Other professional fees (attach schedule)	27,109	27,109		
atıv	17	Interest				
and Administrative Expenses	18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	1,560	360		
Ē						
Ad	20 21	Occupancy	15,547			15,547
n D	22	Printing and publications	13,5 17			13,5 17
ğ	23	Other expenses (attach schedule)	1,427	1,427		
Operating	24	Total operating and administrative expenses.				
ber		Add lines 13 through 23	45,643	28,896		15,547
Ō	25	Contributions, gifts, grants paid	157,000			157,000
	26	Total expenses and disbursements. Add lines 24 and 25	202,643	28,896		172,547
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and	41,123			
	ь	disbursements Net investment income (if negative, enter -0-)		129,771		
	c	Adjusted net income(if negative, enter -0-)				
For		work Reduction Act Notice, see instructions.	l	Cat No 11289)	I K Foi	<u>l</u> rm 990-PF (2016)

335,000

2,716,593

2,716,593

2,716,593

2,716,593

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6

2,673,359

2,716,593

2,716,593 Form **990-PF** (2016)

41,123

2,111

2,673,359

2,673,359

2,673,359

2,673,359

325,548

3,367,341

Less accumulated depreciation (attach schedule) ▶

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

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) ▶.

Other increases not included in line 2 (itemize)

Temporarily restricted

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

Capital stock, trust principal, or current funds

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

Foundations that follow SFAS 117, check here ▶ \Box

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

Less accumulated depreciation (attach schedule) ▶

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

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

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

5 Multiply line 4 by line 3

instructions

7 Add lines 5 and 6

0 050641

3,321,634

168,211

169,509

172,547

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1,298

4

5

6

7

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Part VIII Information About Officers, Directors, Truste and Contractors (continued)	es, Foundation Managers, Highly F	aid Employees,
3 Five highest-paid independent contractors for professional se	ervices (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year Include	le relevant statistical information such as the numb	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (s	see instructions)	
Describe the two largest program-related investments made by the foundation dur	<u> </u>	Amount
1 N/A		
2		
		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
		Form 990-PF (2016)

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

3a 3h

4

5

172.547

1.298

171.249

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Amounts set aside for specific charitable projects that satisfy the

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

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

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.

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4

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164,784

164,784

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	ж	,	L.	L		

b Total for prior years

a From 2011.

b From 2012. . . . c From 2013. . .

d From 2014.

e From 2015.

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions 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 applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

d Excess from 2015. . .

e Excess from 2016. . .

b Excess from 2013. . c Excess from 2014. . .

Subtract lines 7 and 8 from line 6a

6 Enter the net total of each column as

indicated below:

Form 990-PF (20	016)	
Part XIII	Undistributed Income	(see instructions)

- 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

(a)

Corpus

35.702

7.763

43,465

43,465

(b)

Years prior to 2015

(c)

2015

- 2,913
- - 2 155

- 30,634
- f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part
- XII, line 4 ▶ \$ a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years

 - required—see instructions).
- (Election required—see instructions). c Treated as distributions out of corpus (Election

2.913 2,155

30.634

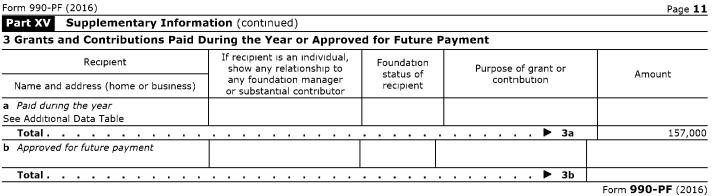
7.763

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

GRANTS MADE FOR PROGRAMS AND ORGANIZATIONS LOCATED IN SOUTHEASTERN MICHIGAN, ESPECIALLY THE METRO-DETROIT AREA ORGANIZATIONS/PROGRAMS LOCATED OUTSIDE SOUTHEASTERN MICHIGAN MUST BE SPONSORED BY AN INDIVIDAUL TRUSTEE WHO IS

factors

FAMILIAR WITH THE ORGANIZATION



	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
L Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	_					
	and contracts from government agencies					
Membe	rship dues and assessments					
	st on savings and temporary cash ments			14	17,208	
Dividen	ds and interest from securities			14	44,669	
	ital income or (loss) from real estate financed property.					
	ebt-financed property					
	ental income or (loss) from personal property					
	nvestment income.					
	or (loss) from sales of assets other than cory			18	11,635	85,155
Net inc	ome or (loss) from special events					
Gross p	orofit or (loss) from sales of inventory revenue a					
b	evenue a					
C	- Add				73,512	85,155
Total.	Add line 12, columns (b), (d), and (e)			13	· !	158,667
ee worksl art XVI	heet in line 13 instructions to verify calculation Relationship of Activities to the	^{ns}) e Accomplish r	nent of Exem	pt Purposes		
ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions)	income is reported empt purposes (o	d in column (e) c ther than by pro	of Part XVI-A contribut viding funds for such	ed importantly to purposes) (See	

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

Part XVII	Exempt Organiz	zations							
	ganization directly or inc Code (other than section	directly engage					n 501	Yes	No
a Transfers f	from the reporting found	dation to a nor	ncharitable ex	empt organization	of				
(1) Cash.							1a(1)		No
• •	assets						. 1a(2)		No
b Other tran							41.643		
	of assets to a nonchari	•	-				. 1b(1)		No
	lases of assets from a n al of facilities, equipmen						. 1b(2)		No No
	bursement arrangement	•					1b(3)		No
	s or loan guarantees.						. 1b(5)		No
	mance of services or me						1b(6)		No
• •	facilities, equipment, m	•	-						No
-	ver to any of the above	-	-						
	ds, other assets, or serv								
in any tran	nsaction or sharing arrai	ngement, snov	v in column (c	1) the value of the	goods, other asse	ts, or services receive	ea		
(a) Line No	(b) Amount involved	(c) Name of no	oncharitable exe	mpt organization	(d) Description of	transfers, transactions, a	and sharing arra	ngemen	ts
2a Is the four	ndation directly or indire	ectly affiliated v	with, or relate	d to, one or more t	tax-exempt organ	zations			
described	in section 501(c) of the	Code (other th	han section 50	01(c)(3)) or in sect	ion 527?		. 🗆 Yes	✓ N	0
b If "Yes," co	omplete the following so	hedule							
	(a) Name of organizatio	n	(1	b) Type of organizatio	n	(c) Description o	of relationship		
Unde	er penalties of perjury, I	I declare that I	I have examın	ned this return, incl	uding accompanyi	ng schedules and sta	tements, and	to the	best
of m	y knowledge and belief,	, ıt ıs true, corı							
Jigii	h preparer has any kno	wledge		l			th - IDC d		
Here 1	*****			2017-11-03	*****		ay the IRS discus th the preparer s		
 	Signature of officer or tr	rustee		Date	Title	(se	ee ınstr)? 🗹 Y	es 🗆 N	lo
	December / Transactions of	Τ)		<u>L</u> .				
	Print/Type preparer's	name F	Preparer's Sigi	nature	Date	Check if self-	TIN		
						employed ▶ □	P01582	1115	
Paid	REBEKAH OSTERM	AN			2017-11-06				
Preparer	Firm's name ▶ PART	 YKA & COMPA	NY PC			1			
Use Only		TRA & COMPA	INT FC			Fı	rm's EIN ►38	33196	35
7		205 RYAN ROA	AD.						
	WI	ARREN, MI 48	092			PI	hone no (586	751-7	7100
	1	TANKEN, PIL 40	0,2						

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances -0-) (b) devoted to position employee benefit plans and deferred compensation LYNN KRUGMAN PRESIDENT ٥ 0 000 00 19 SCOTTSDALE COURT LUTHERVILLE, MD 21093 O **REV GEORGE HOLLEY** MEMBER/PRGM O 000 00 1846 HEYDON COURT HENDERSON, NV 89014 CHARLIE KUEHN TRUSTEE 0 000 00 285 WAUWATOSA RD CEDARBURG, WI 53012 ANDY KUEHN SECRETARY/TR ٥ 000 00 7620 N FAIRCHILD FOX POINT, WI 53217 STEPHEN HOLLEY 1ST VP/MEMB O 0 000 00 50 RIVER OAKS LANE BASALT, CO 81621 GREGG KUEHN MEMBER/TREAS 0 0 000 00 1756 12TH AVENUE GRAFTON, WI 53024 BEN DEVRIES TRUSTEE 0 0 000 00 8 RAMONA AVENUE SAN FRANCISCO, CA 94103 SEPPE KUEHN TRUSTEE ٥ 000 00 308 W HIGH STREET URBANA, IL 61801 JENNIFER BOYD TRUSTEE 0 0

000 00

408 WEDGEWOOD DR HENDERSON, NV 89014

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

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
INSIDEOUT LIT ART PROJ CARSTENS SC 13000 ESSEX AVE DETROIT, MI 482153243		EXEMPT	WRITER IN RESIDENT AT CARSTENS SCH	10,000
GLEANERS COMM FOOD BANK OF SE MICH 2131 BEAUFAIT DETROIT, MI 482073410	NONE	EXEMPT	SUPPORT KID SNACK PROG SEVILLAGE SCH	12,000
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING DETROIT, MI 482082475		EXEMPT	EASTSIDE STREET OUTREACH PROG	10,000

		2016 17 01111 01117 0 71117	
COMM FOUNDATION FOR SOUTHEAST MICH 333 WEST FORT ST DETROIT, MI 482263134	EXEMPT	PROGRAM SERVICES	11,000
	i		
DETROIT, MI 482082475			

39,000

MACC DEVELOPMENT 7900 MACK AVE 2016-17 SUM CAMP & FUND EXEMPT

ASST DIR

DETROIT, MI 48214

157,000 Total .

3a

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 any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)		recipient			
a Paid during the year					
DETROIT PUBLIC SCHOOLS 3011 W GRAND BLVD DETROIT, MI 48202			IPADS FOR MOSES FIELD SCH STUDENTS	20,000	
DETROIT PARENT NETWORK 726 LOTHROP RD DETROIT, MI 48202			PROJECT GRADUATION AT SE HIGH SCH	20,000	
BEYOND BASICS PO BOX 1504 BIRMINGHAM, MI 48012		EXEMPT	FOR NICHOLS SCHOOL LITERACY PROGRAM	25,000	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1			

DETROIT, MI 40202			
BEYOND BASICS PO BOX 1504 BIRMINGHAM, MI 48012	EXEMPT	FOR NICHOLS SCHOOL LITERACY PROGRAM	25,0
STUDENT ASSISTANT SERVICES INC	EXEMPT	FOR NEEDS OF STUDENTS IN	10,0

PO BOX 401578

,000

REDFORD, MI 48240

157,000 За

TY 2016 Explanation of Non-Filing with Attorney General Statement Name: THE HOLLEY FOUNDATION C/O THE PRIVATE BANK

DLN: 93491310004207

EIN: 38-6055168

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Statement:

MICHIGAN DOES NOT REQUIRE REGISTRATION IF DONATIONS ARE NOT SOLICITED FROM THE GENERAL PUBLIC.

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<u>. </u>		

TY 2016 Investments Corporate Bonds Schedule

Name: THE HOLLEY FOUNDATION

C/O THE PRIVATE BANK

Name of Bond	End of Year Book Value	End of Year Fair Market Value
AIR PROD & CHEM 4.375% 8/2019		
AMERICAN EXPRESS 3.625% 12/2024	14,689	15,062
AON PLC	15,624	15,046
AT&T INC 5.5% 2/2018	15,827	15,585
BB&T CORP 4.9% 6/2017	19,602	20,313
BECTON DICKINSON & CO 5% 5/2019	16,155	15,985
DOVER CORP 5.45% 3/2018	20,509	20,963
EATON CORP 5.6% 5/2018	21,018	21,024
EMERSON ELECTRIC CO 5.375% 10/2017		
FEDERATED ST INCOME FUND	140,000	138,601
FNMA POOL 735912	7,369	7,508
FNMA POOL 995112	7,904	8,032
FREDDIE MAC 1% 6/2020	25,000	24,828
GENERAL ELEC CAP CORP 4.65% 10/2021	31,279	32,908
GOLDMAN SACHS BK USA 1.55% 10/2017	49,881	50,247
INTERSTATE POWER & LIGHT	15,766	15,039
JP MORGAN CHASE		
JP MORGAN CHASE & CO 6% 1/2018	20,297	20,863
MARSH & MCCLENNAN	14,996	15,264
MCDONALDS CORP 5/26/20	14,874	15,004

Name of Bond	End of Year Book Value	End of Year Fair Market Value
MET LIFE INC 6.75% 6/1/2016		
MIDAMERICAN ENERGY CO 5.3% 3/2018	15,783	15,641
NAT'L RURAL UTIL COOP 3.05% 3/2016	15,856	15,644
PNC FINANCIAL SERVICES GROUP	15,373	15,377
PRAXAIR INC 3% 9/2021	15,337	15,341
PROGRESSIVE CORP 3.75% 8/23/2021	15,342	15,878
PURDUE IN UNIV COPS 5.388% 7/2022-19	20,991	21,811
SHELL INTERNATIONAL FIN	15,969	14,988
ST PAUL TRAVELERS 6.25% 6/2016		
TARGET CORP 4.875% 5/2018	20,951	20,888
UNIONBANCAL CORP 3.5% 6/18/22	15,837	15,336
US BANCORP 2.95	25,418	25,148
VANGUARD INTERMEDIATE TERM INV GR	80,000	77,780
VANGUARD SHORT-TERM INVESTMENT	248,000	244,138
VERIZON COMM 6.35% 4/2019		
WELLS FARGO & CO 4.6% 4/2021	20,976	21,053
XCEL ENERGY INC	15,794	15,004

DLN: 93491310004207

TY 2016 Investments Corporate Stock Schedule

Name: THE HOLLEY FOUNDATION

C/O THE PRIVATE BANK

EIN: 38-6055168

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AAPL	2,315	20,269
ABMD	6,792	33,804
ADBE	20,959	28,311
AKAM		
AME		
AMZN	9,289	37,494
AZIIX	20,000	19,886
BABA	15,539	19,757
ВМҮ	16,958	14,026
COST	19,616	20,814
CRM	3,079	27,384
DXCM	4,028	29,850
ECL	4,657	23,092
EFA	96,808	92,368
EFA		
EGFIX	40,000	41,388
EOG		
EXAM		
FAST	6,073	16,443
FED ULTRA SHORT BOND INST		
FLTX		
FMIQX	10,000	8,687
FPA NEW INCOME INC		
GE	20,294	21,014
GILD	3,772	14,322
GOOG	7,880	20,067
GOOGL	7,881	20,604
GTEYX		
GWRE	7,365	12,333
GWW	17,268	17,419

Name of Stock	End of Year Book Value	End of Year Fair Market Value
HEWJ		
ICE	2,950	14,105
ISRG	11,714	31,709
IWM	21,920	26,970
ЈВНТ	18,515	26,209
JNJ	15,585	28,803
JVMIX	15,000	16,941
кмх	18,907	22,537
LKQ		
LOW	20,244	49,784
MBLY	8,860	9,530
MDT	19,800	17,808
NEM	20,446	19,813
MSFT	15,171	18,642
NVDQ	10,260	7,799
NXTM	13,926	25,686
ODVYX	20,000	20,713
PG	18,468	25,224
PRAA	3,902	19,550
PRIOR YEAR		
PRLB	6,128	10,270
PXD	13,727	22,509
PYPL	678	1,974
RHT	15,266	22,653
SBUX	3,579	44,416
SKSEX	30,000	33,675
SLB	13,154	16,790
SRCL		
SYK	4,803	11,981
TDG	3,709	18,672

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TNSIX		
ULTI	2,239	29,176
UNP		
UPS	15,837	34,392
USB	50,099	49,212
VDIGX	219,881	405,016
VGK	63,146	57,528
W DAY	9,857	8,922
хом	18,221	23,468
ZTS	25,282	45,501

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TY 2016 Investments Government	nent Obligati	ions Schedule	
Name:	THE HOLLEY FO	OUNDATION	
	C/O THE PRIVA	ATE BANK	
EIN:	38-6055168		
US Government Securities - End of Year Book Value:		123,323	
US Government Securities - End of Year Fair Market Value:		123,882	
State & Local Government Securities - End of Year Book Value:		60,000	
State & Local Government Securities - End of Year Fair Market Value:		60,296	

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TY 2016 Investments - Other Schedule					
14 2016 Investments - Other Schedule					

Name: THE HOLLEY FOUNDATION

C/O THE PRIVATE BANK

ETNI- 20 COFF1CO

EIN: 38-			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ASAIX	AT COST	50,000	50,000
JMMSX	AT COST	75,000	75,401
BPIRX	AT COST	50,000	51,915
BLRYX	AT COST	100,000	96,436
CSRIX	AT COST	60,000	51,796

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491310004207			
TY 2016 Other Expenses Sche	TY 2016 Other Expenses Schedule						
Name: THE HOLLEY FOUNDATION							
C/O THE PRIVATE BANK							
EIN:	38-6055168						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXPENSES							
FEES & DUES	1,358	1,358					
INVESTMENT EXPENSE	69	69					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 934	191310004207	
TY 2016 Other Increases Schedule					
Name:	THE HOLLEY F	OUNDATION			
	C/O THE PRIVA	ATE BANK			
EIN:	38-6055168				
De	escription		Aı	mount	
TIMING DIFFERENCES				2,111	

efile GRAPHIC print - DO NOT PROCE	T PROCESS As Filed Data - DLN: 93491310004207					
TY 2016 Other Professiona	TY 2016 Other Professional Fees Schedule					
Name: THE HOLLEY FOUNDATION						
	C/O THE PRIVATE BANK					
E	EIN: 38-6055168					
Category	Amount	Net Investment	Adjusted Net	Disbursements		
		Income	Income	for Charitable Purposes		
TRUSTEE/EXECUTOR FEES	19,942	19,942				
INVESTMENT MGMT FEES	7,167	7,167				

efile GRAPHIC print - DO NOT PR	ROCESS As Filed Data	ata - DLN: 93491310004207		
TY 2016 Taxes Schedule				
Name: THE HOLLEY FOUNDATION				
C/O THE PRIVATE BANK				
EIN: 38-6055168				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAX	1,200)		
FOREIGN TAXES	360	360		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491310004207						
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047			
Por 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 <u>www irs gov/form990</u> Mattach to Form 990, 990-EZ, or 990-PF						
Name of the organizati THE HOLLEY FOUNDATIO		Employer id	lentification number			
C/O THE PRIVATE BANK		38-6055168				
Organization type (che	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	☐ 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					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, co property) from any one contributor. Complete Parts I and II. See instructi					
Special Rules						
under sections 5 received from ar	ion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $09(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990 by one contributor, during the year, total contributions of the greater of (1) e 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						
during the year, If this box is che purpose Do not	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to contributions exclusively for religious, charitable, etc., purposes, but no sucked, enter here the total contributions that were received during the year complete any of the parts unless the General Rule applies to this organizable, etc., contributions totaling \$5,000 or more during the year	uch contributions tota for an <i>exclusively</i> re zation because it rec	aled more than \$1,000 eligious, charitable, etc, eived <i>nonexclusively</i>			
990-EZ, or 990-PF), but	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					
For Paperwork Reduction A for Form 990, 990-EZ, or 99	oct Notice, see the Instructions Cat No 30613X 0-PF	Schedule B (Form 990	, 990-EZ, or 990-PF) (2016)			

	1330, 330-L2, 01 330-11) (2010)		1 aye 2	
Name of organization THE HOLLEY FOUNDATION C/O THE PRIVATE BANK		Employer identification number 38-6055168		
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	DAVID V UIHLEIN FOUNDATION 735 N WATER ST STE 712	\$ 35,000	Person ✓ Payroll □ Noncash □	
	MILWAUKEE, WI532024104		(Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	MARGERY H UIHLEIN 1210 WEST ESTATES DR N-124 MEQUON, WI53092	\$ 50,099	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
·		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
•		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash	
			(Complete Part II for noncash contributions)	

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2016)		Page 3	
Name of organiz THE HOLLEY FOUN	DATION	Employer identi	Employer identification number	
C/O THE PRIVATE BANK		38-60	38-6055168	
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	
2	958 SH US BANCORP STOCK PUBLICLY TRADED STOCK CUSIP 902973304	\$ 50 099		
(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 990), 990-EZ, or 990-PF) (2016)		Page 4		
Name of organization THE HOLLEY FOUNDATION C/O THE PRIVATE BANK			Employer identification number 38-6055168		
than \$1,000 organizatio the year. (B	0 for the year from any one contributor	. Complete columns (a) throu of exclusively religious, chari- ctions.) ► \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee				
-					
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-	Transferee's name, address, and 2	(e) Transfer of gift eree's name, address, and ZIP 4 Relationship of transferor to transferee			
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-	Transferee's name, address, and 2	(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 held		
-					
-		(e) Transfer of gift	<u> </u>		
<u> </u>	Transferee's name, address, and a	ZIP 4 Relationship of transferor to transferee			
-					
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)		