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Form **990-PF**

# Return of Private Foundation

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

OMB No 1545-0052

**2016**Department of the Treasury  
Internal Revenue Service

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

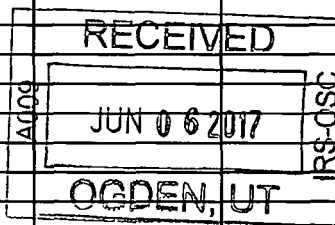
Open to Public Inspection

For calendar year 2016 or tax year beginning

, and ending

Name of foundation <b>SCHNEIDER NATIONAL FOUNDATION, INC</b>			A Employer identification number <b>39-1457870</b>	
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 2545</b>		Room/suite	B Telephone number (see instructions) <b>(920) 592-2000</b>	
City or town, state or province, country, and ZIP or foreign postal code <b>GREEN BAY WI 54306-2545</b>		C If exemption application is pending, check here <input type="checkbox"/>		
Foreign country name	Foreign province/state/country	Foreign postal code	D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
G 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			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H 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				
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 84,952</b>		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (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)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,100,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1,100,000	0	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	0	0	0	0
	25 Contributions, gifts, grants paid	1,093,521			1,093,521
26 Total expenses and disbursements. Add lines 24 and 25	1,093,521	0	0	1,093,521	
27 Subtract line 26 from line 12	6,479				
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		



For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016)

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18

<b>Part II Balance Sheets</b>		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	78,473	84,952	84,952
	<b>2</b>	Savings and temporary cash investments			
	<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) ▶			
		Less allowance for doubtful accounts ▶			
	<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)			
	<b>c</b>	Investments—corporate bonds (attach schedule)			
<b>Liabilities</b>	<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)			
	<b>14</b>	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	<b>15</b>	Other assets (describe ▶ )			
	<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	78,473	84,952	84,952
	<b>17</b>	Accounts payable and accrued expenses			
	<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</b>	<b>Total liabilities</b> (add lines 17 through 22)	0	0	
<b>Net Assets or Fund Balances</b>		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b>	Unrestricted	78,473	84,952	
	<b>25</b>	Temporarily restricted			
	<b>26</b>	Permanently restricted			
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b>	Capital stock, trust principal, or current funds			
	<b>28</b>	Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b>	<b>Total net assets or fund balances</b> (see instructions)	78,473	84,952	
	<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions)	78,473	84,952	

**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>	78,473
<b>2</b>	Enter amount from Part I, line 27a	<b>2</b>	6,479
<b>3</b>	Other increases not included in line 2 (itemize) ▶	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3	<b>4</b>	84,952
<b>5</b>	Decreases not included in line 2 (itemize) ▶	<b>5</b>	
<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>	84,952

**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>				
<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>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<div style="display: inline-block; vertical-align: middle;">           { If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	<b>2</b>	0
<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		<b>3</b>	0

**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 the 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			0.000000
2014			0.000000
2013			0.000000
2012			0.000000
2011			0.000000

<b>2</b> Total of line 1, column (d)	<b>2</b>	0.000000
<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>	0.000000
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	<b>4</b>	88,116
<b>5</b> Multiply line 4 by line 3	<b>5</b>	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	0
<b>7</b> Add lines 5 and 6	<b>7</b>	0
<b>8</b> Enter qualifying distributions from Part XII, line 4 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.	<b>8</b>	1,093,521

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>		
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b).			
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>2</b>		0
<b>3</b>	Add lines 1 and 2	<b>3</b>		0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<b>4</b>		
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>		0
<b>6</b>	Credits/Payments.			
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>		
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>		
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>		
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>		
<b>7</b>	Total credits and payments Add lines 6a through 6d	<b>7</b>		0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>		0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>		0
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>		0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		X
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ WI		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	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)	<b>11</b>	Yes	No
<b>12</b>	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)	<b>12</b>		X
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	<b>13</b>	X	

Website address **►** \_\_\_\_\_

**14** The books are in care of **►** SCHNEIDER NATIONAL C/O LUELLEN OSKEY Telephone no. **►** (920) 592-2000  
 Located at **►** 3101 PACKERLAND DRIVE GREEN BAY WI ZIP+4 **►** 54306-2545

**15** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here **►** ☐  
 and enter the amount of tax-exempt interest received or accrued during the year **►** **15** \_\_\_\_\_

<b>16</b>	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
<b>16</b>			X

See the instructions for exceptions and filing requirements for FinCEN Form 114. 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.

<b>1a</b>	During the year did the foundation (either directly or indirectly):		Yes	No
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? ( <b>Exception.</b> 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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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)? Organizations relying on a current notice regarding disaster assistance check here <b>►</b> <input checked="" type="checkbox"/>	<b>1b</b>	N/A	
<b>c</b>	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?	<b>1c</b>		X
<b>2</b>	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)):			
<b>a</b>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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)	<b>2b</b>	N/A	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <b>►</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</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)	<b>3b</b>	N/A	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		X
<b>b</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?	<b>4b</b>		X

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

<b>5a</b>	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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</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)?			<b>5b</b> N/A
	Organizations relying on a current notice regarding disaster assistance check here	<input type="checkbox"/>		
<b>c</b>	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d)			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<b>6b</b> X
	If "Yes" to 6b, file Form 8870			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			<b>7b</b> N/A

**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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
STEVE MATHEYS PO BOX 2545 GREEN BAY, WI 54306-2545	NOMINAL PRESIDENT	0		
LUELLEN OSKEY PO BOX 2545 GREEN BAY, WI 54306-2545	NOMINAL SEC/TREAS	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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

**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		

Total number of others receiving over \$50,000 for professional services . . . . .

**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

1 NONE	
2	
3	
4	

**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

1 NONE	
2	
All other program-related investments. See instructions	
3	

Total. 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>	89,458
<b>b</b>	Average of monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	89,458
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	89,458
<b>4</b>	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)	<b>4</b>	1,342
<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>	88,116
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	4,406

**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>	4,406
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5	<b>2a</b>	
<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>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	4,406
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	4,406
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<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>	4,406

**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>	1,093,521
<b>b</b>	Program-related investments—total from Part IX-B	<b>1b</b>	
<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>	1,093,521
<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>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	1,093,521

**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				4,406
<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____				
<b>3</b> Excess distributions carryover, if any, to 2016:				
<b>a</b> From 2011	696,738			
<b>b</b> From 2012	669,457			
<b>c</b> From 2013	895,091			
<b>d</b> From 2014	790,282			
<b>e</b> From 2015	592,599			
<b>f</b> <b>Total</b> of lines 3a through e	3,644,167			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 <b>▶</b> \$ 1,093,521				
<b>a</b> Applied to 2015, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions)				
<b>d</b> Applied to 2016 distributable amount				4,406
<b>e</b> Remaining amount distributed out of corpus	1,089,115			
<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).)				
<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	4,733,282			
<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				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions				
<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)				
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	696,738			
<b>9</b> <b>Excess distributions carryover to 2017.</b> Subtract lines 7 and 8 from line 6a	4,036,544			
<b>10</b> Analysis of line 9.				
<b>a</b> Excess from 2012	669,457			
<b>b</b> Excess from 2013	895,091			
<b>c</b> Excess from 2014	790,282			
<b>d</b> Excess from 2015	592,599			
<b>e</b> Excess from 2016	1,089,115			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)**N/A****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 foundation 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**b** 85% of line 2a**c** Qualifying distributions from Part XII, line 4 for each year listed**d** Amounts included in line 2c not used directly for active conduct of exempt activities**e** 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

Tax year	Prior 3 years			(e) Total
(a) 2016	(b) 2015	(c) 2014	(d) 2013	
				0
				0
1,093,521	1,010,035	793,457	897,748	3,794,761
				0
1,093,521	1,010,035	793,457	897,748	3,794,761
				0
				0
2,937	3,531	2,117	1,771	10,356
				0
				0
				0
				0

**Part XV Supplementary Information** (Complete this part only if the foundation 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) )

NONE

**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.

NONE

**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 e-mail address of the person to whom applications should be addressed.

LUELLEN OSKEY PO BOX 2545 GREEN BAY, WI 54306-2545 (920) 592-2000

**b** The form in which applications should be submitted and information and materials they should include**NO PRESCRIBED FORM****c** Any submission deadlines**NO SUBMISSION DEADLINES****d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:**NO RESTRICTIONS OR LIMITATIONS**

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i> SEE ATTACHED	NONE		GENERAL	1,093,521
<b>Total</b>			<b>3a</b>	1,093,521
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b>			<b>3b</b>	0





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

Name of the organization

SCHNEIDER NATIONAL FOUNDATION, INC.

Employer identification number

39-1457870

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

☐ 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

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 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 1/3 % 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> SCHNEIDER NATIONAL FOUNDATION, INC	<b>Employer identification number</b> 39-1457870
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**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	SCHNEIDER NATIONAL, INC 3101 PACKERLAND DRIVE GREEN BAY WI 54306-2545 Foreign State or Province _____ Foreign Country _____	\$ 1,100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
	_____ _____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )



Name of organization

SCHNEIDER NATIONAL FOUNDATION, INC.

Employer identification number

39-1457870

**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
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization SCHNEIDER NATIONAL FOUNDATION, INC.	Employer identification number 39-1457870
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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) ► \$ 0

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
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----		----- ----- -----
	For Prov	Country	
(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
	----- ----- -----		----- ----- -----
	For Prov	Country	
(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
	----- ----- -----		----- ----- -----
	For Prov	Country	
(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
	----- ----- -----		----- ----- -----
	For Prov	Country	

**Schneider National Foundation, Inc (FEIN 39-1457870)**

## 2016 Listing of Contributions Paid

[illegible]

Schneider National Foundation, Inc. (FEIN 39-1457870)

2016 Listing of Contributions Paid

Recipient	Check #	January	February	March	April	May	June	July	August	September	October	November	December
Greater Green Bay Habitat For Humanity	4421	1,000.00											
Service League Of Green Bay	4422		1,500.00										
Greater Green Bay Chamber	4423	15,000.00											
The Griving Tree	4424		500.00										
National Railroad Museum	4425	5,000.00											
Damen Center	4426		500.00										
Wisconsin Alumni Association	4427		3,500.00										
Cerebral Palsy, Inc	4428		12,750.00										
Holy Cross Catholic School	4429		500.00										
CASA Of Brown County	4430		15,000.00										
Curative Connections	4431		2,500.00										
Literacy Green Bay, Inc	4432		5,000.00										
Lupus Foundation Of America	4433		1,000.00										
Kelly's Serenity House	4434		1,500.00										
NEW Zoological Society, Inc	4435		16,666.67										
YMCA Partners With Youth	4436		7,500.00										
Heaven's Touch	4437		500.00										
Green Bay Southwest Athletics Booster Club	4438			250.00									
NeighborWorks Green Bay	4439		1,500.00										
United South Middle School	4440		250.00										
Lincoln Elementary School	4441		250.00										
American Red Cross	4442			500.00									
Thus Able Veteran	4443			750.00									
The Bellin Health Foundation	4444			25,000.00									
Grl Scout Troop 4679	4445				250.00								
Connect, Inc	4446			1,500.00									
Altrusa House	4447		700.00										
United Way Of Genesee County	4448			1,000.00									
Encompass Early Education & Care, Inc	4449		20,306.67										
Rawhide	4450			10,000.00									
Howard Elementary School	4451			500.00									
Leonardo Da Vinci School	4452			250.00									
YWCA Green Bay	4453			1,800.00									
Special Childrens Charities	4454			4,000.00									
Grace Centers Of Hope	4455			1,000.00									
American Cancer Society	4456			100.00									
North Texas Child Advocacy Center	4457				1,500.00								
UVA Foundation	4458				500.00								
Ronald McDonald House Charities Of Southern	4459			500.00									
West DePere Middle School	4460			250.00									
Meyer Theatre	4461			300.00									
Alzheimer's Association	4462			400.00									
Management Women, Inc	4463			2,500.00									
Fox River Hurling Club	4465				250.00								
Fox River Hurling Club	4466				250.00								
Wrightstown Full Court Club	4467					250.00							
HSHS St. Joseph's Foundation	4468			5,000.00									
House Of Hope	4469												
Greater Green Bay Chamber Foundation	4470			5,000.00									
The Art Garage	4471				3,000.00								
DePere Baseball Booster Club	4472			900.00									
Glenbrook Elementary School	4473			250.00									
Salvation Army (2016)	4474				1,200.00								
Downtown Green Bay Charities Inc	4475			3,000.00									
Bellin Health Foundation	4476				1,500.00								
Ashwaubenon Special Children's Program	4477			1,000.00									
DPCO Food Pantry	4478				250.00								
Healthier Living Charities	4479			500.00									
Avon 39 Walk To End Breast Cancer	4480												
Refuge, Inc	4481												
Ronald McDonald House (Loma Linda)	4482			2,833.00									
Genesis Center	4483			1,000.00									
Canadian Breast Cancer Foundation	4484			100.00									
Covenant House Missouri	4485			100.00									
Epilepsy Foundation Northwest	4486						100.00						

Schneider National Foundation, Inc (FEIN 39-1457870)

2016 Listing of Contributions Paid

Recipient	Check #	January	February	March	April	May	June	July	August	September	October	November	December
Boy Scouts Of Kenosha County, WI	4487				100.00								
Jackie Nischke Center	4488				100.00								
Golden House	4489				100.00								
Arthritis Foundation	4490					100.00							
Wounded Warrior Project/Wounded Warrior -	4491				100.00								
St. Jude Children's Hospital	4492				100.00								
Golden House	4493				100.00								
Green Bay Montessori Children's World	4494				100.00								
Charity Water	4495				100.00								
Williamette West Habitat For Humanity	4496				100.00								
Children's Hospital Of Wisconsin Foundation	4498				100.00								
St. Mary/St. Michael School	4500				100.00								
Integrated Community Solutions	4501				100.00								
NWTC Educational Foundation	4502					100.00							
Desert Veterans Of Wisconsin	4503				100.00								
St. John the Evangelist Homeless Shelter	4504				100.00								
Wounded Warrior Project/Wounded Warrior -	4505				100.00								
Integrated Community Solutions	4507				100.00								
Make A Wish Wisconsin	4508				100.00								
Enstem Project, Inc	4509				100.00								
American Red Cross Of Wisconsin	4510				100.00								
Samaritan's Pulse	4511				100.00								
Simply Smiles	4512					100.00							
Golden House	4513				100.00								
Guatemala Stove Project	4506					100.00							
Muscular Dystrophy Association	4514					100.00							
Boys & Girls Club Of Green Bay	4515				100.00								
Bladder Cancer Advocacy Network, Inc	4517				100.00								
St. Vincent Hospital - Child Life	4518				100.00								
4th H O A H	4519				100.00								
Boy Scouts Of America Pack 3022	4520					100.00							
Salvation Army	4521				100.00								
American Diabetes Association	4522				100.00								
Wounded Warrior Project	4523				100.00								
Leukemia Research Foundation	4524				100.00								
American Diabetes Association	4525				100.00								
Edwardsville Neighbors In Need	4526				100.00								
St. Vincent De Paul	4527				100.00								
American Cancer Society	4528				100.00								
Chron's & Colitis Foundation Of America	4529				100.00								
M S Society Of Wisconsin	4530				100.00								
Fine Arts Institute Of East High, Inc	4531				100.00								
JDRF Northeast Wisconsin Chapter	4532				100.00								
Children's Hospital Of Los Angeles	4533				100.00								
Salvation Army	4534				100.00								
Golden House	4535				100.00								
Real Life Community Church Youth Services	4536				100.00								
YMCA Capital Campaign Fund	4537				100.00								
Big Brothers Big Sisters Of NE Wisconsin	4538				100.00								
JDRF Northeast Wisconsin Chapter	4539				100.00								
Unity Hospice	4540				100.00								
Lutheran Family Services	4541				100.00								
Golden House	4542				100.00								
Society Of St. Vincent De Paul - St. Patrick Par	4543				100.00								
Make-A-Wish Wisconsin	4544				100.00								
American Diabetes Association	4545				100.00								
Big Brothers Big Sisters Of Northeast Wisconsin	4546				100.00								
Walt Fiegel Foundation	4549					250.00							
Junior Achievement Of Brown County	4550				15,000.00								
Green Bay Southwest Athletics Booster Club	4551					250.00							
Literacy Green Bay	4552				250.00								
March Of Dimes	4553				7,500.00								
Our Lady Of Lourdes	4554				250.00								
American Heart Association	4555				2,500.00								
NWTC Educational Foundation	4556				10,000.00								

## Schneider National Foundation, Inc. (FEIN 39-1457870)

## 2016 Listing of Contributions Paid

Recipient	Check #	January	February	March	April	May	June	July	August	September	October	November	December
Green Bay Botanical Garden, Inc	4557				2,500.00								
Celcom Green Bay Marathon	4558				1,500.00								
Pilgrim Lutheran School	4559				500.00								
Aspiro	4560				5,000.00								
Boy Scouts Of America - Bay Lakes Council	4561				2,500.00	200.00							
Black Men Of Indianapolis	4562							500.00					
LEF	4563												
Boys & Girls Club Of Erie	4564				2,500.00								
Jaguar Backers - Ashwaubenon School District	4565				250.00								
St. Norbert College Music Theatre	4566					1,500.00							
The Einstein Project	4567				10,000.00								
Cerebral Palsy, Inc	4568				33,333.33								
Waterboard Warriors	4569				2,500.00								
Life Promotions	4570					1,000.00							
Aspiro	4571				500.00								
Manhood Foundation	4572				1,000.00								
JDRE Northeast Wisconsin Chapter	4574				2,500.00								
Make-A-Wish Wisconsin	4575					5,000.00							
Boy Scouts Of America - Bay Lakes Council(20	4576				250.00								
Boy Scouts Of America - Bay Lakes Council(20	4577				250.00								
United Way Of Brown County(2013)	4578				4,500.00								
Refuge, Inc	4579					200.00							
1W Rich Girls Club	4580					500.00							
Feed My Sheep Resource Center	4581					1,500.00							
Multiple Sclerosis Society	4582						250.00						
Shoes Ministry	4584					1,000.00							
YWCA Of Greater Green Bay	4585					1,000.00							
Center For Childhood Safety	4586					10,000.00		6,500.00					
The Community Foundation	4587												
CASA Of Brown County	4588						250.00						
Free To Breathe Allanta	4589						1,000.00						
Edison Middle School	4590							500.00					
Notre Dame Academy	4591												
Ashwaubenon High School/DJ Global Finals	4592						1,000.00						
Family Services	4593					15,000.00							
Bellevue VFW Post 9677	4594					1,500.00							
Jerry Parms Cruise For Cancer	4595						500.00						
Heaven's Touch	4596					1,000.00							
Kingdom Work, Inc	4598							200.00					
Helping His Hands Disaster Response, Inc	4599											200.00	
Two Rivers Martial Arts	4600												
Two Rivers Hockey League, Inc	4602						250.00						
Shawano Hockey League, Inc	4603						250.00		250.00				
Bay Area Humane Society	4604					250.00							
Richmond Hill Band Boosters	4605												
New Community Shelter, Inc	4607					10,000.00							
Gary K-9 Association & SWAT Team	4608						1,500.00						
Boys & Girls Club Of Greater Green Bay	4609						1,600.00						
Desmoid Tumor Research Foundation	4610											5,000.00	
Spark Program	4611						2,500.00						
Nick Kot Charity For TBI	4612							500.00					
Hooters Feeding The Hungry, Inc	4613								1,000.00				
AFCS	4614						33,333.34						
Nicolet National Foundation	4615						5,000.00						
Children's Museum Of Green Bay	4616						500.00						
Volunteer Center	4617												
Cerebral Palsy, Inc	4618							350.00					
Breath Of Life Foundation	4619						1,000.00						
Big Brothers Big Sisters Of Northeast Wisconsin	4620						2,500.00						
American Red Cross	4621						250.00						
The Building For Kids	4622						1,000.00						
YMCA Of The Fox Cities	4623												
Scholarships, Inc	4624						5,000.00						
Greater Green Bay Community Foundation Jack	4625							15,000.00					
LNRP								4,200.00					

**Schneider National Foundation, Inc (FEIN 39-1457870)**

**2016 Listing of Contributions Paid**

Recipient	Check #	January	February	March	April	May	June	July	August	September	October	November	December
Exceptional Equestrians	4626						5,000.00						
Mary Gannon	4627							500.00					
Juvenile Diabetes Research Foundation	4628							1,200.00					
Greenville Youth Sports	4629								200.00				
Greater Green Bay YMCA	4631								1,000.00				
NDA Golf Classic	4632								1,500.00				
CASA Of Brown County	4633								350.00				
Special Olympics of Wisconsin	4634								1,000.00				
Special Olympics of Wisconsin - NE Region	4635								2,500.00				
Women's Fund of Greater Green Bay Community	4636								3,500.00				
Options for Independent Living	4637								16,666.67				
Violence Intervention Project, Inc	4638								500.00				
DSAW Green Bay	4639								500.00				
Greater Green Bay Community Foundation	4640								10,000.00				
St Norbert College	4641								5,000.00				
Muscular Dystrophy Association	4642								8,500.00				
American Diabetes Association	4643									1,000.00			
Opportunity Knocks Incorporated	4644									300.00			
Academy Disaster Response Fund	4645									1,500.00			
United Way Of Will County	4646									200.00			
Freedom House	4648									10,000.00			
Children's Museum Of Green Bay	4649									1,500.00			
Denmark Varsity Dance Team	4650									500.00			
Women's Fund Of Greater Green Bay	4651									600.00			
HSHS St Vincent Hospital	4652									3,000.00			
Civic Symphony Of Green Bay	4653									5,000.00			
Larry Dean Chaplin Scholarship Fund	4654									500.00			
Meyer Theatre	4655									800.00			
Ashwaubenon High School	4656									100.00			
4th H.O.A.H	4657									500.00			
Happily Ever After Animal Sanctuary	4658									250.00			
Boy Scout Troop 1041	4659									250.00			
Keshena Animal Help & Rescue, Inc	4660									250.00			
The Dance Company	4661									1,000.00			
My Team Triumph	4662									250.00			
Outerlimits	4663									250.00			
Denmark Varsity Dance Team	4664									250.00			
Ashwaubenon High School	4665									250.00			
Boy Scouts Of America Troop 1031	4666									250.00	250.00		
Little Hearts For Life	4667									500.00			
Cerebral Palsy, Inc	4668									5,000.00			
projectHandUp	4669									1,000.00			
Breast Cancer Family Foundation	4670									20,264.00			
Schneider	4671									1,650.00			
Girl Scouts Of The Northwestern Great Lakes	4672									500.00	250.00		
Boy Scouts Of America Troop 1031	4673												
Brown County United Way	4675												
Beauty In Me, Inc	4676												500.00
Benjamin E. Marx High School	4677										500.00		
Door County Humane Society	4678												250.00
Habitat For Humanity	4679												
Meyer Theatre	4680									3,000.00			
Girl Scouts Of The Northwestern Great Lakes	4681									250.00			
Grace	4682									500.00			
ESA	4683									1,000.00			
Camp Twin Lakes	4684									300.00			
Alzheimer's Association	4685									100.00			
Juvenile Diabetes Research Foundation	4686									1,000.00			
Family Of Friends	4687									2,500.00			
NEW Lutheran High School	4688									500.00			
Wyuka Historical Foundation	4689									1,000.00			
Literacy Green Bay, Inc	4690									15,000.00			
Pulaski Football	4691												500.00
Make-A-Wish Wisconsin	4692										500.00		
St John the Evangelist Homeless Shit	4693										1,500.00		

Schneider National Foundation, Inc (FEIN 39-1457870)

## 2016 Listing of Contributions Paid

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