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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

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

	alendar year 2016 or tax year beginning	, 2016	, and ending	1	······································
	f foundation	T.110		A Employer identification nu	mber
Number	COPS FOUNDATION OF KIMBERLY, and street (or P O box number if mail is not delivered to street	1 NC	Room/suite	39-1633247 B Telephone number (see insti	ruetrosc)
	WULGAERT WAY	address;	NOOM/Suite	(920) 766-029	
City or t	own, state or province, country, and ZIP or foreign postal code		<u></u>	(920) /66-02	70
	oined Locks	WI	54113	C If exemption application is	pending, check here. >
	neck all that apply Initial return	Initial return of a form			
G O	Final return	Amended return	er public charky	D 1 Foreign organizations, che	ck here L
		_		2 Foreign organizations mee	ling the 85% test, check
	Address change	Name change		here and attach computate	on
н С		(c)(3) exempt private for			
	Section 4947(a)(1) nonexempt charitable tru		private foundation	E If private foundation status under section 507(b)(1)(A)	
		counting method X C	ash Accrual	under section 507(b)(1)(A)	, check fiele
	om Part II, column (c), line 16)	Other (specify)		F If the foundation is in a 60-	month termination
		column (d) must be on a	cash basis)	under section 507(b)(1)(B)	, check here .
Part	Analysis of Revenue and				(d) Disbursements
5	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investmen income	t (c) Adjusted net income	for charitable
7	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	expenses per books	intentie	meome	purposes
ဗ	(see instructions))				(cash basis only)
	1 Contributions gifts, grants etc received (attach schedule)	27,350.	, <u></u> , , , ×,- <u></u> ,- <u></u> ,- <u></u> , <u></u> ,,	en in a city of the	, उटा कार् <mark>क अंशाक्ष में स्थान स्</mark>
<u>م</u>	2 Check ► If the foundation is not required to attach Sch. B	1	1- 1,		The state of the state of
APR					海中 海峡路路 治田 5.0年
	3 Interest on savings and temporary cash investments -				地位推荐的证据
[[4 Dividends and interest from securilies	39,148.	37,66	9. 39,148.	vd , - c,
SCANNED	5 a Gross rents				
Z	b Net rental income or (loss)	1	1 1		
≰R	6 a Net gain or (loss) from sale of assets not on line 10	161,177.	L-6a Stmt	1, a x - 1	1 1 1 1
N.	b Gross sales price for all assets on line 6a . 452,626.		17 9 F H		k r
E	7 Capital gain net income (from Part IV, line 2) · · ·	-	Proj. Proj	Q	- y '- 1# 1
N	8 Net short-term capital gain	7- 4- 4- F	THE PERMIT	STAILD	「大きのない」のは、
U E	9 Income modifications	प्रकृति के उन्हरू	一十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	1/01	
	10 a Gross sales less returns and	· · · · · · · · · · · · · · · · · · ·	I TO THE REST	22 2017 TOP 32 32 32 32 32 32 32 32 32 32 32 32 32	
	allowances . b Less Cost of	AF 37 (1988)	O SE SALL DE	STATE OF THE PROPERTY OF THE P	CONTROL OF THE PARTY OF THE PAR
	goods sold	A STATE OF THE PERSONS		William Street Land Control of the C	
	C Gross profit or (loss) (atlach schedule)		LI OCDE	NI LIT	1 人間の関係の第二十二年間
	11 Other income (attach schedule)		0002		
	TAX REBATE	71.			La grand some
	12 Total Add lines 1 through 11.	227,746.	37,66	9. 39,148.	** * * * * * * * * * * * * * * * * * * *
	13 Compensation of officers directors trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
A	16 a Legal fees (attach schedule)				
D M	D Accounting lees (attach sch)				
I N	c Other professional fees (attach sch)	16,207.	16,20	7.	
0 1	17 Interest				
P S	18 Taxes (attach schedule)(see instrs) See Line 18 Stmt	1,842.	26	3.	
R R	19 Depreciation (attach				The state of the s
ŢŢ	schedule) and depletion				a subjection to the
N V G E	1 ' '				
	21 Travel, conferences and meetings				
A E N X D P	23 Other expenses (attach schedule)				
	ANNUAL FILING FEE	10.			
ENSES	24 Total operating and administrative	10.			
Ĕ	expenses Add lines 13 through 23	18,059.	16 47	o	
5	25 Contributions, gifts, grants paid	108,900.	16,47	· · · · · · · · · · · · · · · · · · ·	108,900.
	26 Total expenses and disbursements	100,000.	· · · · · · · · · · · · · · · · · · ·		100, 500.
	Add lines 24 and 25 · · · · · · · · ·	126,959.	16,47	o.	108,900.
	27 Subtract line 26 from line 12	120,000.			
	a Excess of revenue over expenses	•	では、 カースをようがあります。 カースをようがあります。 カースをようがあります。 カースをようがあります。 カースをようがあります。 カースをようがあります。 カースをようがあります。 カースをようがあります。 カースをようながらない。 カースをよるながらないがらないがらないがらないがらないがらないがらないがらないがらないがらな		
	and disbursements	100,787.	- Triperation and		经企业的 企业的
	b Net investment income (if negative, enter -0-)	1 Handa - 1 Handa - 1	21,19		after than the type after the
	C Adjusted net income (if negative enter -0-)		7 = £ £	39,148.	2.1

Page 2

Par	+ 11	Balance Sheets Column should be for end-of-year amounts only	Beginning of year	End o	<u> </u>		
1 ai	- 11	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	`1	Cash – non-interest-bearing	6,670.	6,181.	6,181.		
	2	Savings and temporary cash investments					
	3	Accounts receivable	三月 一	A STATE OF THE PARTY OF THE PAR	a file many time which the		
		Less allowance for doubtful accounts					
	4	Pledges receivable	E TE TOTAL THE LINE PARTY	1 1 - 17 - 18 - 18 - 18 - 18 - 18 - 18 -	The state of the s		
		Less allowance for doubtful accounts					
A S	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (atlach schedule) (see instructions)					
	7	Other notes and loans receivable (attach sch)		11 1 20 1 6 1 FM 127	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		Less allowance for doubtful accounts					
S E T	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
S	į	a Investments – U S and state government obligations (attach schedule)					
		b Investments — corporate stock (attach schedule)					
	(c Investments — corporate bonds (attach schedule)			-ru k wakeshija - em - ru- 4		
	11	Investments — land, buildings, and equipment basis	Section of the sectio		All the state of t		
		Less accumulated depreciation (attach schedule)					
	12	Investments – mortgage loans					
	13	Investments — other (attach schedule) . L=13 $Stmt$	1,781,472.	1,927,534.	2,306,073.		
	14	Land, buildings, and equipment basis	The second of th	The second secon			
		Less accumulated depreciation (attach schedule)					
	15 16	Other assets (describe Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	1,788,142.	1,933,715.	2,312,254.		
L	17	Accounts payable and accrued expenses	1//00/2121	1,333,123	A PERSONAL PROPERTY AND A PROPERTY A		
I A	18	Grants payable					
B	19	Deferred revenue					
l I	20	Loans from officers, directors, trustees, & other disqualified persons					
Ī	21	Mortgages and other notes payable (attach schedule)					
T L	22	Other liabilities (describe					
E S	23	Total liabilities (add lines 17 through 22)					
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.					
N F E U	24	Unrestricted			The state of the s		
TN	25	Temporarily restricted					
D	26	Permanently restricted					
A S B S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.		r			
EL	27	Capital stock, trust principal, or current funds	1,788,142.	1,933,715.			
SN	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
O E	29	Retained earnings, accumulated income, endowment, or other funds					
ŔŚ	30	Total net assets or fund balances (see instructions)	1,788,142.	1,933,715.			
	31	Total liabilities and net assets/fund balances (see instructions)	1,788,142.	1,933,715.			
Par	t III .	Analysis of Changes in Net Assets or Fund Balanc	es				
	Total	net assets or fund balances at beginning of year – Part II, column (vith	1,788,142.		
3		increases not included in line 2 (itemize) PRIOR PERIOD A		3	100,787. 44,786.		
		ines 1, 2, and 3		 	1,933,715.		
_	_			 			
6	Total	ases not included in line 2 (itemize)	art II, column (b), line 30	6	1,933,715.		

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(a) List and describ	Losses for Tax on Investmer e the kind(s) of property sold (e.g., real nouse, or common stock, 200 shares M	estate.	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day yr)	(d) Date sold (mo day yr
1 a					
b					
С					
d					
e		···	<u> </u>	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) mii	
a b					
c	 				
d					
e	 				
	ring gain in column (h) and owned by th	e foundation on 12/31/69		(I) Gains (Col	(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	C th	gain minus col (k), bu an -0-) or Losses (fro	ut not less
a					
b					
C					
d					
е					
2 Capital gain net income or (net	t capital loss) . If gain, also	enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and	<u></u> '	-2	<u> </u>	
	8, column (c) (see instructions) If (loss		3		
In Part I, line 8				<u> </u>	
	er Section 4940(e) for Reduce foundations subject to the section 494				
'Yes,' the foundation does not qual	ction 4942 tax on the distributable amou lify under section 4940(e) Do not comp	lete this part		Yes	No
Enter the appropriate amount i	n each column for each year, see the ir	istructions before making ar	ny entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(d) Distribution (col (b) divided	
2015					
2014					
2013					
2012					
2011					
2 Total of line 1, column (d)			2		
3 Average distribution ratio for th number of years the foundation	e 5-year base period — divide the total n has been in existence if less than 5 ye	on line 2 by 5, or by the ears	3		
4 Enter the net value of nonchar	table-use assets for 2016 from Part X,	line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distributions from	om Part XII, line 4 · · · · · · · · · · ·		8_		
W. 0	nan line 7, check the box in Part VI, line	1h and complete that part	using a 1% tax	rate See the	

533247	Page
	, 494

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	instr	uctio	าร)		
1 :	a Exempt operating foundations described in section 4940(d)(2), check here • and enter 'N/A' on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary — see instructions)	1	1			
	b Domestic foundations that meet the section 4940(e) requirements in Part V,	1				4 <u>24.</u>
	check here · ▶ and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·	- L		望,往	i j	LI Y
•	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	, to the scool	THE PARTY			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3	Add lines 1 and 2	3				424.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				_0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5				424.
6	Credits/Payments					
6	a 2016 estimated tax pmts and 2015 overpayment credited to 2016	}	Į.	, ,		
- 1	b Exempt foreign organizations — tax withheld at source 6 b	1				
(c Tax paid with application for extension of time to file (Form 8868) 6 c	1				
(d Backup withholding erroneously withheld	学集				
7	Total credits and payments Add lines 6a through 6d	7			1,0	032.
8	Enter any penalty for underpayment of estimated tax. Check here	8			·	
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				_
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			(608.
11	Enter the amount of line 10 to be Credited to 2017 estimated tax • 424. Refunded •	11				
Pai	rt VII-A Statements Regarding Activities					
1 a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			-	Yes	Nó
	participate or intervene in any political campaign?			1 a		X
ŀ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?			1 b		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published	,				1
	or distributed by the foundation in connection with the activities					
	c Did the foundation file Form 1120-POL for this year?		· · ·	1 c	. 12	X
	(1) On the foundation \$ (2) On foundation managers *\$					
e	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				4.5	7.506+
	foundation managers			13"16" 1	31 °	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If 'Yes,' attach a detailed description of the activities			-17.	,	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			4 1	1 F1	- - المناسب
•	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes			3		Х
4 a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4 a		X
b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If 'Yes,' attach the statement required by General Instruction T			· 神聖	生	#7
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			S. Servi	1 14 15 15 15 15 15 15 15 15 15 15 15 15 15	### ##!
	By language in the governing instrument, or			14 T	;	1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			17. 242.		
	with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV			7	Х	[
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
			_		12 m 1	45.
b	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				gan.	A
	(or designate) of each state as required by General Instruction G^2 if 'No,' attach explanation		• • •	8 b	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete Part')(5) (IV .		9	روان دوان دوان	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names					
	and addresses		<u></u>	10		<u> </u>
7 A A		_				

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charitable purposes?

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3 b

determine if the foundation had excess business holdings in 2016) . . .

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its

Form 990-PF (2016) THE COPS FOUNDATION	ON OF KIMBERLY,	INC	39-16	33247 Page 6			
Part VII-B†Statements Regarding Activit	ties for Which Forn	n 4720 May Be Rec	uired (continued)				
5 a During the year did the foundation pay or incur	any amount to						
(1) Carry on propaganda, or otherwise attempt			Yes X	No			
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	election (see section 495 on drive?	55), or to carry	L-4 h	No No			
(3) Provide a grant to an individual for travel, st	udy, or other similar purp	oses?	···· Yes 🛚 X	No I			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)							
(5) Provide for any purpose other than religious educational purposes, or for the prevention	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)?							
Organizations relying on a current notice regard	ing disaster assistance cl	heck here					
c If the answer is Yes' to question 5a(4), does the tax because it maintained expenditure responsil	e foundation claim exempolity for the grant?	tion from the	Yes]No			
If 'Yes,' attach the statement required by Regula	ations section 53 4945—5	(d)		The state of the s			
6 a Did the foundation, during the year, receive any on a personal benefit contract?				No 6b			
b Did the foundation, during the year, pay premiur If 'Yes' to 6b, file Form 8870	ris, directly or indirectly, o	on a personal benefit cor	itract	6 b X			
7 a At any time during the tax year, was the foundat	ion a party to a prohibited	d tax shelter transaction?	Yes X	No			
b If 'Yes,' did the foundation receive any proceeds				7 b			
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid I	Employees,			
	on manager and there						
1 List all officers, directors, trustees, foundation	(b) Title, and average	(c)Compensation	(d)Contributions to				
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense account, other allowances			
JAMES_COPS							
N801_VAN_COPS_DRIVE	PRESIDENT						
Kaukauna WI 54130	1.00	0.	0.	0.			
THOMAS COPS							
W2592_OAK_MEADOW_COURTAppleton WI 54915	VICE PRESIDENT	_	0	0.			
HENRY COPS	1.00	<u>0.</u>	0.	0.			
LO4 WULGAERT WAY	SECRETARY AND TREASURER						
Combined Locks WI 54113	1.00	0.	0.	0.			
	<u> </u>						
2 Compensation of five highest-paid employee		luded on line 1 – see it	(d)Contributions to	nter '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	employee benefit plans and deferred compensation	(e) Expense account, other allowances			
NONE							
							
otal number of other employees haid over \$50,000	<u>. </u>			N - ~ ~			

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		None
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	I information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, reséarch papers produced, etc		·
1		
2		
3		
4		
Dort IV B Common of Drawner Boleted Investments (occupate	<u> </u>	
Part IX-B Summary of Program-Related Investments (see instru		Amount
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount
2		
All other program-related investments. See instructions		
3		
·		
Total Add lines 1 through 3		
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see instructions)	gn tour	ndations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities	-= <u>-</u> 1a	2,259,171.
b Average of monthly cash balances	1 b	6,426.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	2,265,597.
e Reduction claimed for blockage or other factors reported on lines 1a and	'm x →	
1c (attach detailed explanation)	- 1	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	2,265,597.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	33,984.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	. 5	2,231,613.
6 Minimum investment return Enter 5% of line 5	6	111,581.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ► ☐ and do not complete this part)	found	ations
1 Minimum investment return from Part X, line 6	1	111,581.
2 a Tax on investment income for 2016 from Part VI, line 5 · · · · · · · · · 2 a 424.	Lag Li	
b Income tax for 2016 (This does not include the tax from Part VI)	12-11-14	
c Add lines 2a and 2b	2 c	424
3 Distributable amount before adjustments Subtract line 2c from line 1	3	111,157.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	111,157.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	111,157.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	108,900.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	-,- 3 а	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	108,900.
5 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)	5	0.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	108,900.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the forqualifies for the section 4940(e) reduction of tax in those years	oundation	
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior lo 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				111,157_
2 Undistributed income if any as of the end of 2016				
a Enter amount for 2015 only		T_		
b Total for prior years 20 20 20				
3 Excess distributions carryover if any to 2016				
a From 2011 1,170				
b From 2012 398, 987	-			
c From 2013 29, 151				
d From 2014 21, 375				
e From 2015 63, 939				
f Total of lines 3a through e	514,622			
4 Qualifying distributions for 2016 from Part		, <u>4</u> =	. I	_ =
XII line 4 \$ 108,900		_ = =	* T 5 3 44	4 = 1,= = ·
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2016 distributable amount			<u>. </u>	108,900
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2016	2,257			2,257
(If an amount appears in column (d) the same amount must be shown in column (a))		,		_
Sum amount made by shown in the same (2),	ſ	,	- 4 = 2 = 1	- و د - ا
6 Enter the net total of each column as		- 기를		
indicated below	513 245		•	e' wie - ^ ^ -
a Corpus Add lines 3f 4c and 4e Subtract line 5	512,365_			
b Prior years undistributed income. Subtract line 4b from line 2b	-	0_		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued or on which the section 4942(a) tax has been previously assessed	_			
d Subtract line 6c from line 6b Taxable			_	
amount — see instructions		0_	- r	7= '
e Undistributed income for 2015 - Subtract line 4a from line 2a - Taxable amount — see instructions			0_	<u> </u>
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be	* *			
distributed in 2017				0
7 Amounts treated as distributions out of		_		
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election			_	1 en -
may be required — see instructions)			Fa	u] =
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	0	ب معمد القديرية	<u> </u>	TO A TOTAL MARK MIL
9 Excess distributions carryover to 2017 Subtract lines 7 and 8 from line 6a	512,365	- -	36 TATE 4	
10 Analysis of line 9	-	\ \\\	-	
a Excess from 2012 397, 900		- 1 NATE:		-
b Excess from 2013 29, 151	,	•		
c Excess from 2014 21, 375				
d Excess from 2015 63, 939			-	
e Excess from 2016 0			I	Form 990-PF (2016)

-orm 990-PF (2016) THE COPS FOUNDAT			V/II A	39-1633247	
Part XIV Private Operating Foundate 1 a If the foundation has received a ruling or det					N/A
is-effective for 2016, enter the date of the rule	ling		ating foundation, and	i the ruling	
b Check box to indicate whether the foundatio	n is a private operati	ng foundation desc	ribed in section	4942(J)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
each year listed			-		
c Qualifying distributions from Part XII.			-	 	
line 4 for each year listed				<u> </u>	
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					
Supplementary Information assets at any time during the Information Regarding Foundation Managers of the foundation who have close of any tax year (but only if they have continuous).	e year — see in: lers: le contributed more!	structions.)	contributions receive	· · · · · · · · · · · · · · · · · · ·	
b List any managers of the foundation who own a partnership or other entity) of which the foundation	n 10% or more of the ndation has a 10% o	e stock of a corpora or greater interest	tion (or an equally lar	ge portion of the owne	ership of
2 Information Regarding Contribution, Gran Check here X if the foundation only ma requests for funds If the foundation makes g complete items 2a, b, c, and d	kes contributions to ifts, grants, etc (see	preselected charita instructions) to ind	ble organizations and ividuals or organizati	ons under other condit	plicited ions,
a The name, address, and telephone number of			applications should	be addressed	
ASSOCIATED TRUST CO C/O COMPO BOX 12800	PS FOUNDATION	N			
Green Bay	WI 54307	-2800 (92	20) 327-5610		
b The form in which applications should be sub	mitted and informati	on and materials th	ey should include		
c Any submission deadlines					
d Any restrictions or limitations on awards, such	n as by geographical	areas, charitable fi	elds, kinds of instituti	ons, or other factors	
					-
ΔΔ	TCC	A0340 43/46/46		F-	000 DE /2016

3 Grants and Contributions Paid During the Ye		ure Paymen		· · · · · · · · · · · · · · · · · · ·
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	<u> </u>		
a Paid during the year HUMAN LIFE INTERNATIONAL 4 FAMILY LIFE LN	NONE			
Front Royal VA 22630-9865 SALESIAN MISSIONS 2 LEFEVRE LN	NONE	PC	PROGRAM SUPPORT	5,000.
New Rochelle NY 10801-5710 SALVATORIAN MISSION WRHS	NONE	PC	PROGRAM SUPPORT	12,000.
1303 MILWAUKEE DR New Holstein WI 53061 AID TO CHURCH IN NEED	NONE	PC	PROGRAM SUPPORT	10,000.
PO BOX 220384 Brooklyn NY 11222-0384 FRANCISCAN FATHERS	NONE	PC	PROGRAM SUPPORT	6,000.
APARTADO POSTAL BOX 30041 TONCONTIN DIOCESE OF COMAYAGUA	NONE	PC	PROGRAM SUPPORT	21,000.
OBISPADO APARTADO 41 CP 12101 COMAYAGUA DIOCESE OF BOAC	NONE	PC	PROGRAM SUPPORT	10,000.
BOAC MARINDUQUE BISHOP SABINO OCAN ODOKI	NONE	PC	PROGRAM SUPPORT	5,000.
1318 NAGEL RD Cincinnati OH 45255 HERMANAS FRANCISCANAS	NONE	PC	PROGRAM SUPPORT	5,000.
SOR SONIA CAMPOS ALTAS DE LA IGLESIA MERCED APDO#34 COMAYAGUA See Line 3a statement		PC	PROGRAM SUPPORT	6,000.
				28,900.
Total			▶ 3a	108,900.
b Approved for future payment				100,900.
Total			► 3b	

Enter gross amounts unless otherwise indicated	Unrelated business income		Exclude	d by section 512, 513, or 514	T
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)
a					
b					
С					
d					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	,				
3 Interest on savings and temporary cash investments .				,	
4 Dividends and interest from securities			14	39,148.	
5 Net rental income or (loss) from real estate		127 , 57 (A) 2 ² 2	2.87, JA, 15	رة ع الأسلام الله الأسلام المنظم - إلى المنظم ا	The county of the state of the
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	151,455.	0.
9 Net income or (loss) from special events		·			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	- t m2	· 五十二十二十二十五十五十五十二十二十二十二十二十二十二十二十二十二十二十二十二	\$10 ⁻¹ 1.51		*」で審合しの意識が
a					
b					
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e)			1.76	190,603.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	190,603.
See worksheet in line 13 instructions to verify calculations					
Part XVI-B Relationship of Activities to the	Accomp	ishment of Exemp	ot Purp	oses	
Line No. Explain below how each activity for which inco accomplishment of the foundation's exempt put	me is report	ed in column (e) of Part	XVI-A co	ontributed importantly to	the
accomplishment of the foundation's exempt po	irposes (othe	er triair by providing fund	15 101 Su		ictions)
	· · · · · ·				
	····				
					
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				-	
					· · · · · · ·
					
					

Form 990-PF (2016) THE COPS FOUNDATION OF KIMBERLY, INC 39-1633247

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

								- 150 166	Yes	No
1 Did th	ie organization directly ibed in section 501(c)	or indirectly eng of the Code (oth	gage in any of the	following with a	ny other i	organization in section 527				
relatin	ng to political organiza	tions?	ici tilali section si	or(c)(o) organize	11101137 01	111 30000011 327,				
a Trans	fers from the reporting	foundation to a	noncharitable ex	empt organizatio	n of				Laser No.	1
(1) C	ash							1 a (1)	.	X
(2) 0	ther assets							1 a (2)		X
b Other	transactions									
(1) S	ales of assets to a noi	ncharitable exem	npt organization					1 b (1)	- 1	Х
(2) P	urchases of assets fro	m a noncharitat	ole exempt organi	zation			<i></i>	1 b (2)		X
	ental of facilities, equi							1 b (3)		Х
	eimbursement arrang							1 b (4)		X
	oans or loan guarante							1 b (5)		X
	erformance of service							1 b (6)		X
	ng of facilities, equipm	•	•					1 c		X
o Silalli	ig or racilities, equipm	ent, maining lists	, other assets, or	paid employees.				10		
	answer to any of the a									
the go	oods, other assets, or ansaction or sharing a	services given b	y the reporting for	undation If the fo	oundation	received less th	an fair market value	1U		
(a) Line no	(b) Amount involved		of noncharitable exer				sfers, Iransactions, and s	harma arrano	nomonie	
(a) Line no	(b) Amount involved	(C) Name	of floricialitable exer	iipi organizanon	10) Description of train	isiers, transactions, and s	manny amang	gernems	
		_								
					 					
					 	····				
					ļ. <u>.</u>					
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					† ···					
					 					
			· · · · · · · · · · · · · · · · · · ·		 					
	<u> </u>									
2 a is the	foundation directly or bed in section 501(c)	indirectly affiliate	ed with, or related er than section 50	to, one or more	tax-exem	ipt organizations		. TYes	X	No
	,' complete the follow	•	er than section se	71(C)(3)) OF IN 3C	20011 527			. 🗀 .e.		.40
	·	<u> </u>	(b) Type	of organization		10) Description of rolat	onchio		
	(a) Name of organizat	1011	(b) Type	of organization		(0) Description of relat	Onship		
			 							
			·	·						
			ļ				· · · · · · · · · · · · · · · · · · ·			
	<u>-</u> -		1	<u> </u>		<u> </u>				
Unde	er penalties of perjury. I decla ect. and complete Declaration	re that I have examin of preparer (other th	ed this return, including ian taxpayer) is based o	accompanying sched on all information of wh	ules and sta	tements, and to the b	est of my knowledge and be	elief, it is true,		
Sign	0.11	\wedge				, ,		May the IF	RS discu	ss
Here	1/243.4	P (on	41	3-30-	17 .	י מווחחה ז	ND CECDEMARY	this return preparer s	with the hown be	low
<u> </u>	of officer or trustee	1. —		Date		TREASURER A	AND SECRETARY	(see instru	ctions)2	- I
319	Print/Type preparer's na		Preparer's			Date		PTIN	Yes	No
	// /	1111C		•		İ	Checkif			
Paid	Craig L. Me	yer	Craig	L. Meyer		103/27/17	self-employed	P00714	<u> 242</u>	
Preparer	Firm's name	WATERTAX,	INC.				Firm's EIN 20-55	29440		
Jse Only	Firm's address	2559 E CA	LUMET ST			·				
		APPLETON			WI 54	915-4748	Phone no (920)	733-4	359	
BAA							· —— •	Form 990	-DE (2	016)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

0040

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number 39-1633247 THE COPS FOUNDATION OF KIMBERLY, INC Organization type (check one) Filers of. Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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 X 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)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

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

Name of org			Employer identification number
THE CO	OPS FOUNDATION OF KIMBERLY, INC		39-1633247
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	ce is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	HENRY COPS 104 WULGAERT WAY Combined Locks WI 54113	- - - -	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution s
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
BAA	TEEA0702 08/09/16	Schedule B (I	Form 990, 990-EZ, or 990-PF) (2016)

Page

1 of Part I

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

lame .	Employer Identification Number
THE COPS FOUNDATION OF KIMBERLY, INC	39-1633247
Asset Information:	
Description of Property 5917 ASSOCIATED SHORT TERM BOND FUND	
Date Acquired 06/13/08 How Acquired Purchased	
Date Sold 11/30/16 Name of Buyer	
Sales Price 49, 997. Cost or other basis (do not reduce by depreciation)	50,570.
Sales Expense Valuation Method .	
Total Gain (Loss) -573. Accumulation Depreciation	
Description of Property 1000 CDDM MD TNIM CDD 1	
Date Acquired 05/16/12 How Acquired · Purchased	
Date Sold . 09/02/16 Name of Buyer	
Sales Price 392,895. Cost or other basis (do not reduce by depreciation)	240,867.
Sales Expense Valuation Method	
Total Gain (Loss) 152,028. Accumulation Depreciation	
Description of Property COMMON TRUCK FUND LOCS	
Date Acquired · Various How Acquired · Purchased	
Date Sold . Various Name of Buyer	
Sales Price . Cost or other basis (do not reduce by depreciation)	9.
Sales Expense . Valuation Method	
Total Gain (Loss) Accumulation Depreciation	
Description of Property CAPITAL GAIN DISTRIBUTIONS	
Date Acquired Various How Acquired · · Purchased	
Date Sold Various Name of Buyer	
Sales Price . 8,973. Cost or other basis (do not reduce by depreciation)	3.
Sales Expense Valuation Method	
Total Gain (Loss) . 8,970. Accumulation Depreciation	
Description of Property . LONG TERM TRUST FUND GAIN	
Date Acquired . Various How Acquired . Purchased	
Date Sold Various Name of Buyer	
Sales Price 761. Cost or other basis (do not reduce by depreciation).	
Sales Expense Valuation Method	
Total Gain (Loss) . 761. Accumulation Depreciation .	
Description of Property	
Date Acquired . How Acquired .	
Date Sold Name of Buyer	
Sales Price . Cost or other basis (do not reduce by depreciation)	
Sales Expense Valuation Method	
Total Gain (Loss) Accumulation Depreciation	
Description of Property .	
Date Acquired How Acquired	
Date Sold . Name of Buyer	
Sales Price Cost or other basis (do not reduce by depreciation)	
Sales Expense Valuation Method	
Total Gain (Loss) Accumulation Depreciation	
Description of Property	
Date Acquired How Acquired	
Date Sold Name of Buyer	
Sales Price Cost or other basis (do not reduce by depreciation)	
Sales Expense . Valuation Method	
Total Gain (Loss) Accumulation Depreciation	

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
FEDERAL EST PAID	1,032.			
FOREIGN TAXES	263.	263.		
FEDERAL TAX DUE	547.			

Total <u>1,842.</u> <u>263.</u>

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient	If recipient is an individual,	Foun- dation	Purpose of grant or contribution	Person or Business	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of re- cipient		Amount	
a Paid during the year					
SAFP	NONE			Person or	
BOX 610157				Business X	
Port Huron MI 48061		PC	PROGRAM SUPPORT	3,000.	
MILES JESU	NONE			Person or	
BOX 2679989				Business X	
Chicago IL 50626-7989		PC	PROGRAM SUPPORT	5,000.	
PRO LIFE WIS ETF	NONE			Person or	
BOX 221				Business X	
Brookfield WI 520%-0221		PC	PROGRAM SUPPORT	5,000.	
OL ROSARY MAKERS	NONE			Person or	
BOX 37080				Business X	
Louisville KY 40233		PC	PROGRAM SUPPORT	2,150.	
MOTHER & UNBORN BABY CARE	NONE			Person or	
526 W_WISCONSIN_AVE				Business X	
Appleton WI 54911	ļ -	PC	PROGRAM SUPPORT	1,000.	
40 DAYS 4 LIFE	NONE			Person or	
BOX 96876				Business X	
Washington DC 200%-5676		PC	PROGRAM SUPPORT	1,000.	
MARIANHILL MISSIONS	NONE			Person or	
BOX 4715				Business X	
New York NY 10154-3549	110117	PC	PROGRAM SUPPORT	1,000.	
LEADERSHIP INST	NONE			Person or	
1101 N HIGHLAND ST				Business X	
ARLINGTON VA 22201-9535	NONE	PC	PROGRAM SUPPORT	1,000.	
PRI POP RSH INST	NONE			Person or Business X	
BOX 1559			DDOCDAM CUDDODE	1,000.	
Front Royal VA 2239-580 EWTN	NONE	PC	PROGRAM SUPPORT	Person or	
5817 OLD LEEDS RD	110115			Business X	
Birmingham AL 3320-9762		PC	PROGRAM SUPPORT	1,000.	
CAPUCHIN FATHERS	NONE	10	TROGRAM SUFFORT	Person or	
1820 MT. ELLIOT ST	140145			Business X	
			⁻	3,500.	

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Continued

Recipient	If recipient is an individual,	Foun- dation	Purpose of grant or contribution	Person or Business		
Name and address	show any	status		Checkbox		
(home or business)	relationship to any foundation manager or substantial contributor	of re- cipient		Amount		
a Paid during the year						
MULTIPLE SCLEROSIS	NONE			Person or		
1120 JAMES RD				Business X		
Hartland WI 53029		PC	PROGRAM SUPPORT	250.		
ST PAULS MISSIONS	NONE			Person or		
410 WALLACEE ST				Business X		
Combined Locks WI 54113		PC	PROGRAM SUPPORT	3,000.		
ST MEINRAD ARCHABBEY	NONE			Person or		
200 HILL DRIVE				Business X		
Saint Meinrad IN 47577		PC	PROGRAM SUPPORT	1,000.		

Total

28,900.

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

	End of Year			
Line 13 - Investments - Other:	Book Value	Fair Market Value		
ENERGY	27,967.	26,362.		
FINANCIALS	151,949.	201,903.		
EQUITY MUTUAL FUNDS	271,023.	428,566.		
EXCHANGE FUNDS	386,915.	576,749.		
FIXED INCOME	1,062,316.	1,045,129.		
CASH EQUIVALENT	27,364.	27,364.		

Total

1,927,534. 2,306,073.