

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**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](http://www.irs.gov/form990pf).**

OMB No 1545-0052  
**2016**  
**Open to Public Inspection**

**For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016**

Name of foundation JOHN AND ENGRID MENG INC		<b>A Employer identification number</b> 39-1432568	
Number and street (or P O box number if mail is not delivered to street address) 301 N BROADWAY NO 202		<b>B Telephone number (see instructions)</b> (920) 347-4654	
City or town, state or province, country, and ZIP or foreign postal code DE PERE, WI 54115		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 11,573,715		<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	1,209,949			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	24,936	24,936		
	<b>4</b> Dividends and interest from securities	172,694	157,615		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	-35,759			
	<b>b</b> Gross sales price for all assets on line 6a	3,504,147			
	<b>7</b> Capital gain net income (from Part IV, line 2)		388,722		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	137	137			
<b>12 Total.</b> Add lines 1 through 11	1,371,957	571,410			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	56,677	18,703		0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)	10,133	0		0
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	52,823	52,823		0
	<b>17</b> Interest	1	0		0
	<b>18</b> Taxes (attach schedule) (see instructions)	7,088	3,828		0
	<b>19</b> Depreciation (attach schedule) and depletion	11,623	0		
	<b>20</b> Occupancy	12,000	6,000		0
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	17,429	8,708		0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	167,774	90,062		0
	<b>25</b> Contributions, gifts, grants paid	779,801			779,801
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	947,575	90,062		779,801	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	424,382				
<b>b Net investment income</b> (if negative, enter -0-)		481,348			
<b>c Adjusted net income</b> (if negative, enter -0-)					

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	97,405	48,763	48,763
	<b>2</b> Savings and temporary cash investments . . . . .	782,791	648,016	648,016
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ 59,000 Less allowance for doubtful accounts ▶ _____ 0	160,500	59,000	59,000
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	4,763,812	5,018,898	5,812,704
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	1,930,433	2,100,236	2,006,285
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	275,483	134,564	130,710
	<b>14</b> Land, buildings, and equipment basis ▶ _____ 364,211 Less accumulated depreciation (attach schedule) ▶ _____ 126,298	249,536	237,913	111,615
<b>15</b> Other assets (describe ▶ _____)	2,332,442	2,768,932	2,756,622	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	10,592,402	11,016,322	11,573,715	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,434	2,762	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	2,434	2,762	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	0	0	
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
<b>29</b> Retained earnings, accumulated income, endowment, or other funds	10,589,968	11,013,560		
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	10,589,968	11,013,560		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	10,592,402	11,016,322		

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

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	10,589,968
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	424,382
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	11,014,350
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	790
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	11,013,560

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(i) F M V as of 12/31/69			(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any
(l) Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))				
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			<b>2</b> 388,722
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }			<b>3</b>

**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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	527,896	10,211,068	0 051698
2014	366,646	9,671,414	0 037910
2013	376,827	8,924,136	0 042226
2012	447,621	8,164,692	0 054824
2011	504,192	8,153,489	0 061838
<b>2</b> Total of line 1, column (d)			<b>2</b> 0 248496
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0 049699
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			<b>4</b> 10,096,401
<b>5</b> Multiply line 4 by line 3			<b>5</b> 501,781
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 4,813
<b>7</b> Add lines 5 and 6			<b>7</b> 506,594
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b> 779,801
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 instructions			

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and total tax due. Total tax due is 11,551.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . . 11 No
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . . 12 No
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A 13 Yes
14 The books are in care of ANGELA CHETCUTI Telephone no (920) 347-4564
Located at 301 N BROADWAY 202 DE PERE WI ZIP+4 54115
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 -Check here . . . . . 15
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? Yes No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.
1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b
Organizations relying on a current notice regarding disaster assistance check here.
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? 1c No
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes No
If "Yes," list the years 20, 20, 20, 20
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement-see instructions) . . . . . 2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20, 20, 20, 20
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). . . . . 3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a No
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? 4b No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

**5a** During the year did the foundation pay or incur any amount to

**(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

**(2)** Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

**(3)** Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).  Yes  No

**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No

Organizations relying on a current notice regarding disaster assistance check here.  Yes  No

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and 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	Expense account, (e) other allowances
JOHN C MENG 1218 FOX RIVER DR DE PERE, WI 54115	PRESIDENT 0 00	0	0	0
ENGRID H MENG 1218 FOX RIVER DRIVE DE PERE, WI 54115	VICE-PRESIDENT 0 00	0	0	0
GERALD C CONDON JR 1120 FOX RIVER DRIVE DE PERE, WI 54115	SECRETARY 0 00	0	0	0
ANGELA CHETCUTI 301 N BROADWAY STE 202 DE PERE, WI 54115	TREASURER 20 00	56,677	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000.  Yes  No 0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (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		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
<b>1</b> NONE	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> NONE	0
<b>2</b>	
All other program-related investments. See instructions	
<b>3</b> 	0
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	9,671,877
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	578,276
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	10,250,153
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	10,250,153
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	153,752
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	10,096,401
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	504,820

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	504,820
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	4,813
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	4,813
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	500,007
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	500,007
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	500,007

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	779,801
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	779,801
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	4,813
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	774,988

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				500,007
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .	98,627			
<b>b</b> From 2012. . . . .	47,887			
<b>c</b> From 2013. . . . .				
<b>d</b> From 2014. . . . .				
<b>e</b> From 2015. . . . .	30,419			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	176,933			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>779,801</u>				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				500,007
<b>e</b> Remaining amount distributed out of corpus	279,794			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )				0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	456,727			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .		0		
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .	98,627			
<b>9</b> Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a . . . . .	358,100			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .	47,887			
<b>b</b> Excess from 2013. . . . .				
<b>c</b> Excess from 2014. . . . .				
<b>d</b> Excess from 2015. . . . .	30,419			
<b>e</b> Excess from 2016. . . . .	279,794			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2016</b>	<b>(b) 2015</b>	<b>(c) 2014</b>	<b>(d) 2013</b>	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon

**a** "Assets" alternative test—enter

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .

**c** "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3) Largest amount of support from an exempt organization

(4) Gross investment income

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )  
See Additional Data Table

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

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**b** The form in which applications should be submitted and information and materials they should include

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**c** Any submission deadlines

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

**Part XV** **Supplementary Information** (continued)**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			▶ <b>3a</b>	779,801
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			▶ <b>3b</b>	0



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

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code...
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash
(2) Other assets
b Other transactions
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule...

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code...
b If "Yes," complete the following schedule
(a) Name of organization
(b) Type of organization
(c) Description of relationship

Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer or trustee, Date, Title

Paid Preparer Use Only
Print/Type preparer's name: GERALD C CONDON JR
Preparer's Signature
Date
Check if self-employed: [X]
PTIN: P00229044
Firm's name: GERALD C CONDON JR AND ASSOCIATES
Firm's EIN: 39-1731751
Firm's address: 200 SO WASHINGTON ST STE 301 GREEN BAY, WI 543014200
Phone no: (920) 432-6466

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
ASSOCIATED S/T COMMON TR FD	P	2016-01-01	2016-12-31
ASSOCIATED L/T COMMON TR FD	P	2015-01-01	2016-12-31
SCHEDULE 1 - ASSOCIATED TRUST	P	2016-01-01	2016-12-31
SCHEDULE 2 - ASSOCIATED TRUST	P	2015-01-01	2016-12-31
SCHEDULE 3 - BAIRD 7586	P	2016-01-01	2016-12-31
SCHEDULE 3 - BAIRD 7586	P	2015-01-01	2016-12-31
5 907 SH FINANCIAL INVS TR	P	2015-12-21	2016-11-03
5 876 SH FRANKLIN BIOTECH DISC FD	P	2015-12-16	2016-03-01
234 302 SH FINANCIAL INVS TR	P	2015-10-09	2016-11-03
67 221 SH FRANKLIN BIOTECH DISC FD	P	2014-12-16	2016-03-01

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
		19	-19
2,937			2,937
277,875		295,322	-17,447
2,645,286		2,214,677	430,609
35,020		35,166	-146
312,202		329,562	-17,360
106		109	-3
720		926	-206
4,199		5,000	-801
8,241		10,996	-2,755

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-19
			2,937
			-17,447
			430,609
			-146
			-17,360
			-3
			-206
			-801
			-2,755

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
130 SH ISHARES MSCI IRELAND CAP	P	2015-10-09	2016-12-16
7 SH PJT PARTNERS INC	P	2015-10-01	2016-11-03
BLACKSTONE GROUP	P	2016-01-01	2016-12-31
BLACKSTONE GROUP	P	2015-01-01	2016-12-31
100 SH WISDOMTREE EUROPE	P	2015-08-28	2016-06-16
500 SH WISDOMTREE EUROPE	P	2016-02-04	2016-06-16
900 SH VANECK VECTORS	P	2015-08-28	2016-10-05
1728 SH WISDOMTREE EUROPE	P	2015-01-23	2016-06-16
5000 SH UBS AG CONTINGENT ROS	P	2014-03-26	2016-09-30
200 SH COLUMBIA SELECT LG CAP CASH MERGER	P		2016-02-29

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
4,813		5,113	-300
180		27	153
		2	-2
127			127
5,040		5,790	-750
25,199		24,864	335
26,902		27,772	-870
87,089		104,544	-17,455
53,705		50,000	3,705
7,600		5,536	2,064

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-300
			153
			-2
			127
			-750
			335
			-870
			-17,455
			3,705
			2,064

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

List and describe the kind(s) of property sold (e.g., real estate, <b>(a)</b> 2-story brick warehouse, or common stock, 200 shs MLC Co )	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo, day, yr)	<b>(d)</b> Date sold (mo, day, yr)
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
6,906			6,906

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>(i)</b> F M V as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	
			6,906




**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

JOHN C MENG

ENGRID H MENG

**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WILLOW TREE CORNERSTONE CHILD ADVOCACY CENTER 503 S MONROE AVENUE GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	2,500
DING DARLING WILDLIFE SOCIETY ONE WILDLIFE DRIVE SANIBEL, FL 33957	NONE	PUBLIC	GENERAL FUND	50,200
AMERICAN FNDN OF COUNSELING SERVICES 130 E WALNUT ST 706 GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	1,000
BELLIN COLLEGE OF NURSING 3201 EATON ROAD GREEN BAY, WI 54311	NONE	PUBLIC	GENERAL FUND	1,000
BELLIN HEALTH FOUNDATION 744 S WEBSTER AVENUE GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	20,000
<b>Total</b> . . . . . 				779,801
<b>3a</b>				

**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BIG ARTS 900 DUNLOP RD SANIBEL, FL 33957	NONE	PUBLIC	GENERAL FUND	2,710
CENTER FOR CHILDHOOD SAFETY 842 S MILITARY GREEN BAY, WI 54304	NONE	PUBLIC	GENERAL FUND	1,000
CHARITY WATCH PO BOX 578460 CHICAGO, IL 60657	NONE	PUBLIC	GENERAL FUNDS	50
CEREBRAL PALSY INC 2801 S WEBSTER AVENUE GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	215,000
CHILD FUND INTERNATIONAL 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	NONE	PUBLIC	GENERAL FUND	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				779,801


**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CITY OF DE PERE POLICE K-9 POOCH II 325 S BROADWAY DE PERE, WI 54115	NONE	PUBLIC	GENERAL FUNDS	2,500
CLINIC FOR THE REHABILITATION OF WILDLIFE PO BOX 150 SANIBEL, FL 33957	NONE	PUBLIC	GENERAL FUND	100
DE PERE FIRE RESCUE DEPARTMENT 400 LEWIS STREET DE PERE, WI 54115	NONE	PUBLIC	GENERAL FUND	3,500
DEPAUW UNIVERSITY PO BOX 37 GREENCASTLE, IN 46135	NONE	PUBLIC	GENERAL FUND	500
DOWNTOWN GREEN BAY CHARITIES 130 E WALNUT ST STE 501 GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUNDS	2,000
<b>Total . . . . . ▶</b> <b>3a</b>				779,801


**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DUCKS UNLIMITED PO BOX 421826 PALM COAST, FL 321421826	NONE	PUBLIC	GENERAL FUND	35
ECUMENICAL PARTNERSHIP FOR HOUSING P O BOX 524 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	1,000
ENCOMPASS CHILD CARE INC P O BOX 1627 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	14,300
FAMILY & CHILDCARE RESOURCES OF NEW 201 W WALNUT ST STE 100 GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	100
FREEDOM HOUSE MINISTRIES 2997 ST ANTHONY DRIVE GREEN BAY, WI 54311	NONE	PUBLIC	GENERAL FUND	1,000
<b>Total</b> . . . . . <b>3a</b>				779,801

**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF SERVICE HERE 1630 B PERIWINKLE WAY SANIBEL, WI 33957	NONE	PUBLIC	GENERAL FUNDS	10,476
GLENVIEW COMMUNITY CHURCH 1000 ELM STREET GLENVIEW, IL 60025	NONE	PUBLIC	GENERAL FUND	700
GIRL SCOUTS OF NORTHWESTERN GREAT LAKES PO BOX 9427 GREEN BAY, WI 54308	NONE	PUBLIC	GENERAL FUND	250
GREATER GREEN BAY COMMUNITY FOUNDATION 310 W WALNUT STE 350 GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	62,000
GREEN BAY BOTANICAL GARDEN 2600 LARSEN ROAD GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	150
<b>Total</b> . . . . . 				779,801
<b>3a</b>				

**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
GREATER GREEN BAY HABITAT FOR HUMANITY 811 PACKERLAND DRIVE GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	1,000
HERITAGE HILL FOUNDATION 2640 S WEBSTER AVENUE GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	500
HOUSE OF HOPE 1660 CHRISTIANA STREET GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	100
HOWE COMMUNITY RESOURCE CENTER 526 SOUTH MONROE GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	10,000
INFANT WELFARE SOCIETY OF EVANSTON IL 2200 MAIN STREET EVANSTON, IL 60202	NONE	PUBLIC	GENERAL FUND	10,000
<b>Total</b> . . . . . 				779,801
<b>3a</b>				

**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LIBERTAS TREATMENT CENTER 1701 DOUSMAN STREET GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	500
LITERACY GREEN BAY 424 S MONROE AVENUE GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	100
MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	NONE	PUBLIC	GENERAL FUND	20,000
MEDIATION CENTER OF GREEN BAY PO BOX 752 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	250
MEYER THEATRE 117 S WASHINGTON STREET GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	15,000
<b>Total . . . . . ▶</b> <b>3a</b>				779,801



**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NATIONAL FIRE SAFETY COUNCIL INC 400 LEWIS STREET DE PERE, WI 54115	NONE	PUBLIC	GENERAL FUND	240
NEIGHBORWORKS GREEN BAY 437 S JACKSON STREET GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	118,537
NEVILLE PUBLIC MUSEUM PO BOX 325 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	185
NEW COMMUNITY SHELTER INC 301 MATHER ST GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	5,000
NEW FRIENDS OF MUSIC INC 420 POLARIS COURT GREEN BAY, WI 54302	NONE	PUBLIC	GENERAL FUND	500
<b>Total . . . . . ▶</b> <b>3a</b>				779,801

**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NEW ZOOLOGICAL SOCIETY INC PO BOX 12647 GREEN BAY, WI 54307	NONE	PUBLIC	GENERAL FUND	20,000
NEWTON NORTH HIGH SCHOOL 457 WALNUT STREET NEWTONVILLE, MA 02460	NONE	PUBLIC	GENERAL FUND	2,000
NWTIC EDUCATIONAL FOUNDATION INC PO BOX 19042 GREEN BAY, WI 54307	NONE	PUBLIC	GENERAL FUND	10,000
OPTIONS FOR INDEPENDENT LIVING INC PO BOX 11967 GREEN BAY, WI 54307	NONE	PUBLIC	GENERAL FUND	20,000
PEO FOUNDATION 3700 GRAND AVENUE DES MOINES, IA 50312	NONE	PUBLIC	GENERAL FUND	1,000
<b>Total</b> . . . . . <b>3a</b>				779,801

**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
PAULS PANTRY 1529 LEO FRIGO WAY GREEN BAY, WI 54302	NONE	PUBLIC	GENERAL FUND	3,000
PHI GAMMA DELTA EDUCATIONAL FOUNDATION PO BOX 4599 LEXINGTON, KY 40544	NONE	PUBLIC	GENERAL FUND	500
RAWHIDE E7475 RAWHIDE ROAD NEW LONDON, WI 54961	NONE	PUBLIC	GENERAL FUND	100
ROTARY FOUNDATION OF GREEN BAY INC PO BOX 524 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	1,500
SALVATION ARMY 626 UNION COURT GREEN BAY, WI 54303	NONE	PUBLIC	GENERAL FUND	8,484
<b>Total . . . . . ▶</b> <b>3a</b>				779,801

**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SANIBEL CONGREGATIONAL UNITED CHURCH OF CHRIST 2050 PERIWINKLE WAY SANIBEL, FL 33957	NONE	PUBLIC	GENERAL FUND	7,000
SANIBEL SEA SCHOOL PO BOX 1229 SANIBEL, FL 33957	NONE	PUBLIC	GENERAL FUND	500
SCHOLARSHIPS INC 2050 RIVERSIDE DRIVE STE 311 GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	1,000
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	NONE	PUBLIC	GENERAL FUND	1,000
SMITHSONIAN INSTITUTE PO BOX 9016 PITTSFIELD, MA 01202	NONE	PUBLIC	GENERAL FUND	75
<b>Total . . . . . ▶</b> <b>3a</b>				779,801

**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SPECIAL OLYMPICS 2310 CROSSROAD DR STE 1000 MADISON, WI 53718	NONE	PUBLIC	GENERAL FUND	1,000
ST NORBERT COLLEGE 100 GRANT STREET DE PERE, WI 54115	NONE	PUBLIC	GENERAL FUND	249
ST JOHNS HOMELESS SHELTER PO BOX 1743 GREEN BAY, WI 54305	NONE	PUBLIC	GENERAL FUND	1,000
SYBLE HOPP SCHOOL 755 SCHEURING ROAD DE PERE, WI 54115	NONE	PUBLIC	GENERAL FUND	8,000
UNION CONGREGATIONAL CHURCH 716 S MADISON ST GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	50,900
<b>Total . . . . . ▶</b> <b>3a</b>				779,801

**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF ROCHESTER SCHOOL OF NURSING 300 E RIVER ROAD ROCHESTER, NY 14627	NONE	PUBLIC	GENERAL FUND	100
UNITED WAY PO BOX 1593 GREEN BAY, WI 54302	NONE	PUBLIC	GENERAL FUND	10,000
UNITY HOSPICE 2366 OAK RIDGE CIRCLE DE PERE, WI 54115	NONE	PUBLIC	GENERAL FUND	7,000
UW-GREEN BAY FOUNDATION 2420 NICOLET DRIVE GREEN BAY, WI 54311	NONE	PUBLIC	GENERAL FUND	22,500
WABASH COLLEGE GREATER WABASH FDN PO BOX 352 CRAWFORDSVILLE, IN 47933	NONE	PUBLIC	GENERAL FUND	3,000
<b>Total . . . . . ▶</b> <b>3a</b>				779,801

**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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WGPU (FL PBS) 1051 FGCU BLVD FT MYERS, FL 33965	NONE	PUBLIC	GENERAL FUND	75
WISCONSIN PUBLIC RADIO PO BOX 697 RACINE, WI 53401	NONE	PUBLIC	GENERAL FUND	50
WISCONSIN PUBLIC TV 821 UNIVERSITY AVENUE MADISON, WI 53706	NONE	PUBLIC	GENERAL FUND	35
YMCA 235 N JEFFERSON STREET GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	20,500
YWCA 230 S MADISON ST GREEN BAY, WI 54301	NONE	PUBLIC	GENERAL FUND	250
<b>Total</b> . . . . . <b>3a</b>			▶	779,801

**TY 2016 All Other Program Related Investments Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568**Category****Amount**

NONE

0



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2016 Depreciation Schedule

Name: JOHN AND ENGRID MENG INC

EIN: 39-1432568

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FLOORING IN NEW OFFICE	2012-05-04	20,393	1,918	SL	39 000000000000	523	0		
WINDOW SEAT CUSHIONS	2012-10-16	641	220	200DB	7 000000000000	29	0		
DRAPERIES	2012-10-16	4,155	1,428	200DB	7 000000000000	185	0		
SMALL TABLE IN BREAKROOM	2012-06-27	920	316	200DB	7 000000000000	41	0		
2 WINDSOR CHAIRS	2012-06-27	1,178	405	200DB	7 000000000000	53	0		
GALLERIA 8 X 10 RUG	2012-06-27	3,040	1,045	200DB	7 000000000000	136	0		
TWO SEAT ARM CHAIR	2012-06-27	1,155	396	200DB	7 000000000000	52	0		
WINDSOR CHAIR	2012-06-27	903	310	200DB	7 000000000000	40	0		
2 SIDE TABLES	2012-06-27	1,450	499	200DB	7 000000000000	65	0		
RED VASE LAMP	2012-06-27	250	86	200DB	7 000000000000	11	0		
BRASS REEDED STICK LAMP	2012-06-27	275	94	200DB	7 000000000000	12	0		
2 LIGHT FIXTURES IN BATHROOM	2012-06-27	756	260	200DB	7 000000000000	34	0		
BATHROOM MIRROR	2012-06-27	285	98	200DB	7 000000000000	13	0		
CONSOLE TABLE	2012-06-27	1,428	491	200DB	7 000000000000	64	0		
FOYER 5 X 7 OUSHAK RED/BROWN RUG	2012-06-27	920	316	200DB	7 000000000000	41	0		
LIGHT FIXTURE	2012-06-27	498	171	200DB	7 000000000000	22	0		
PORCELAIN LAMP	2012-06-27	275	94	200DB	7 000000000000	12	0		
LEVERRE CARVED MIRROR	2012-06-27	525	180	200DB	7 000000000000	23	0		
3 HALLWAY CEILING MOUNT FIXTURES	2012-06-27	1,494	514	200DB	7 000000000000	67	0		
HALLWAY CONSOLE TABLE	2012-06-27	1,290	444	200DB	7 000000000000	57	0		

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BRASS/JADE TABLE LAMP	2012-06-27	225	77	200DB	7 000000000000	10	0		
KIDNEY SHAPED DESK - ANGELA'S OFFICE	2012-09-11	5,930	2,039	200DB	7 000000000000	265	0		
WINDSOR CHAIR - ANGELA'S OFFICE	2012-06-27	903	310	200DB	7 000000000000	40	0		
9 X 12 RUG - ANGELA'S OFFICE	2012-06-27	4,100	1,410	200DB	7 000000000000	183	0		
SIDE TABLE	2012-06-27	625	215	200DB	7 000000000000	28	0		
GEORGETOWN FLOOR LAMP	2012-06-27	275	94	200DB	7 000000000000	12	0		
48" ROUND WORK TABLE	2012-08-02	2,730	939	200DB	7 000000000000	122	0		
76" CHERRY CONFERENCE TABLE	2012-08-02	3,444	1,184	200DB	7 000000000000	154	0		
8 CHIPPINDALE SIDE CHAIRS	2012-08-02	6,720	2,311	200DB	7 000000000000	300	0		
66" KITTINGER CUSTOM ROLL TOP DESK	2012-08-02	20,128	6,920	200DB	7 000000000000	898	0		
SOFA	2012-08-02	3,256	1,120	200DB	7 000000000000	145	0		
2 MARTHA WASHINGTON CHAIRS	2012-08-02	2,200	756	200DB	7 000000000000	98	0		
2 ROUND LAMP TABLES	2012-08-02	1,920	660	200DB	7 000000000000	86	0		
CHEST	2012-08-02	1,313	452	200DB	7 000000000000	58	0		
2 PORCELAIN JAR LAMPS	2012-08-02	446	154	200DB	7 000000000000	20	0		
2 9 X 12 RUGS - JACK'S OFFICE	2012-08-02	8,502	2,923	200DB	7 000000000000	379	0		
CEILING FIXTURE - SITTING AREA	2012-08-02	1,798	618	200DB	7 000000000000	80	0		
12' HALLWAY RUNNER	2012-09-11	1,140	392	200DB	7 000000000000	51	0		
18' HALLWAY RUNNER	2012-10-16	1,810	622	200DB	7 000000000000	81	0		
NEW OFFICE RENOVATIONS	2012-07-10	165,461	14,850	SL	39 000000000000	4,243	0		

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
MONDOPAD	2012-03-22	5,306	2,195	200DB	5 000000000000	305	0		
SIGN	2012-11-01	1,195	411	200DB	7 000000000000	53	0		
APPLIANCES	2012-06-27	1,684	578	200DB	7 000000000000	75	0		
LEASEHOLD IMPROVEMENTS - 301 N BROADWAY	2012-06-27	70,314	6,310	SL	39 000000000000	1,803	0		
INFOCUS 55 IN MONDOPAD	2012-06-27	5,044	2,086	200DB	5 000000000000	291	0		
SCANNER, WIRELESS HEADSET	2012-09-19	549	227	200DB	5 000000000000	31	0		
COMPUTER MONITOR WITH SPEAKERS	2012-10-09	425	175	200DB	5 000000000000	25	0		
FRAMING AND MOUNTING OF UNITY PHOTOS	2012-12-06	864	297	200DB	7 000000000000	39	0		
SECURE DOOR ENTRY SYSTEM FOR 301 BROADWAY	2012-03-20	1,995	686	200DB	7 000000000000	89	0		
LEASEHOLD IMPROVEMENTS - WALLPAPER	2012-03-22	286	26	SL	39 000000000000	7	0		
9448925-IN COMPUTER/PRINTER/MEMORY	2014-06-10	1,792	466	200DB	5 000000000000	172	0		

**TY 2016 Investments Corporate Bonds Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
BONDS CORP	2,100,236	2,006,285

**TY 2016 Investments Corporate Stock Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
STOCKS	4,644,895	5,812,704
2006 BASIS ADJUSTMENT	15,679	0
2011 BASIS ADJUSTMENT	0	0
2012 BASIS ADJUSTMENT	11,869	0
2015 BASIS ADJUSTMENT	0	0
2016 BASIS ADJUSTMENT	346,455	0

**TY 2016 Investments - Other Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
OTHER INVESTMENTS - BAIRD	AT COST	134,564	130,710

## TY 2016 Land, Etc. Schedule

**Name:** JOHN AND ENGRID MENG INC

**EIN:** 39-1432568

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FLOORING IN NEW OFFICE	20,393	2,441	17,952	
WINDOW SEAT CUSHIONS	641	570	71	
DRAPERIES	4,155	3,691	464	
SMALL TABLE IN BREAKROOM	920	817	103	
2 WINDSOR CHAIRS	1,178	1,047	131	
GALLERIA 8 X 10 RUG	3,040	2,701	339	
TWO SEAT ARM CHAIR	1,155	1,026	129	
WINDSOR CHAIR	903	802	101	
2 SIDE TABLES	1,450	1,289	161	
RED VASE LAMP	250	222	28	
BRASS REEDED STICK LAMP	275	244	31	
2 LIGHT FIXTURES IN BATHROOM	756	672	84	
BATHROOM MIRROR	285	254	31	
CONSOLE TABLE	1,428	1,269	159	
FOYER 5 X 7 OUSHAK RED/BROWN RUG	920	817	103	
LIGHT FIXTURE	498	442	56	
PORCELAIN LAMP	275	244	31	
LEVERRE CARVED MIRROR	525	466	59	
3 HALLWAY CEILING MOUNT FIXTURES	1,494	1,328	166	
HALLWAY CONSOLE TABLE	1,290	1,146	144	
BRASS/JADE TABLE LAMP	225	200	25	
KIDNEY SHAPED DESK - ANGELA'S OFFICE	5,930	5,269	661	
WINDSOR CHAIR - ANGELA'S OFFICE	903	802	101	
9 X 12 RUG - ANGELA'S OFFICE	4,100	3,643	457	
SIDE TABLE	625	556	69	
GEORGETOWN FLOOR LAMP	275	244	31	
48" ROUND WORK TABLE	2,730	2,426	304	
76" CHERRY CONFERENCE TABLE	3,444	3,060	384	
8 CHIPPINDALE SIDE CHAIRS	6,720	5,971	749	
66" KITTINGER CUSTOM ROLL TOP DESK	20,128	17,882	2,246	

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
SOFA	3,256	2,893	363	
2 MARTHA WASHINGTON CHAIRS	2,200	1,954	246	
2 ROUND LAMP TABLES	1,920	1,706	214	
CHEST	1,313	1,167	146	
2 PORCELAIN JAR LAMPS	446	397	49	
2 9 X 12 RUGS - JACK'S OFFICE	8,502	7,553	949	
CEILING FIXTURE - SITTING AREA	1,798	1,597	201	
12' HALLWAY RUNNER	1,140	1,013	127	
18' HALLWAY RUNNER	1,810	1,608	202	
NEW OFFICE RENOVATIONS	165,461	19,093	146,368	
MONDOPAD	5,306	5,153	153	
SIGN	1,195	1,062	133	
APPLIANCES	1,684	1,495	189	
LEASEHOLD IMPROVEMENTS - 301 N BROADWAY	70,314	8,113	62,201	
INFOCUS 55 IN. MONDOPAD	5,044	4,899	145	
SCANNER, WIRELESS HEADSET	549	533	16	
COMPUTER MONITOR WITH SPEAKERS	425	413	12	
FRAMING AND MOUNTING OF UNITY PHOTOS	864	768	96	
SECURE DOOR ENTRY SYSTEM FOR 301 BROADWAY	1,995	1,773	222	
LEASEHOLD IMPROVEMENTS - WALLPAPER	286	33	253	
9448925-IN COMPUTER/PRINTER/MEMORY	1,792	1,534	258	



**TY 2016 Legal Fees Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
GERALD C CONDON	10,133	0		0

**TY 2016 Other Assets Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OTHER INVESTMENTS - UBS PACE	1,163,674	1,411,874	1,434,198
OTHER INVESTMENTS - UBS 29620	1,159,375	1,347,795	1,314,315
THE BLACKSTONE GROUP	9,393	9,263	8,109

**TY 2016 Other Decreases Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568

<b>Description</b>	<b>Amount</b>
NON-DEDUCTIBLE CONTRIBUTION TO BIG ARTS	290
NON-DEDUCTIBLE CONTRIBUTION TO NEVILLE PUBLIC MUSEUM	65
NON-DEDUCTIBLE CONTRIBUTION TO ST. NORBERT COLLEGE	251
NON-DEDUCTIBLE CONTRIBUTION TO UNITY HOSPICE	184

**TY 2016 Other Expenses Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE EXPENSE	442	221		0
OFFICE SUPPLIES	2,274	1,137		0
TELEPHONE	6,597	3,299		0
DUES & SUBSCRIPTIONS	1,498	749		0
POSTAGE	1,255	628		0
COMPUTER EXPENSE	3,691	1,846		0
OFFICE MAINTENANCE	1,656	828		0
MISCELLANEOUS EXPENSE	16	0		0

**TY 2016 Other Income Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
THE BLACKSTONE GROUP	137	137	137

**TY 2016 Other Professional Fees Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ASSOC TRUSTEE FEES	38,764	38,764		0
UBS FIN SERV - PACE	11,513	11,513		0
ROBERT W BAIRD 7586	1,894	1,894		0
ASSOC TRUST - FOREIGN TAX FEE	162	162		0
THE BLACKSTONE GROUP	14	14		0
ROBERT W BAIRD 7339	456	456		0
E-TRADE MERGER FEE	20	20		0

**TY 2016 Substantial Contributors  
Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568**Name****Address**

JOHN ENGRID MENG

1218 FOX RIVER DRIVE  
DE PERE, WI 54115

**TY 2016 Taxes Schedule****Name:** JOHN AND ENGRID MENG INC**EIN:** 39-1432568

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FOREIGN TAXES W/H-ASSOCIATED	2,223	2,223		0
EMPLOYER FICA/MED EXPENSE	4,865	1,605		0



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ 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  
[www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**

**Name of the organization**  
JOHN AND ENGRID MENG INC

**Employer identification number**  
39-1432568

**Organization type** (check 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

Form 990-PF

- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- 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 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**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)

<b>Name of organization</b> JOHN AND ENGRID MENG INC	<b>Employer identification number</b> 39-1432568
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<b>Part I Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table <hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )

**Name of organization**  
JOHN AND ENGRID MENG INC

**Employer identification number**  
39-1432568

**Part II** **Noncash Property** (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	See Additional Data Table	\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____
—		\$ _____	_____

<b>Name of organization</b> JOHN AND ENGRID MENG INC	<b>Employer identification number</b> 39-1432568
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
<hr/> <hr/>	<hr/> <hr/>

**Additional Data****Software ID:****Software Version:****EIN:** 39-1432568**Name:** JOHN AND ENGRID MENG INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE DE PERE, WI54115	\$ 199,179	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
2	JERE AND SHERI DHEIN 2555 PARKWOOD DRIVE GREEN BAY, WI54304	\$ 2,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
3	JAMES AND VIRGINIA WATERS 525 ARROWHEAD DRIVE GREEN BAY, WI54301	\$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
4	WILLIAM AND COLLEEN BATH 618 RIDGEVIEW COURT GREEN BAY, WI54301	\$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
5	THOMAS AND MARY QUINN 515 LACOUNT ROAD GREEN BAY, WI54313	\$ 100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution )
6	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE DE PERE, WI54115	\$ 249,400	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE DE PERE, WI54115	\$ 21,268	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
8	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE DE PERE, WI54115	\$ 329,653	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
9	JAMES AND GEORGIA KNEELAND 6480 MIDNIGHT PASS ROAD UNIT 413 SARASOTA, FL34242	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
10	MICHAEL AND PATRICIA O'NEILL 816 TERRAVIEW DRIVE GREEN BAY, WI54301	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
11	REYNOLDS AND BARBARA CHALLONER 4664 RUE BELLE MER SANIBEL, FL33957	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )
12	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE DE PERE, WI54115	\$ 925	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution )

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE <hr/> DE PERE, WI54115	<hr/> \$ 70,275	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>14</u>	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE <hr/> DE PERE, WI54115	<hr/> \$ 33,612	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>15</u>	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE <hr/> DE PERE, WI54115	<hr/> \$ 49,795	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>16</u>	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE <hr/> DE PERE, WI54115	<hr/> \$ 57,861	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>17</u>	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE <hr/> DE PERE, WI54115	<hr/> \$ 35,906	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )
<u>18</u>	JACK AND ENGRID MENG 1218 FOX RIVER DRIVE <hr/> DE PERE, WI54115	<hr/> \$ 87,530	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution )

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<p><u>19</u></p>	<p>JACK AND ENGRID MENG</p>	<p>\$ 27,149</p>	<p><b>Person</b> <input type="checkbox"/></p> <p><b>Payroll</b> <input type="checkbox"/></p> <p><b>Noncash</b> <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contribution )</p>
	<p>1218 FOX RIVER DRIVE</p>		
	<p>DE PERE, WI54115</p>		
<p><u>20</u></p>	<p>JACK AND ENGRID MENG</p>	<p>\$ 44,296</p>	<p><b>Person</b> <input type="checkbox"/></p> <p><b>Payroll</b> <input type="checkbox"/></p> <p><b>Noncash</b> <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contribution )</p>
	<p>1218 FOX RIVER DRIVE</p>		
	<p>DE PERE, WI54115</p>		



## Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	1225 SH UNITED HEALTHCARE	<u>\$ 199,179</u>	<u>2016-12-16</u>
<u>6</u>	10,000 SH ASSOCIATED BANC	<u>\$ 249,400</u>	<u>2016-12-16</u>
<u>7</u>	28 SH AMAZON COM, INC	<u>\$ 21,268</u>	<u>2016-12-16</u>
<u>8</u>	4710 SH COMCAST CORP CL A	<u>\$ 329,653</u>	<u>2016-12-16</u>
<u>13</u>	100 SH AMAZON	<u>\$ 70,275</u>	<u>2016-05-24</u>
<u>14</u>	350 SH MASTERCARD	<u>\$ 33,612</u>	<u>2016-05-24</u>
<u>15</u>	700 SH BRISTOL MYERS SQUIBB	<u>\$ 49,795</u>	<u>2016-05-24</u>
<u>16</u>	900 SH JPMORGAN CHASE	<u>\$ 57,861</u>	<u>2016-05-24</u>
<u>17</u>	100 SH BLACKROCK	<u>\$ 35,906</u>	<u>2016-05-24</u>
<u>18</u>	2000 SH MONDELEZ	<u>\$ 87,530</u>	<u>2016-05-24</u>

**Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed**

<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (see instructions)</b>	<b>(d) Date received</b>
<u>19</u>	190 SH BERKSHIRE HATHAWAY	<u>\$ 27,149</u>	<u>2016-05-24</u>
<u>20</u>	310 SH BERKSHIRE HATHAWAY	<u>\$ 44,296</u>	<u>2016-05-24</u>